

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan LEGACY GHS/TUOMEY PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1968
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PRISMA HEALTH 300 E. MCBEE AVE. SUITE 500 GREENVILLE, SC 29601
2b	Employer Identification Number (EIN) 82-2595551
2c	Plan Sponsor's telephone number 864-455-7000
2d	Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/16/2025	CYNTHIA PATTERSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/16/2025	CYNTHIA PATTERSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 6328
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) 2443 6a(2) 2441 6b 2243 6c 1471 6d 6155 6e 90 6f 6245 6g(1) 0 6g(2) 0 6h 1
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:

11

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

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached 0
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan LEGACY GHS/TUOMEY PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PRISMA HEALTH	D Employer Identification Number (EIN) 82-2595551
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 09 Day 01 Year 2023			
2	Assets:			
a	Market value	2a	376132060	
b	Actuarial value	2b	413745266	
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	2267	323553008	323553008
b	For terminated vested participants	1228	54648331	54648331
c	For active participants	2799	136140605	138948711
d	Total	6294	514341944	517150050
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.22 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	5087912	
c	Target normal cost	6c	5087912	

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 MARGO A. BURDETTE Type or print name of actuary AON CONSULTING, INC. Firm name MSC# 17838 PO BOX 551343 ATLANTA, GA 30355 Address of the firm	05/28/2025 Date 23-05676 Most recent enrollment number 770-690-7382 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	10884041
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	8653292
9 Amount remaining (line 7 minus line 8)	0	2230749
10 Interest on line 9 using prior year's actual return of <u>3.84</u> %	0	85661
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		2435149
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>5.40</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		93510
c Total available at beginning of current plan year to add to prefunding balance		2528659
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	2316410
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	80.00	%
15 Adjusted funding target attainment percentage	15	80.00	%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	86.03	%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17		%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/14/2023	3835318	0			
03/14/2024	3835318	0			
06/12/2024	3594067	0			
09/11/2024	3594130	0			
11/26/2024	14000000	0			
			Totals ▶	18(b)	28858833
				18(c)	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	27525406
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
0	0	0
		(4) 4th
		0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

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

Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years
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28 Unpaid minimum required contributions for all prior years	28	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
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....		31a	5087912
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	103404784	10885717	
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	15973629
	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	15973629
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	27525406
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	11551777
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)
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41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024		
A Name of plan LEGACY GHS/TUOMEY PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PRISMA HEALTH	D Employer Identification Number (EIN) 82-2595551	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRINCIPAL LIFE INSURANCE COMPANY
42-0127290

(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)

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARY	308558	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 64	CONTRACT ADMINISTRATOR	106401	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☐

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

WILLIAM BLAIR

47-2614791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGEMENT	214378	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

METLIFE INVESTMENT MANAGEMENT LLC

82-2405817

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGEMENT	615725	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGEMENT	25150	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

A Name of plan LEGACY GHS/TUOMEY PENSION PLAN	B Three-digit plan number (PN) ▶ 001
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PRISMA HEALTH	D Employer Identification Number (EIN) 82-2595551
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: **ARROWSTREET GLOBAL EQUITY ACWI**

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

c EIN-PN 37-6607043-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52085142
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a Name of MTIA, CCT, PSA, or 103-12 IE: **S&P 500 R FLAGSHIP CLASS N**

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

c EIN-PN 90-0337987-306	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71362787
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a Name of MTIA, CCT, PSA, or 103-12 IE: **20 PLUS YEAR US TREASURY STRIPS**

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

c EIN-PN 90-0337987-169	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31056399
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a Name of MTIA, CCT, PSA, or 103-12 IE: **BOSTON TR WALDEN COLLECTIVE INVT TR**

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

c EIN-PN 85-6529039-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6484012
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WILLIAM BLAIR CIT**

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

c EIN-PN 27-6331814-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32164353
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a Name of MTIA, CCT, PSA, or 103-12 IE: **GLOBAL ALPHA INTL SMALL CAP F**

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

c EIN-PN 30-0958532-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9151978
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024		
A Name of plan LEGACY GHS/TUOMEY PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PRISMA HEALTH	D Employer Identification Number (EIN) 82-2595551	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	9974656	17594130
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2057974	2133486
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	9631572	12684002
(2) U.S. Government securities	1c(2)	36584689	43069962
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)	102785010	109841842
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	42860187	35434416
(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)	163953178	193152692
(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)	8643672	9151978
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other.....	1c(15)		

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	376490938	423062508
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		4637225
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	4637225
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	376490938	418425283

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)	28858833	
(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)		28858833
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	461516	
(B) U.S. Government securities	2b(1)(B)	1672039	
(C) Corporate debt instruments	2b(1)(C)	5958863	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	221217	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8313635
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	199860525	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	205614180	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-5753655
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	15892256	
(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)		32224666
(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)		508305
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-40099
d Total income. Add all income amounts in column (b) and enter total	2d		80003941

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	32019472	
(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)		32019472
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)	4401	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	855253	
(6) Bank or trust company trustee/custodial fees	2i(6)	102000	
(7) Actuarial fees	2i(7)	380558	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	4707912	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		6050124
j Total expenses. Add all expense amounts in column (b) and enter total	2j		38069596

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		41934345
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: **ELLIOT DAVIS, LLC**

(2) EIN: **57-0381582**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 539613.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024		
A Name of plan LEGACY GHS/TUOMEY PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PRISMA HEALTH		D Employer Identification Number (EIN) 82-2595551
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 42-0127290		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 53
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14a 14b 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 b The corresponding number for the second preceding plan year	15a 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 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	16a 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
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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: <u>42.7</u> % Private Equity: <u>0.0</u> % Investment-Grade Debt and Interest Rate Hedging Assets: <u>46.2</u> % High-Yield Debt: <u>0.7</u> % Real Assets: <u>0.0</u> % Cash or Cash Equivalents: <u>1.6</u> % Other: <u>8.8</u> % 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
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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 _____.	
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Legacy GHS/Tuomey Pension Plan

Report on Financial Statements

For the years ended August 31, 2024 and 2023

Legacy GHS/Tuomey Pension Plan

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Independent Auditor's Report

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

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

We have performed audits of the financial statements of Legacy GHS/Tuomey Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of August 31, 2024 and 2023, the related statement of changes in net assets available for benefits for the year ended August 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from Principal Bank as of August 31, 2024 and 2023, and for the year ended August 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements, Continued

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of August 31, 2024, and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended August 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

Supplemental Schedules Required by ERISA, Continued

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by Principal Bank 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 black ink that reads "Elliott Davis, LLC". The signature is written in a cursive, flowing style.

Greenville, South Carolina
June 13, 2025

Legacy GHS/Tuomey Pension Plan
Statements of Net Assets Available for Benefits
As of August 31, 2024 and 2023

	2024	2023
Assets		
Investments at fair value (see Note 5)		
Money market fund	\$ 12,684,002	\$ 9,631,572
U.S. government obligations	43,069,962	36,584,689
State and municipal bonds	759,231	997,090
Corporate bonds	105,249,707	100,972,148
Foreign bonds	3,832,904	815,772
Limited partnerships, limited liability companies, and hedge funds	35,434,416	42,860,187
Collective trust funds	193,152,692	163,953,177
Institutional trust funds	9,151,978	8,643,673
Total investments	<u>403,334,892</u>	<u>364,458,308</u>
Receivables		
Employer contributions	17,594,130	9,974,656
Interest and dividends	2,041,587	2,057,974
Due from broker	91,899	-
Total receivables	<u>19,727,616</u>	<u>12,032,630</u>
Total assets	<u>423,062,508</u>	<u>376,490,938</u>
Liabilities		
Due to broker	4,637,225	-
Net assets available for benefits	<u><u>\$ 418,425,283</u></u>	<u><u>\$ 376,490,938</u></u>

See Notes to Financial Statements

Legacy GHS/Tuomey Pension Plan

Statement of Changes in Net Assets Available for Benefits

For the year ended August 31, 2024

Additions

Investment income	
Net appreciation in fair value of investments	\$ 42,773,043
Interest and dividends	8,372,065
Total investment income	<u>51,145,108</u>
Employer contributions	<u>28,858,833</u>
Total additions	<u>80,003,941</u>

Deductions

Benefits paid to participants	32,019,472
Administrative expenses	6,050,124
Total deductions	<u>38,069,596</u>
Net increase	<u>41,934,345</u>

Net assets available for benefits, beginning of year	<u>376,490,938</u>
Net assets available for benefits, end of year	<u><u>\$ 418,425,283</u></u>

See Notes to Financial Statements

Legacy GHS/Tuomey Pension Plan

Notes to Financial Statements

August 31, 2024 and 2023

Note 1. Description of the Plan

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

General:

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

The Strategic Coordinating Organization Pension Plan (the “GHS Plan”) was a defined benefit pension plan established to provide certain retirement benefits to eligible employees. The original plan name was Greenville Hospital System Pension Trust Plan, which was changed to the Greenville Health System Pension Trust Plan, and changed again to the Strategic Coordinating Organization Pension plan effective October 1, 2016. Effective August 31, 2010, the GHS Plan was frozen to participation and future benefit accruals. No employee hired on or after August 31, 2010 was eligible to participate in or accrue benefits under the GHS Plan. Effective November 21, 2017, Strategic Coordinating Organization was merged into the Upstate Affiliate Organization d/b/a Greenville Health System, which became the sponsor of the GHS Plan. Effective June 22, 2018, sponsorship of the GHS Plan was transferred to the Company.

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

Effective July 1, 2019, Principal Financial Group closed the acquisition of certain assets of Wells Fargo Institutional Retirement & Trust. As a result of the acquisition, the trustee and custodian services provided to the Plan were transitioned to Principal Trust Company during the 2022 plan year. Principal Bank serves as a sub-custodian of the trust. No material modifications were made to the Plan as a result of this transition.

In June 2023, the Plan purchased a Group Annuity Contract for a group of the Plan’s retired participants receiving benefits of less than \$400 per month (certain exceptions apply). Benefits to be provided through the contract are excluded from Plan assets after the annuity purchase.

Legacy GHS/Tuomey Pension Plan

Notes to Financial Statements

August 31, 2024 and 2023

Note 1. Description of the Plan, Continued

Pension benefits:

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

The Pension Protection Act of 2006 (PPA) as amended by the Worker, Retiree and Employer Recovery Act of 2008 (WRERA) imposes certain benefit restrictions for qualified benefit plans that do not meet certain funding thresholds. The "At-Risk" status is referred to as the Funding Target Attainment Percentage (FTAP). A plan's funded percentage is referred to as the Adjusted Funding Target Attainment Percentage (AFTAP). The September 1, 2024 AFTAP for the Plan is 85.08%. Because the Plan's AFTAP equals or exceeds 80%, the Plan is not subject to any benefit restrictions.

Payment of benefits:

Participants have the option of receiving their vested benefit in the form of a monthly annuity payable for their lifetime or an actuarially reduced retirement allowance during his or her lifetime with the actuarially reduced retirement allowance continued after death to a designated beneficiary. The joint and last survivor option provides for an actuarially reduced retirement allowance during the lifetime of the beneficiary. The period-certain option provides for an actuarially reduced retirement allowance for a guaranteed period with the surviving beneficiary receiving benefits over the remaining guaranteed period. A level payment option with Social Security is also available for Tuomey Plan participants. A participant is required to take his or her distribution in the form of a one-time lump sum if the actuarial equivalent present of his or her vested benefit is \$7,000 or less. Participants who are lawfully married at the time benefit payments are to commence under any provisions of the Plan shall be deemed to have elected the joint and last survivor option unless a spousal consent is obtained authorizing a different form of benefit payment (or the actuarial equivalent present value of his or her vested benefit is \$7,000 or less).

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

Legacy GHS/Tuomey Pension Plan

Notes to Financial Statements

August 31, 2024 and 2023

Note 1. Description of the Plan, Continued

Funding policy:

The Company contributes such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan participants to meet or exceed the minimum funding requirements of ERISA. The Company made contributions of \$28,858,833 to the Plan for the year ended August 31, 2024. Under the terms of the Plan, participants may not make contributions to the Plan. The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. See Note 9 for further information.

Note 2. Summary of Significant Accounting Policies and Activities

Basis of accounting:

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

Use of estimates:

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of Plan assets available for benefits and the actuarial present value of accumulated plan benefits as the date of the financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Investment valuation and income recognition:

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

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

Payment of benefits:

Benefits are recorded when paid.

Legacy GHS/Tuomey Pension Plan

Notes to Financial Statements

August 31, 2024 and 2023

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

Administrative expenses:

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

Reclassifications:

Certain reclassifications have been made to the prior year financial statements to conform to the current year presentation and had no material impact on previously reported changes in net assets or net assets available for benefits.

Subsequent events:

The Plan has evaluated subsequent events through June 13, 2025, the date the financial statements were available to be issued.

Recently issued accounting pronouncements:

Accounting standards that have been issued or proposed by the Financial Accounting Standards Board or other standards-setting bodies are not expected to have a material impact on the Plan's financial statements.

Note 3. Actuarial Present Value of Accumulated Plan Benefits

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

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

Legacy GHS/Tuomey Pension Plan

Notes to Financial Statements

August 31, 2024 and 2023

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

The significant actuarial assumptions used in the valuations as of September 1, 2024 and 2023 were:

Actuarial cost	Standard unit credit cost method
Interest rate	5.66%, which increased from 5.63% in the prior year valuation
Mortality rates	Pri-2012 Mortality Tables with generational projection using Scale MP-2021
Retirement age	Tuomey Plan - Rates from age 55 to 65 for active participants and 100% at age 65 for terminated vested participants; GHS Plan - Rates from age 55 to 67 for active participants and 100% at age 61 for terminated vested participants
Surviving spouse benefit	Tuomey Plan - 100 percent of males and females have an eligible spouse, and participants are the same age as their spouses; GHS Plan - 90 percent of males and 70 percent of females have an eligible spouse, and that the males are 3 years older than their spouses

As disclosed above, the discount rate increased from 5.63% to 5.66% and a change to the current late retirement factors for the GHS Plan resulted in a decrease in actuarial assumptions of \$1,443,122 in the below summary of accumulated plan benefits.

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

The actuarial present value of accumulated plan benefits based upon the most recent actuarial valuation as of September 1, 2024 and 2023 is summarized as follows:

	<u>2024</u>	<u>2023</u>
Vested benefits:		
Participants currently receiving benefits	\$ 316,918,603	\$ 308,068,353
Participants with deferred benefits	51,011,052	52,414,319
Vested benefit for other participants	<u>121,521,765</u>	<u>131,272,889</u>
Total vested benefits	489,451,420	491,755,561
Nonvested benefits	<u>2,330,638</u>	<u>2,651,074</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 491,782,058</u>	<u>\$ 494,406,635</u>

Legacy GHS/Tuomey Pension Plan

Notes to Financial Statements

August 31, 2024 and 2023

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

The changes in the actuarial present value of accumulated plan benefits for the year ended September 1, 2024 are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 494,406,635
Increase (decrease) during the year attributable to:	
Interest accumulation	26,946,087
Benefits paid	(32,019,472)
Assumption changes	(1,443,122)
Other changes	<u>3,891,930</u>
Net decrease	<u>(2,624,577)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 491,782,058</u>

The effect of changes in actuarial assumptions are attributed to an increase in the assumed discount rate.

The other changes in the actuarial present value of accumulated plan benefits for the year ended September 1, 2024 represent the normal operation of the Plan. It consists of the increase due to ongoing benefit accruals (if any) and those items of plan experience that are not associated with plan asset performance.

Note 4. Certifications

The following is a summary of the Plan's asset information as of August 31, 2024 and 2023, and for the year ended August 31, 2024, included throughout the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by the trustee and custodian and furnished to the plan administrator. The plan administrator has obtained certifications from the trustee and custodian that the information provided to the plan administrator by the trustee and custodian related to the following assets is complete and accurate. Accordingly as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following assets:

	<u>2024</u>	<u>2023</u>
Assets		
Investments	\$ 165,595,806	\$ 149,001,271
Receivables:		
Accrued interest	2,041,587	2,057,974
Due from broker	91,899	-
Liabilities		
Due to broker	\$ 4,637,225	\$ -

The trustee and custodian also certified to the completeness and accuracy of \$6,624,272 of net appreciation in the fair value of investments and \$8,247,510 of interest and dividends for the year ended August 31, 2024.

Legacy GHS/Tuomey Pension Plan

Notes to Financial Statements

August 31, 2024 and 2023

Note 5. Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at August 31, 2024 and 2023.

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

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

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

Legacy GHS/Tuomey Pension Plan

Notes to Financial Statements

August 31, 2024 and 2023

Note 5. Fair Value Measurements, Continued

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

	August 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 12,684,002	\$ -	\$ -	\$ 12,684,002
U.S. government obligations	43,069,962	-	-	43,069,962
State and municipal bonds	-	759,231	-	759,231
Corporate bonds	-	105,249,707	-	105,249,707
Foreign bonds	-	3,832,904	-	3,832,904
Total assets in the fair value hierarchy	<u>\$ 55,753,964</u>	<u>\$109,841,842</u>	<u>\$ -</u>	<u>165,595,806</u>
Investments measured at NAV (a)				<u>237,739,086</u>
Investments at fair value				<u>\$403,334,892</u>

	August 31, 2023			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 9,631,572	\$ -	\$ -	\$ 9,631,572
U.S. government obligations	36,584,689	-	-	36,584,689
State and municipal bonds	-	997,090	-	997,090
Corporate bonds	-	100,972,148	-	100,972,148
Foreign bonds	-	815,772	-	815,772
Total assets in the fair value hierarchy	<u>\$ 51,005,819</u>	<u>\$102,785,010</u>	<u>\$ -</u>	<u>149,001,271</u>
Investments measured at NAV (a)				<u>215,457,037</u>
Investments at fair value				<u>\$ 364,458,308</u>

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

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

	August 31, 2024			
Investment	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Collective trust funds	\$ 193,152,692	\$ -	Daily	None
Limited partnerships, limited liability companies, and hedge funds:				
Total return fund (a)	35,434,416	-	(a)	(a)
Institutional trust funds:				
International small cap fund (b)	9,151,978	-	Monthly	15 days
Total	<u>\$ 237,739,086</u>	<u>\$ -</u>		

Legacy GHS/Tuomey Pension Plan

Notes to Financial Statements

August 31, 2024 and 2023

Note 5. Fair Value Measurements, Continued

Investment	August 31, 2023			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Collective trust funds	\$ 163,953,177	\$ -	Daily	None
Limited partnerships, limited liability companies, and hedge funds:				
Total return fund (a)	42,860,187	-	(a)	(a)
Institutional trust funds:				
International small cap fund (b)	8,643,673	-	Monthly	15 days
Total	<u>\$ 215,457,037</u>	<u>\$ -</u>		

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

(b) This investment's objective is to seek capital appreciation by investing in stocks of international small capitalization companies that the fund's management believes can achieve high rates of business growth.

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

Principal Bank (Principal) serves as the sub-custodian under Principal Trust Company, as defined by the Plan and, therefore, qualifies as a party in interest. Fees incurred by the Plan for investment management services are included in net depreciation in fair value of investments, as they are paid through revenue sharing, rather than direct payment. As described in Note 2, the Plan made direct payments to Principal totaling \$106,400, which were not considered investment management services and therefore were not covered by revenue sharing. The Company pays directly any other fees related to the Plan's operations.

Note 7. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated May 13, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. The plan administrator believes the Plan and trust are operating in a manner that did not jeopardize this tax status.

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

Note 8. Risks and Uncertainties

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

Legacy GHS/Tuomey Pension Plan

Notes to Financial Statements

August 31, 2024 and 2023

Note 8. Risks and Uncertainties, Continued

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

Note 9. Plan Termination

Although it has not expressed any intention to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. Whether all participants receive their benefit should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

Legacy GHS/Tuomey Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) EIN 82-2595551, Plan No. 001

As of August 31, 2024

*Party- In- Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Money market fund				
	Allspring Government	Government Money Market Fund	\$ 12,684,002	\$ 12,684,002
	Total money market fund		12,684,002	12,684,002
U.S. government obligations				
	US Treasury Bond	\$7,995,000 par; 4.500%; matures 02/15/2044	7,983,436	8,194,875
	US Treasury Bond	\$13,535,000 par; 4.625%; matures 05/15/2044	13,690,596	14,095,483
	US Treasury Bond	\$4,025,000 par; 4.125%; matures 08/15/2044	4,000,846	3,927,515
	US Treasury Bond	\$5,270,000 par; 4.250%; matures 02/15/2054	5,120,817	5,290,606
	US Treasury Note	\$7,790,000 par; 4.625%; matures 05/15/2054	7,986,164	8,325,563
	US Treasury Note	\$1,780,000 par; 4.250%; matures 08/15/2054	1,813,448	1,791,125
	US Treasury Note	\$1,450,000 par; 3.875%; matures 08/15/2034	1,445,937	1,444,795
	Total U.S. Government obligations		42,041,244	43,069,962
State and municipal bonds				
	Municipal Electric Authority of Georgia	\$653,000 par; 6.637%; matures 4/1/2057	700,350	637,656
	Municipal Electric Authority of Georgia	\$104,000 par; 7.055%; matures 4/1/2057	118,652	121,575
	Total state and municipal bonds		819,002	759,231
Corporate bonds				
	7-Eleven Inc	\$620,000 par; 2.500%; matures 02/10/2041	509,036	425,599
	Abbvie Inc	\$265,000 par; 5.050%; matures 03/15/2034	264,165	273,072
	Abbvie Inc	\$105,000 par; 4.550%; matures 03/15/2035	98,918	103,590
	Abbvie Inc	\$595,000 par; 4.400%; matures 11/06/2042	688,214	546,638
	Abbvie Inc	\$200,000 par; 5.400%; matures 03/15/2054	202,737	207,262
	AEP Texas Inc	\$290,000 par; 3.450%; matures 01/15/2050	301,909	203,609
	Alfa Desarrollo Spa	\$342,564.42 par; 4.550%; matures 09/27/2051	298,417	267,327
	Altria Group Inc	\$250,000 par; 9.950%; matures 11/10/2038	397,545	353,445
	Altria Group Inc	\$1,232,000 par; 3.400%; matures 02/14/2041	831,234	934,521
	American Electric Power	\$80,000 par; 3.250%; matures 03/01/2050	79,863	55,072
	Amgen Inc	\$230,000 par; 6.375%; matures 06/01/2037	315,093	256,114
	Amgen Inc	\$135,000 par; 6.400%; matures 02/01/2039	191,134	150,129
	Amgen Inc	\$340,000 par; 5.600%; matures 03/02/2043	338,099	347,490
	Amgen Inc	\$302,000 par; 5.650%; matures 03/02/2053	306,617	310,610
	Amgen Inc	\$270,000 par; 5.750%; matures 03/02/2063	267,494	276,920
	Anheuser-Busch	\$1,550,000 par; 4.900%; matures 02/01/2046	1,549,824	1,488,124
	Anheuser-Busch	\$265,000 par; 8.200%; matures 01/15/2039	366,406	349,909
	Anheuser-Busch	\$565,000 par; 8.000%; matures 11/15/2039	841,462	738,512
	Apple Inc	\$324,000 par; 4.650%; matures 02/23/2046	405,282	317,313
	Aptiv Plc	\$390,000 par; 3.100%; matures 12/01/2051	363,076	247,701
	Arizona Public Service	\$250,000 par; 3.350%; matures 05/15/2050	248,828	176,118
	AstraZeneca PLC	\$620,000 par; 6.450%; matures 09/15/2037	859,058	714,463
	AT&T Inc	\$360,000 par; 8.750%; matures 11/15/2031	507,905	429,415
	AT&T Inc	\$475,000 par; 6.800%; matures 05/15/2036	535,418	535,491
	AT&T Inc	\$240,000 par; 4.900%; matures 08/15/2037	295,130	233,450
	AT&T Inc	\$110,000 par; 6.000%; matures 08/15/2040	142,104	115,487
	AT&T Inc	\$295,000 par; 4.650%; matures 06/01/2044	343,675	262,482
	AT&T Inc	\$165,000 par; 4.750%; matures 05/15/2046	205,321	149,394
	AT&T Inc	\$2,379,000 par; 3.500%; matures 09/15/2053	2,013,340	1,692,468
	AT&T Inc	\$285,000 par; 3.550%; matures 09/15/2055	197,855	201,498
	Athene Holding Ltd	\$330,000 par; 6.650%; matures 02/01/2033	329,079	359,420
	Athene Holding Ltd	\$145,000 par; 3.450%; matures 05/15/2052	135,505	96,727
	BAI Systems Plc	\$200,000 par; 5.300%; matures 03/26/2034	196,030	205,124
	Baltimore Gas and Electric	\$130,000 par; 5.400%; matures 06/01/2053	129,936	131,349
	Bank Of America	\$535,000 par; N/A; matures 01/23/2035	535,365	553,741
	Bank Of America NA	\$610,000 par; 6.000%; matures 10/15/2036	755,201	662,789
	Bank One Corp	\$190,000 par; 8.750%; matures 09/01/2030	273,831	229,708
	Barclays PLC	\$85,000 par; N/A; matures 03/12/2055	85,898	90,578
	Barick International Bank Corp.	\$475,000 par; 6.350%; matures 10/15/2036	623,751	521,769
	Barrick Australia Financial	\$475,000 par; 5.950%; matures 10/15/2039	600,237	502,075
	Barrick NA Finance LLC	\$100,000 par; 5.700%; matures 05/30/2041	129,551	103,182
	Barrick NA Finance LLC	\$400,000 par; 5.750%; matures 05/01/2043	503,497	412,464
	Bat Capital Corp	\$575,000 par; 4.390%; matures 08/15/2037	566,921	512,986

Legacy GHS/Tuomey Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) EIN 82-2595551, Plan No. 001

As of August 31, 2024

*Party- In- Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Bayer Us Financial II LLC	\$655,00 par; 3.950%; matures 04/15/2045	601,820	484,268
	Bayer Us Financial II LLC	\$795,000 par; 4.700%; matures 07/15/2064	734,864	615,680
	Berkshire Hathaway Energy	\$595,000 par; 4.450%; matures 01/15/2049	680,887	512,128
	Berkshire Hathaway Financial	\$145,000 par; 3.850%; matures 03/15/2052	142,496	119,339
	Boeing Co	\$210,000 par; 6.875%; matures 03/15/2039	228,755	226,771
	Boeing Co	\$95,000 par; 3.375%; matures 06/15/2046	65,910	63,413
	Boeing Co	\$210,000 par; 3.850%; matures 11/01/2048	139,644	147,649
	Boeing Co	\$105,000 par; 3.900%; matures 05/01/2049	80,605	74,815
	Boeing Co	\$60,000 par; 7.008%; matures 05/01/2064	60,226	64,621
	BP Capital Markets America	\$300,000 par; 4.812%; matures 02/13/2033	300,000	300,081
	BP Capital Markets America	\$801,000 par; 2.772%; matures 11/10/2050	597,424	520,081
	BP Capital Markets America	\$100,000 par; 2.939%; matures 06/04/2051	65,417	67,071
	Bristol Myers Squibb Co	\$255,000 par; 6.400%; matures 11/15/2063	254,962	292,052
	Bristol Myers Squibb Co	\$220,000 par; 5.650%; matures 02/22/2064	219,065	226,765
	Broadcom Inc	\$1,108,000 par; 4.926%; matures 05/15/2037	1,012,839	1,082,483
	Burlington North Santa Fe	\$410,000 par; 5.200%; matures 04/15/2054	409,779	412,009
	Burlington North Santa Fe Corp	\$375,000 par; 5.500%; matures 03/15/2055	373,818	392,494
	Carolina Power & Light	\$290,000 par; 4.100%; matures 03/15/2043	298,923	247,115
	Cenovus Energy Inc	209,000 par; 6.750%; matures 11/15/2039	236,024	233,695
	Charter Comm Opt LLC/Cap	\$775,000 par; 6.484%; matures 10/23/2045	835,853	740,768
	Charter Comm Opt LLC/Cap	\$670,000 par; 6.834%; matures 10/23/2055	822,000	664,908
	Cigna Corp	\$310,000 par; 4.800%; matures 08/15/2038	366,231	297,262
	Cisco System Inc	\$630,000 par; 5.300%; matures 02/26/2054	633,382	650,406
	Cisco System Inc	\$310,000 par; 5.350%; matures 02/26/2064	308,630	320,239
	Citigroup Inc	\$160,000 par; 6.125%; matures 08/25/2036	194,412	170,304
	Citigroup Inc	\$100,000 par; 6.875%; matures 03/05/2038	140,922	116,185
	Citigroup Inc	\$385,000 par; 8.125%; matures 07/15/2039	605,192	501,024
	Comcast Corp	\$86,000 par; 6.500%; matures 11/15/2035	111,103	97,141
	Comcast Corp	\$175,000 par; 3.969%; matures 11/01/2047	128,933	142,800
	Comcast Corp	\$1,369,000 par; 2.887%; matures 11/01/2051	1,159,543	896,175
	Comcast Corp	\$280,000 par; 5.650%; matures 06/01/2054	278,751	292,905
	Comcast Corp	\$245,000 par; 2.937%; matures 11/01/2056	155,277	155,842
	Commonwealth Edison	\$220,000 par; 6.450%; matures 01/15/2038	293,940	248,651
	Commonwealth Edison	\$630,000 par; 4.700%; matures 01/15/2044	789,909	582,296
	Commonwealth Edison Co	\$180,000 par; 4.000%; matures 03/01/2048	179,966	147,647
	Consumer Edison Co of NY	\$160,000 par; 6.1500%; matures 11/15/2052	159,024	178,450
	Corestates Capital II	\$50,000 par; N/A; matures 01/15/2027	47,375	48,882
	Corestates Capital III	\$270,000 par; N/A; matures 02/15/2027	256,365	263,957
	Corporacion Nacional Del Cobre	\$250,000 par; 6.300%; matures 09/08/2053	241,173	260,558
	Cox Communications Inc	\$246,000 par; 4.700%; matures 12/15/2042	258,290	209,858
	CSL Finance PLC	\$145,000 par; 4.625%; matures 04/27/2042	144,981	134,234
	CSL Finance PLC	\$135,000 par; 4.750%; matures 04/27/2052	130,938	123,864
	CSL Finance PLC	\$135,000 par; 4.950%; matures 04/27/2062	134,580	124,555
	CVS Health Corp	\$1,590,000 par; 4.780%; matures 03/25/2038	1,752,008	1,460,621
	CVS Health Corp	\$1,716,000 par; 5.050%; matures 03/25/2048	1,573,211	1,521,027
	CVS Health Corp	\$315,000 par; 6.050%; matures 06/01/2054	312,953	317,687
	Devon Energy Corporation	\$303,000 par; 5.000%; matures 06/15/2045	263,544	270,382
	Devon Financing Corp	\$160,000 par; 7.875%; matures 09/30/2031	211,591	185,584
	Diamondback Energy Inc	\$175,000 par; 4.400%; matures 03/24/2051	141,541	145,038
	Diamondback Energy Inc	\$173,000 par; 4.250%; matures 03/15/2052	129,028	138,734
	Diamondback Energy Inc	\$509,000 par; 6.250%; matures 03/15/2053	516,365	541,897
	Duke Energy Corp	\$280,000 par; 5.000%; matures 08/15/2052	278,832	256,892
	Duke Energy Progress Inc	\$710,000 par; 4.375%; matures 03/30/2044	744,554	629,543
	Duke Energy Progress LLC	\$540,000 par; 3.700%; matures 10/15/2046	615,180	420,498
	Electricite De France	\$270,000 par; 6.000%; matures 04/22/2064	247,596	267,824
	Elevance Health Inc	\$210,000 par; 5.375%; matures 06/15/2034	209,849	217,617
	Eli Lilly & Co	\$280,000 par; 5.050%; matures 08/14/2054	278,628	281,081
	Eli Lilly & Co	\$90,000 par; 5.200%; matures 08/14/2064	89,969	91,154
	Energy Transfer LP	\$180,000 par; 6.550%; matures 12/01/2033	179,795	196,855
	Energy Transfer LP	\$115,000 par; 5.950%; matures 05/15/2054	114,451	116,117
	Energy Transfer Operating	\$295,000 par; 5.000%; matures 05/15/2050	249,879	261,638
	Energy Transfer Partners	\$880,000 par; 6.050%; matures 06/01/2041	924,444	898,234
	Energy Transfer Partners	\$980,000 par; 5.150%; matures 03/15/2045	1,077,709	896,650
	Eni Spa	\$220,000 par; 5.950%; matures 05/15/2054	217,422	226,180
	Energy Texas Inc	\$175,000 par; 3.550%; matures 09/30/2049	196,308	128,398
	Enterprise Products Operations	\$202,000 par; 5.950%; matures 02/01/2041	240,454	215,302
	Enterprise Products Operations	\$255,000 par; 5.550%; matures 02/16/2055	254,141	259,455
	Evergy Kansas Central	\$235,000 par; 3.450%; matures 04/15/2050	234,039	170,993

Legacy GHS/Tuomey Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) EIN 82-2595551, Plan No. 001

As of August 31, 2024

*Party- In- Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Fairfax Final Holdings Ltd	\$220,000 par; 6.350%; matures 03/22/2054	219,495	229,629
	Fairfax Final Holdings Ltd	\$320,000 par; 6.100%; matures 03/15/2055	318,672	323,664
	Farmers Exchange Cap II	\$380,000 par; 6.151%; matures 11/01/2053	431,730	355,365
	Farmers Exchange Cap III	\$445,000 par; 5.454%; matures 10/15/2054	558,647	387,684
	First Quantum Minerals LTD	\$580,000 par; 8.625%; matures 06/01/2031	551,795	579,774
	Florida Power & LT Co	\$295,000 par; 5.300%; matures 06/15/2034	293,994	307,417
	Freeport-Mcmoran C & G	\$305,000 par; 5.450%; matures 03/15/2043	304,621	298,720
	Georgia Power Co	\$210,000 par; 5.250%; matures 03/15/2034	209,326	216,569
	Goldman Sachs Capital Inc	\$1,670,000 par; 6.345%; matures 02/15/2034	1,905,478	1,813,068
	Goldman Sachs Group Inc	\$450,000 par; 6.450%; matures 05/01/2036	533,712	496,908
	Goldman Sachs Group Inc	\$425,000 par; 4.411%; matures 04/23/2039	489,077	392,649
	Greensaf Pipelines Bidc	\$330,000 par; 6.102%; matures 07/25/2042	330,000	338,534
	HCA Inc	\$492,000 par; 4.625%; matures 03/15/2052	396,449	416,301
	HCA Inc	\$200,000 par; 6.100%; matures 04/01/2064	198,760	205,446
	Health Care Service Corp	\$585,000 par; 3.200%; matures 06/01/2050	599,843	396,583
	Health Care Service Corp	\$320,000 par; 5.875%; matures 06/15/2054	319,011	329,536
	Heinz (H.J.) Finance Co	\$800,000 par; 7.125%; matures 08/01/2039	1,061,993	940,839
	Hess Corp	\$1,525,000 par; 6.000%; matures 01/15/2040	1,699,630	1,619,153
	Hess Corp	\$400,000 par; 5.600%; matures 02/15/2041	434,057	409,032
	Home Depot Inc	\$175,000 par; 4.950%; matures 06/25/2034	173,329	179,331
	Home Depot Inc	\$125,000 par; 4.400%; matures 03/15/2045	151,416	113,461
	Home Depot Inc	\$185,000 par; 5.300%; matures 06/25/2054	182,105	188,846
	Honeywell International	\$260,000 par; 5.250%; matures 03/01/2054	260,211	263,877
	HSBC Bank USA N.A.	\$1,075,000 par; 7.000%; matures 01/15/2039	1,485,381	1,256,814
	HSBC Bank USA	\$250,000 par; 5.625%; matures 08/15/2035	318,658	258,798
	Humana Inc.	\$645,000 par; 8.150%; matures 06/15/2038	922,239	794,259
	IBM Corp	\$295,000 par; 4.150%; matures 05/15/2039	282,109	264,895
	IBM International Capital Pte Ltd	\$395,000 par; 5.250%; matures 02/05/2044	393,404	393,167
	IBM International Capital Pte Ltd	\$330,000 par; 5.300%; matures 02/05/2054	328,136	324,911
	Indianapolis Power & Light	\$155,000 par; 5.700%; matures 04/01/2054	154,780	160,279
	Infraestructura Energeti	\$225,000 par; 4.750%; matures 01/15/2051	212,511	170,080
	Intel Corp	\$155,000 par; 3.734%; matures 12/08/2047	113,029	110,622
	Intel Corp	\$290,000 par; 4.750%; matures 03/25/2050	244,911	243,307
	Intel Corp	\$175,000 par; 3.050%; matures 08/12/2051	110,090	108,721
	Jabs Holding BV	\$375,000 par; 4.500%; matures 04/08/2052	273,949	289,830
	Jackson Financial Inc	\$290,000 par; 4.000%; matures 11/23/2051	245,896	211,622
	JBS USA Lux SA	\$1,145,000 par; 6.500%; matures 12/01/2052	1,113,718	1,206,188
	John Deere Capital Corp	\$145,000 par; 5.100%; matures 04/11/2034	144,910	149,844
	John Deere Capital Corp	\$280,000 par; 5.050%; matures 06/12/2034	278,894	288,078
	JP Morgan Chase & Co	\$180,000 par; N/A; matures 02/01/2027	164,825	175,970
	JP Morgan Chase & Co	\$230,000 par; 5.850%; matures 02/01/2027	215,938	224,275
	JP Morgan Chase & Co	\$490,000 par; 1.764%; matures 11/19/2031	491,343	414,736
	JP Morgan Chase & Co	\$150,000 par; N/A; matures 07/22/2035	150,000	153,935
	JP Morgan Chase & Co	\$355,000 par; 6.400%; matures 05/15/2038	482,853	410,842
	JP Morgan Chase & Co	\$250,000 par; 2.525%; matures 11/19/2041	189,337	179,640
	Kinder Morgan Inc	\$285,000 par; 5.950%; matures 08/01/2054	283,695	290,176
	Kinder Morgan (Delaware), Inc.	\$280,000 par; 5.550%; matures 06/01/2045	284,665	271,617
	Kinross Gold Corporation Global	\$315,000 par; 6.250%; matures 07/15/2033	310,484	336,933
	KKR Group Finance Co II LLC	\$210,000 par; 5.500%; matures 02/01/2043	211,572	207,730
	KKR Group Finance Co X LLC	\$140,000 par; 3.250%; matures 12/15/2051	139,546	95,924
	KKR Group Finance Co III LLC	\$350,000 par; 5.125%; matures 06/01/2044	387,726	328,657
	Kraft Foods Group Inc	\$180,000 par; 6.500%; matures 02/09/2040	193,762	199,742
	Kraft Heinz Foods Co	\$75,000 par; 5.200%; matures 07/15/2045	68,126	71,981
	Kroger Co	\$170,000 par; 5.500%; matures 09/15/2054	169,300	166,634
	Kroger Co	\$195,000 par; 5.650%; matures 09/15/2064	194,132	190,511
	Lowe's Companies Inc	\$235,000 par; 6.650%; matures 09/15/2037	343,960	267,545
	LSEG US Fin Corp	\$200,000 par; 5.297%; matures 03/28/2034	200,000	207,138
	Mass Mutual Life Insurance Co	\$235,000 par; 3.375%; matures 04/15/2050	235,032	168,627
	Merck & Co Inc	\$130,000 par; 3.700%; matures 02/10/2045	96,546	106,564
	Merck & Co Inc	\$145,000 par; 2.750%; matures 12/10/2045	92,941	95,375
	Merck & Co Inc	\$65,000 par; 5.150%; matures 05/17/2063	64,482	64,743
	Merrill Lynch & Co	\$580,000 par; 7.750%; matures 05/14/2038	856,760	719,768
	Meta Platforms Inc	\$215,000 par; 4.450%; matures 08/15/2052	209,361	192,361
	Meta Platforms Inc	\$520,000 par; 5.400%; matures 08/15/2054	518,256	530,322
	Meta Platforms Inc	\$465,000 par; 5.550%; matures 08/15/2054	462,991	476,318
	Microsoft Corp	\$405,000 par; 2.500%; matures 09/15/2050	246,645	266,251
	Midamerican Energy	\$205,000 par; 5.850%; matures 09/15/2054	204,762	220,590
	Midamerican Energy Co	\$190,000 par; 4.800%; matures 09/15/2043	217,944	179,364

Legacy GHS/Tuomey Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) EIN 82-2595551, Plan No. 001

As of August 31, 2024

*Party- In- Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Midamerican Energy Hldgs	\$638,000 par; 6.125%; matures 04/01/2036	796,944	695,816
	Morgan Stanley	\$350,000 par; N/A; matures 04/21/2034	350,000	355,901
	Morgan Stanley	\$750,000 par; N/A; matures 01/18/2035	750,540	772,815
	MPLX LP	\$390,000 par; 4.500%; matures 04/15/2038	425,171	355,980
	Nasdaq Inc	\$135,000 par; 5.950%; matures 08/15/2053	134,232	144,626
	Nationwide Mutual Insurance	\$150,000 par; 9.375%; matures 08/15/2039	251,845	199,595
	Newell Brands Inc	\$310,000 par; 4.200%; matures 04/01/2026	306,519	308,906
	Newell Rubbermaid Inc	\$530,000 par; 5.500%; matures 04/01/2046	391,247	459,547
	Newmont Corp	\$310,000 par; 5.350%; matures 03/15/2034	309,020	320,745
	Nextera Energy Cap	\$420,000 par; 5.250%; matures 03/15/2034	418,748	427,048
	Nokia Corp	\$475,000 par; 6.625%; matures 05/15/2039	544,982	502,203
	Norfolk Southern Corp	\$475,000 par; 5.100%; matures 08/01/2118	480,212	427,001
	Northrop Grumman Corp	\$900,000 par; 4.900%; matures 06/01/2034	892,641	908,523
	Northrop Grumman Corp	\$472,000 par; 5.200%; matures 06/01/2054	468,278	467,346
	Occidental Petroleum Corp	\$540,000 par; 6.450%; matures 09/15/2036	543,474	585,236
	Occidental Petroleum Corp	\$270,000 par; 6.600%; matures 03/15/2046	277,253	291,546
	Oglethorpe Power Corp	\$110,000 par; 3.750%; matures 08/01/2050	72,515	82,353
	Oglethorpe Power Corp	\$190,000 par; 5.250%; matures 09/01/2050	206,961	179,047
	Oncor Electric Delivery	\$190,000 par; 3.700%; matures 05/15/2050	189,440	146,338
	Oncor Electric Delivery	\$185,000 par; 5.550%; matures 06/15/2054	184,922	189,867
	Oracle Corp	\$503,000 par; 3.800%; matures 11/15/2037	473,025	432,434
	Oracle Corp	\$1,430,000 par; 3.600%; matures 04/01/2040	1,242,348	1,151,778
	Oracle Corp	\$550,000 par; 4.125%; matures 05/15/2045	559,229	448,701
	Oracle Corp	\$265,000 par; 4.000%; matures 07/15/2046	199,758	210,884
	Oracle Corp	\$230,000 par; 4.000%; matures 11/15/2047	155,386	181,741
	Pacific Gas & Electric	\$130,000 par; 4.200%; matures 06/01/2041	129,620	105,615
	Pacific Gas & Electric	\$840,000 par; 4.450%; matures 04/15/2042	883,214	698,342
	Pacific Gas & Electric	\$344,000 par; 6.750%; matures 01/15/2053	340,533	376,198
	Pacific Life Insurance Co	\$145,000 par; 4.300%; matures 10/24/2067	144,988	117,462
	Pacific Lifecorp	\$360,000 par; 3.350%; matures 09/15/2050	375,971	256,072
	Paramount Global	\$940,000 par; 6.375%; matures 03/30/2062	914,477	859,480
	Paypal Holdings Inc	\$145,000 par; 5.500%; matures 06/01/2054	142,481	148,173
	Peco Energy Co	\$50,000 par; 3.700%; matures 09/15/2047	49,812	39,621
	Petro-Canada	\$170,000 par; 6.800%; matures 05/15/2038	179,873	189,926
	Petroleos Mexicanos	\$490,000 par; 7.690%; matures 01/23/2050	356,788	364,560
	Pfizer Inc	\$95,000 par; 7.200%; matures 03/15/2039	153,640	116,172
	Pfizer Investment Enterprises	\$495,000 par; 5.340%; matures 05/19/2063	485,382	491,253
	Piedmont Natural Gas Co Inc.	\$135,000 par; 5.100%; matures 02/15/2035	134,923	134,776
	Public Service Colorado	\$285,000 par; 5.750%; matures 05/15/2054	284,279	297,033
	Puget Sound Energy Inc	\$150,000 par; 4.223%; matures 06/15/2048	150,000	124,569
	Reynolds American Inc	\$1,620,000 par; 7.250%; matures 06/15/2037	2,147,886	1,838,083
	Reynolds American Inc	\$460,000 par; 8.125%; matures 05/01/2040	625,027	537,901
	RTX Corporation	\$475,000 par; 5.150%; matures 02/27/2033	468,763	487,013
	RTX Corporation	\$205,000 par; 5.375%; matures 02/27/2053	204,635	205,141
	RTX Corporation	\$130,000 par; 6.400%; matures 03/15/2054	129,513	149,205
	San Diego G & E	\$155,000 par; 3.320%; matures 04/15/2050	154,794	111,753
	Saudi Arabian Oil Co	\$580,000 par; 5.750%; matures 07/17/2054	565,285	581,740
	Scentre Group Trust 2	\$790,000 par; 5.125%; matures 09/24/2080	800,003	768,773
	Sempra Energy	\$370,000 par; 3.800%; matures 02/01/2038	348,237	315,136
	Societe Generale	\$530,000 par; 7.367%; matures 01/10/2053	533,364	550,707
	South Carolina Electric & Gas	\$110,000 par; 5.100%; matures 06/01/2065	116,919	103,904
	Southern California Gas Co	\$100,000 par; 5.750%; matures 06/01/2053	99,516	103,910
	Southern Co Gas Capital	\$210,000 par; 3.950%; matures 10/01/2046	205,792	167,857
	Southwestern Public Service	\$160,000 par; 6.000%; matures 06/01/2054	158,813	170,216
	Southwestern Public Service	\$235,000 par; 3.700%; matures 08/15/2047	257,233	176,793
	Sprint Cap Corp	\$459,000 par; 8.750%; matures 03/15/2032	551,213	566,264
	Sprint Spectrum / Spec I	\$723,750 par; 5.152%; matures 03/20/2028	762,471	727,492
	Suncor Energy Inc	\$415,000 par; 5.950%; matures 12/01/2034	511,253	439,327
	T-Mobile USA Inc	\$465,000 par; 4.500%; matures 04/15/2050	396,785	403,467
	Takeda Pharmaceutical	\$710,000 par; 3.175%; matures 07/09/2050	712,762	493,329
	Takeda Pharmaceutical Co Ltd	\$280,000 par; 5.650%; matures 07/05/2054	278,796	285,902
	Takeda Pharmaceutical Co Ltd	\$315,000 par; 5.800%; matures 07/05/2064	313,542	322,412
	Teachers Insur & Annuity	\$110,000 par; 4.900%; matures 09/15/2044	146,933	102,968
	Teachers Insur & Annuity	\$260,000 par; 3.300%; matures 05/15/2050	263,822	185,024
	Tennessee Gas Pipeline	\$460,000 par; 8.375%; matures 06/15/2032	634,326	541,388
	Time Warner Cable Inc	\$250,000 par; 6.550%; matures 05/01/2037	310,305	246,653
	Time Warner Cable Inc	\$860,000 par; 7.300%; matures 07/01/2038	1,067,254	899,413
	Time Warner Cable Inc	\$1,360,000 par; 6.750%; matures 06/15/2039	1,833,804	1,352,247

Legacy GHS/Tuomey Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) EIN 82-2595551, Plan No. 001

As of August 31, 2024

*Party- In- Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Time Warner Entertainment Co L P SR SUB	\$240,000 par; 8.375%; matures 07/15/2033	332,164	273,283
	Toledo Edison Company	\$400,000 par; 6.150%; matures 05/15/2037	486,156	438,980
	Totalenergies Cap SA	\$375,000 par; 5.488%; matures 04/05/2054	375,000	386,914
	United Parcel Service	\$345,000 par; 5.500%; matures 05/22/2054	344,445	358,938
	United Technologies Corp	\$245,000 par; 6.125%; matures 07/15/2038	256,131	267,878
	United Technologies Corp	\$930,000 par; 4.500%; matures 06/01/2042	1,124,246	841,733
	United Technologies Corp	\$240,000 par; 4.150%; matures 05/15/2045	237,169	203,474
	United Technologies Corp	\$90,000 par; 3.750%; matures 11/01/2046	66,572	71,408
	United Technologies Corp	\$20,000 par; 4.625%; matures 11/16/2048	24,726	18,016
	Unitedhealth Group Inc	\$300,000 par; 4.750%; matures 07/15/2045	393,507	282,834
	Unitedhealth Group Inc	\$500,000 par; 4.250%; matures 06/15/2048	450,235	431,370
	Unitedhealth Group Inc	\$890,000 par; 5.375%; matures 04/15/2054	865,674	899,772
	Unitedhealth Group Inc	\$490,000 par; 5.625%; matures 07/15/2054	494,284	511,810
	Unitedhealth Group Inc	\$240,000 par; 5.750%; matures 07/15/2064	238,553	251,947
	Verizon Communications	\$365,000 par; 2.355%; matures 03/15/2032	296,819	310,108
	Verizon Communications	\$800,000 par; 5.250%; matures 03/16/2037	966,197	819,992
	Verizon Communications	\$260,000 par; 4.812%; matures 03/15/2039	331,704	250,429
	Verizon Communications	\$155,000 par; 3.400%; matures 03/22/2041	146,726	123,543
	Viacom Inc	\$450,000 par; 6.875%; matures 04/30/2036	474,285	448,799
	Viacom Inc	\$755,000 par; 4.375%; matures 03/15/2043	642,232	542,520
	Viacom Inc	\$75,000 par; 5.850%; matures 09/01/2043	94,526	63,889
	Viacom Inc	\$20,000 par; 5.250%; matures 04/01/2044	14,777	15,435
	Viacom Inc	\$385,000 par; 6.250%; matures 02/28/2057	388,086	332,394
	Virginia Electric and Power Co	\$140,000 par; 5.450%; matures 04/01/2053	139,058	139,938
	Virginia Electric Power	\$180,000 par; 6.350%; matures 11/30/2037	244,094	198,338
	Wachovia Bank N.A.	\$975,000 par; 6.600%; matures 01/15/2038	1,428,835	1,108,400
	Wachovia Bank N.A.	\$265,000 par; 5.850%; matures 02/01/2037	292,355	280,786
	The Walt Disney Company	\$455,000 par; 6.200%; matures 12/15/2034	573,402	510,897
	Warner Media Holdings Inc	\$475,000 par; 5.050%; matures 03/15/2042	423,388	380,637
	Warner Media Holdings Inc	\$1,580,000 par; 5.391%; matures 03/15/2062	1,366,644	1,186,515
	Wells Fargo & Company	\$125,000 par; N/A; matures 01/15/2027	118,438	123,633
	Wells Fargo & Company	\$205,000 par; 7.950%; matures 11/15/2029	259,838	234,944
	Wells Fargo & Company	\$330,000 par; 5.950%; matures 12/15/2036	396,559	341,946
	Wells Fargo Bank	\$85,000 par; 5.950%; matures 08/26/2036	88,031	91,255
	Williams Cos Inc	\$355,000 par; 8.750%; matures 03/15/2032	461,304	431,126
	Wisconsin Power And Light	\$155,000 par; 3.650%; matures 04/01/2050	154,803	116,532
	Total corporate bonds		115,637,310	105,249,707
Limited partnerships, limited liability companies, and hedge funds				
	BPIF Non-Taxable L.P.	Limited partnership investment	16,200,000	35,434,416 **
	Total limited partnerships, limited liability companies, and hedge funds		16,200,000	35,434,416
Collective trust funds				
	Arrowstreet Capital	Global Equity ACWI Fund Class C	38,894,155	52,085,142 **
	Boston Trust Walden Company	SMID Cap CIT	5,279,381	6,484,012 **
	State Street Global Advisors	S&P 500 R Flagship Class N	42,885,305	71,362,786 **
	State Street Global Advisors	20+ Year U.S. Treasury STRIPS	50,109,489	31,056,399 **
	William Blair International Leaders	William Blair Intl Leaders CIT Fund	20,018,377	32,164,353 **
	Total collective trust funds		157,186,707	193,152,692
Institutional trust funds				
	Global Alpha International	International Small Cap Fund	9,072,897	9,151,978 **
	Total institutional trust funds		9,072,897	9,151,978
Foreign Government and Agency Securities				
	Saudi International Bond	\$1,330,000 par; 5.750%; matures 01/16/2054	1,299,879	1,361,348
	State of Israel	\$1,590,000 par; 5.750%; matures 03/12/2054	1,499,813	1,526,401
	United Mexican States	\$390,000 par; 6.338%; matures 05/04/2053	383,220	381,927
	United Mexican States	\$570,000 par; 6.400%; matures 05/07/2054	565,963	563,228
	Total foreign government and agency securities		3,748,875	3,832,904
			\$ 357,390,037	\$ 403,334,892

** Information not certified by Principal Bank, the trustee and custodian

Legacy GHS/Tuomey Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions EIN 82-2595551, Plan No. 001

For the year ended August 31, 2024

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<i>Series of transactions with respect to securities of the same issue in excess of 5% of plan assets:</i>								
Allspring Global Investments	Government Money Market Fund	\$ 104,707,781	\$ -	\$ -	\$ -	\$ 104,707,781	\$ 104,707,781	\$ -
Allspring Global Investments	Government Money Market Fund	-	101,655,363	-	-	101,655,363	101,655,363	-
US Treasury Bond	\$8,995,000 par; 4.125%; matures 8/15/2053	8,424,175	-	-	-	8,424,175	8,424,175	-
US Treasury Bond	\$13,230,000 par; 4.125%; matures 8/15/2053	-	12,765,274	-	-	12,512,119	12,765,274	253,155
US Treasury Bond	\$7,933,000 par; 4.375%; matures 8/15/2043	7,654,241	-	-	-	7,654,241	7,654,241	-
US Treasury Bond	\$11,448,000 par; 4.375%; matures 8/15/2043	-	11,112,644	-	-	11,122,730	11,112,644	(10,086)
US Treasury Bond	\$11,790,000 par; 4.750%; matures 11/15/2053	12,492,428	-	-	-	12,492,428	12,492,428	-
US Treasury Bond	\$11,790,000 par; 4.750%; matures 11/15/2053	-	12,255,121	-	-	12,492,421	12,255,121	(237,300)
US Treasury Bond	\$12,020,000 par; 4.750%; matures 11/15/2043	12,491,453	-	-	-	12,491,453	12,491,453	-
US Treasury Bond	\$12,020,000 par; 4.750%; matures 11/15/2043	-	12,411,817	-	-	12,491,454	12,411,817	(79,637)
US Treasury Bond	\$13,950,000 par; 4.250%; matures 2/15/2054	13,473,699	-	-	-	13,473,699	13,473,699	-
US Treasury Bond	\$8,680,000 par; 4.250%; matures 2/15/2054	-	8,394,184	-	-	8,352,877	8,394,184	41,307
US Treasury Bond	\$15,835,000 par; 4.500%; matures 2/15/2044	15,813,279	-	-	-	15,813,279	15,813,279	-
US Treasury Bond	\$7,840,000 par; 4.500%; matures 2/15/2044	-	8,007,722	-	-	7,829,842	8,007,722	177,880
US Treasury Notes	\$9,900,000 par; 4.000%; matures 2/15/2034	9,614,554	-	-	-	9,614,554	9,614,554	-
US Treasury Bond	\$9,900,000 par; 4.000%; matures 2/15/2034	-	9,566,717	-	-	9,614,550	9,566,717	(47,833)

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

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

L GHS/T P P
EIN 82 2595551
PLAN NUMBER 001
PLAN YEAR 09/01/2023 TO 08/31/2024

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	ARROWSTREET	Common/Collective Trust ARROWSTREET GLOBAL EQUITY ACWI	\$ 0.00	\$ 52,085,142.16
	Boston Trust	Common/Collective Trust Boston TR Walden Collective Invt Tr	\$ 0.00	\$ 6,484,011.87
	GLOBAL ALPHA	103-12 Entities GLOBAL ALPHA INTL SMALL CAP F	\$ 0.00	\$ 9,151,977.72
	STATE STREET GLOBAL ADVISORS	Common/Collective Trust S&P 500 R FLAGSHIP CLASS N	\$ 0.00	\$ 71,362,786.86
	BPIF NON TAXABLE L.P	Partnership / Joint Venture Transfer Business	\$ 0.00	\$ 35,434,416.49
	Transfer Business	Interest Bearing Cash Transfer Business	\$ 0.00	\$ 12,684,001.53
	Transfer Business	Government Securities Transfer Business	\$ 0.00	\$ 43,069,961.55
	Transfer Business	Corporate Debt - Other Transfer Business	\$ 0.00	\$109,841,842.37
	WILLIAM BLAIR	Common/Collective Trust WILLIAM BLAIR CIT	\$ 0.00	\$ 32,164,352.77
	STATE STREET GLOBAL ADVISORS	Common/Collective Trust 20 PLUS YEAR US TREASURY STRIPS	\$ 0.00	\$ 31,056,398.67

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024		
Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.		
A Name of plan LEGACY GHS/TUOMEY PENSION PLAN		B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Prisma Health		D Employer Identification Number (EIN) 82-2595551
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		
Part I Basic Information		
1 Enter the valuation date: Month 09 Day 01 Year 2023		
2 Assets:		
a Market value.....		2a 376,132,060
b Actuarial value		2b 413,745,266
3 Funding target/participant count breakdown		(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment		2,267 323,553,008 323,553,008
b For terminated vested participants.....		1,228 54,648,331 54,648,331
c For active participants.....		2,799 136,140,605 138,948,711
d Total		6,294 514,341,944 517,150,050
4 If the plan is in at-risk status, check the box and complete lines (a) and (b).....		
a Funding target disregarding prescribed at-risk assumptions.....		4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b
5 Effective interest rate.....		5 5.22%
6 Target normal cost		
a Present value of current plan year accruals.....		6a 0
b Expected plan-related expenses		6b 5,087,912
c Target normal cost.....		6c 5,087,912
Statement by Enrolled Actuary		
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.		
SIGN HERE	Margo A. Burdette Signature of actuary	05/28/2025 Date
MARGO A. BURDETTE Type or print name of actuary		2305676 Most recent enrollment number
AON CONSULTING, INC. Firm name		770-690-7382 Telephone number (including area code)
MSC# 17838 PO Box 551343 ATLANTA GA 30355 Address of the firm		
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2023 v. 230728		

Part II Beginning of Year Carryover and Prefunding Balances

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	10,884,041
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	8,653,292
9	Amount remaining (line 7 minus line 8)	0	2,230,749
10	Interest on line 9 using prior year's actual return of <u>3.84</u> %	0	85,661
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		2,435,149
	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>5.40</u> %.....		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		93,510
	c Total available at beginning of current plan year to add to prefunding balance.....		2,528,659
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	2,316,410
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III	Funding Percentages
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14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	86.03 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV	Contributions and Liquidity Shortfalls
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18 Contributions made to the plan for the plan year by employer(s) and employees:

Contributions made to the plan for the plan year by employer(s) and employees.						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
12/14/2023	3,835,318	0				
03/14/2024	3,835,318	0				
06/12/2024	3,594,067	0				
09/11/2024	3,594,130	0				
11/26/2024	14,000,000	0				
			Totals ►	18(b)	28,858,833	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	27,525,406

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

Equity Shareholders 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 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	5,087,912	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
	103,404,784	10,885,717	
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	15,973,629	
	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	15,973,629	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	27,525,406	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	11,551,777	
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 Attachment (Form 5500)—September 1, 2023 Plan Year
Legacy GHS/Tuomey Pension Plan
EIN: 82-2595551 PN: 001

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2023

Date	Amount	Days to Discount to 9/1/2023 at 5.22%	Interest Adjusted Contribution
December 14, 2023	\$ 3,835,318	104	\$ 3,780,264
March 14, 2024	3,835,318	195	3,732,740
June 12, 2024	3,594,067	285	3,454,447
September 11, 2024	3,594,130	376	3,411,065
November 26, 2024	<u>14,000,000</u>	452	<u>13,146,890</u>
Total Contribution	\$ 28,858,833		\$ 27,525,406

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
 Legacy GHS/Tuomey Pension Plan
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Schedule SB, line 22 — Description of Weighted Average Retirement Age

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

Legacy GHS active participants

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

Legacy Tuomey active participants

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

Weighted Average

Legacy GHS actives = 2,461 Legacy Tuomey actives = 338

Weighted average = $((2,461 \times 61.93) + (338 \times 62.00)) / (2,461 + 338) = 61.94$

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Legacy GHS/Tuomey Pension Plan
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Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes

Based on segment rates with a four-month lookback (as of May 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA

1st Segment Rate	4.75%
2nd Segment Rate	5.00%
3rd Segment Rate	5.74%

Interest Rates for Maximum Tax Purposes

Based on segment rates with a four-month lookback (as of May 2023), without regard to interest rate stabilization

1st Segment Rate	2.85%
2nd Segment Rate	4.02%
3rd Segment Rate	4.19%

Retirement Age

Active Participants

See Table 1 for Legacy GHS participants
See Table 2 for Legacy Tuomey participants
Based on 2021 assumption study

Terminated Vested Participants

100% at age 65 for Legacy Tuomey participants
100% at age 61 for Legacy GHS participants
Based on 2021 assumption study

Mortality Rates

Healthy and Disabled

2023 Static Mortality for annuitants and non-annuitants per section 1.430(h)(3)-1(a)(3) and IRS Notice 2022-22.

Withdrawal Rates

See Table 3 for Legacy GHS participants
See Table 4 for Legacy Tuomey participants
Based on 2021 assumption study.

Disability Rates

None

Decrement Timing

Beginning of year

Surviving Spouse Benefit

For Legacy Tuomey participants, it is assumed that 100% of males and females have an eligible spouse, and that married couples are the same age.

For Legacy GHS participants, it is assumed that 90% of males and 70% of females have an eligible spouse, and that males are three years older than their spouses.

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Legacy GHS/Tuomey Pension Plan
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Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$265,000 and the IRC section 401(a)(17) compensation limit of \$330,000.

Valuation of Plan Assets
and

Smoothed fair market value of assets over the current

earnings.

prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected

of

The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110%

fair market value.

values

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market

third

for expected long-term rates of return in excess of the segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2021 Plan Year

5.43%

2022 Plan Year

7.00%, limited to 5.92%

2023 Plan Year

7.03%, limited to 5.74%

Based on asset allocations and plan sponsor's input

Trust Expenses Included in Target Normal Cost
the

The expenses included in the Target Normal Cost reflect

administrative

current year's expected PBGC premiums and expenses.

Actuarial Method

Standard unit credit cost method

Valuation Date

September 1, 2023

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Legacy GHS/Tuomey Pension Plan
EIN: 82-2595551 PN: 001

Actuarial Assumptions and Methods

Table 1

Retirement Rates — Legacy GHS Actives

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

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Legacy GHS/Tuomey Pension Plan
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Table 2

Retirement Rates — Legacy Tuomey Actives

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

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
 Legacy GHS/Tuomey Pension Plan
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Table 3

Withdrawal Rates — Legacy GHS Actives

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

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
 Legacy GHS/Tuomey Pension Plan
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Table 4

Withdrawal Rates — Legacy Tuomey Actives

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

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Legacy GHS/Tuomey Pension Plan
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Schedule SB, Part V — Summary of Plan Provisions

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

Tuomey Healthcare System Employees Retirement Plan

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

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Legacy GHS/Tuomey Pension Plan
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Normal Retirement

Eligibility Age 65 for those hired before March 1, 2007. Age 65 with five years of vesting service for those hired on or after March 1, 2007.

Amount The accrued benefit payable immediately.

Early Retirement

Eligibility Age 55 and 15 years of vesting service.

Amount The accrued benefit payable at normal retirement date or with an earlier commencement with the accrued benefit reduced one-fifteenth for each of the first five years and one-thirtieth for each of the next five years that commencement precedes normal retirement date.

Late Retirement

Eligibility Retirement after normal retirement date.

Amount The accrued benefit using pay and service to the actual retirement date or accrued benefit as of normal retirement date actuarially increased to late retirement date, if larger. A participant who continues to work past normal retirement date will begin receiving in-service distributions as of the normal retirement date unless the participant elects to defer the benefit until his or her actual date of retirement.

Termination

Eligibility Termination with vested rights.

Amount Accrued benefit.

Benefit Commencement Payable at normal retirement date, or on a reduced basis as early as age 55 if the participant has at least 15 years of vesting service. The reduction is the same as described above under Early Retirement if the participant was at least 55 years old at termination. The reduction is based on the plan's actuarial equivalence definition if the participant was under 55 years old at termination.

Vesting Schedule

100% vested after five years of vesting service or, if hired before March 1, 2007, age 65 if earlier.

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Legacy GHS/Tuomey Pension Plan
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Preretirement Death

Eligibility

Death of a participant who has earned the right to a vested benefit.

Amount

Benefit Commencement

For surviving spouses, the amount which would be payable if the participant terminated on his/her date of death, elected payment at the earliest eligibility for early retirement in the form of a qualified joint and survivor annuity, and died prior to the first payment. In the event there is no surviving spouse, the beneficiary or estate will receive the actuarial equivalent of the amount that would be payable to a surviving spouse of the same age as the participant.

For surviving spouses, at the time the employee would have attained age 55, or immediately if the participant was eligible for an early retirement benefit. In the event there is no surviving spouse, the benefit is payable within one year following the participant's death.

Normal Form of Payment

Life annuity for single participants and actuarially equivalent joint and 50% survivor annuity for married participants.

Optional Forms

In lieu of the normal form of benefit, the participant may elect one of the optional forms on a basis actuarially equivalent to the normal form: straight life annuity, joint and 100% survivor benefit, joint and 75% survivor benefit, joint and 50% survivor benefit, 10-year certain and life annuity, or level payments with Social Security. If married, the participant's spouse must agree in writing if the benefit form elected is not the joint and 50% form.

Actuarial Equivalence

Annuity Form: 8% interest and the 1984 Unisex Pension Mortality Table with 20% male content for participants and beneficiaries.

Lump Sum (applicable if less than \$5,000): Segment rates and applicable mortality under 417(e) using a look back month of November.

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Legacy GHS/Tuomey Pension Plan
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Greenville Hospital System Pension Plan

Eligibility

Up to September 1, 1989: All full-time employees (those working 36 hours per week and five months per year excluding interns, residents, and physicians) eligible on first of month coincident with or next following completion of 12 months of employment and attainment of age 25.

After September 1, 1989: All employees eligible upon completion of 12 months of service with 1,000 or more hours of service and attainment of age 25. In addition, all retirees receiving benefits under the informal plan as of September 1, 1989 will receive subsequent benefit payments from the Strategic Coordinating Organization Pension Plan.

Eligibility is frozen effective August 31, 2010. Employees who had not met the eligibility requirements by August 31, 2010 shall not participate in the plan.

Credited Service

Up to September 1, 1989: Elapsed time measured from date of employment (includes years and full months of unbroken full-time employment).

After September 1, 1989: Plan year with 1,000 or more hours of service.

Total credited service shall not exceed 40 years.

Normal Retirement Date

First of month coincident with or next following attainment of age 65 and completion of five years of vesting service.

Compensation

Total base pay including performance awards, but excluding bonuses, overtime, shift differential, the cost of employee benefits, any deferred compensation contributions, and any other extraordinary remuneration.

Final Average Compensation

Highest five consecutive calendar years out of last 10.

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Legacy GHS/Tuomey Pension Plan
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Normal Retirement Benefit

0.75% of final average compensation multiplied by credited service up to 20 years, plus 1.5% of final average compensation multiplied by credited service in excess of 20 years (not to exceed an additional 20 years), plus 0.5% of final average compensation in excess of covered compensation (35 year average of Social Security taxable wage base based on participant's Social Security normal retirement age) multiplied by credited service not to exceed 35 years; subject to minimum monthly benefit of \$5 multiplied by credited service up to 20 years (subject to a minimum of \$50), or accrued benefit determined under prior plan as of August 31, 1989; normal form of benefit is a straight life annuity.

Employee Contributions

None.

Accrued Benefit

Normal retirement benefit based on final average compensation and covered compensation at date of determination and projected credited service at normal retirement date, multiplied by ratio of credited service at date of determination to projected credited service at normal retirement date (not to exceed 40 years on base formula portion or 35 years on excess formula portion); subject to minimum accrued benefit of accrued benefit under prior plan as of August 31, 1989.

Accrued benefits were frozen effective August 31, 2010.

Early Retirement

Age 55 and 10 years of service; accrued benefit reduced by 1/15 for each of the first five years and 1/30 for each of the next two years that early retirement precedes age 62 (no reduction for retirement between age 62 and 65).

Delayed Retirement

Continuation in plan with continuing credit for service and compensation but not beyond August 31, 2010. Benefits are actuarially increased for late retirement.

Disability Retirement

Disabled participant who has completed five years of service continued in plan during disability but not beyond August 31, 2010 at rate of compensation at date of disability.

Death Benefit

Benefit payable to spouse at participant's earliest retirement date, calculated as if the participant lived to and retired on that date, and elected joint & 50% survivor annuity, with such 50% survivor annuity immediately payable to spouse.

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Actuarial Equivalence

Annuity Form: 30-year Treasury rate for November and applicable mortality under 417(e).

Lump Sum (applicable if less than \$5,000): Segment rates and applicable mortality under 417(e) using a look back month of November.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

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

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Legacy GHS/Tuomey Pension Plan
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Schedule SB, line 24 — Change in Actuarial Assumptions

The September 1, 2023 funding valuation reflects the following non-prescribed assumption changes:

- A change in the unlimited expected return on assets to 7.03%
- A change in the terminated vested retirement age assumption to 100% at age 61

These changes were made to better reflect the anticipated plan experience. Neither of these assumption changes reduced the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5); as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
 Legacy GHS/Tuomey Pension Plan
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Schedule SB, line 26a — Schedule of Active Participant Data
 as of September 1, 2023

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34				1						
35-39		1	12	33	36					
40-44		2	16	98	197	52	2			
45-49		4	18	96	199	110	32			
50-54		1	14	105	194	139	101	30		
55-59		1	12	74	206	120	66	58	41	
60-64		1	12	80	144	126	65	68	71	23
65-69		1	2	19	39	22	20	14	11	9
70+									1	

N-2,799

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
 Legacy GHS/Tuomey Pension Plan
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Schedule SB, line 26b — Schedule of Projection of Expected
 Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	2,377,880	2,137,217	30,308,776	34,823,873
2024	3,683,371	2,455,138	29,773,517	35,912,026
2025	4,899,297	2,649,289	29,183,475	36,732,061
2026	6,028,303	2,867,414	28,508,495	37,404,212
2027	6,947,025	3,103,036	27,817,876	37,867,937
2028	7,744,958	3,250,280	27,075,381	38,070,619
2029	8,489,888	3,475,277	26,270,076	38,235,241
2030	9,151,969	3,691,138	25,361,908	38,205,015
2031	9,700,886	3,828,934	24,429,801	37,959,621
2032	10,126,891	3,919,328	23,443,422	37,489,641
2033	10,491,794	3,986,017	22,409,740	36,887,551
2034	10,849,337	4,094,052	21,344,133	36,287,522
2035	11,156,740	4,139,038	20,236,256	35,532,034
2036	11,388,094	4,141,014	19,091,699	34,620,807
2037	11,542,747	4,172,846	17,916,869	33,632,462
2038	11,611,317	4,152,754	16,718,898	32,482,969
2039	11,624,900	4,116,265	15,505,601	31,246,766
2040	11,571,211	4,080,521	14,285,458	29,937,190
2041	11,454,390	4,012,250	13,067,558	28,534,198
2042	11,302,129	3,918,345	11,861,609	27,082,083
2043	11,078,511	3,809,433	10,677,819	25,565,763
2044	10,818,265	3,673,979	9,526,663	24,018,907
2045	10,490,071	3,525,895	8,418,634	22,434,600
2046	10,108,453	3,365,060	7,363,923	20,837,436
2047	9,690,098	3,197,712	6,372,031	19,259,841
2048	9,237,518	3,024,859	5,451,411	17,713,788
2049	8,753,628	2,845,239	4,609,000	16,207,867
2050	8,247,826	2,663,065	3,849,625	14,760,516
2051	7,728,183	2,480,009	3,175,755	13,383,947
2052	7,197,573	2,297,904	2,587,431	12,082,908
2053	6,664,059	2,117,322	2,082,301	10,863,682
2054	6,133,203	1,940,279	1,655,910	9,729,392
2055	5,610,057	1,768,200	1,302,173	8,680,430
2056	5,099,871	1,602,357	1,013,815	7,716,043
2057	4,607,283	1,443,818	782,838	6,833,939

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
 Legacy GHS/Tuomey Pension Plan
 EIN: 82-2595551 PN: 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2058	4,136,310	1,293,435	600,995	6,030,740
2059	3,690,197	1,151,840	460,192	5,302,229
2060	3,271,344	1,019,483	352,842	4,643,669
2061	2,881,388	896,663	272,115	4,050,166
2062	2,521,309	783,521	212,086	3,516,916
2063	2,191,523	680,052	167,783	3,039,358
2064	1,891,906	586,111	135,177	2,613,194
2065	1,621,829	501,426	111,106	2,234,361
2066	1,380,230	425,631	93,156	1,899,017
2067	1,165,715	358,298	79,542	1,603,555
2068	976,668	298,954	68,970	1,344,592
2069	811,333	247,088	60,526	1,118,947
2070	667,886	202,165	53,577	923,628
2071	544,489	163,632	47,690	755,811
2072	439,308	130,920	42,577	612,805

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Legacy GHS/Tuomey Pension Plan
EIN: 82-2595551 PN: 001

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 84,691,267	September 1, 2019	11	\$ 9,687,389
Shortfall	\$ (19,340,123)	September 1, 2020	12	\$ (2,073,540)
Shortfall	\$ (52,974,119)	September 1, 2021	13	\$ (5,359,615)
Shortfall	\$ 66,441,464	September 1, 2022	14	\$ 6,379,853
Shortfall	\$ 24,586,295	September 1, 2023	15	\$ 2,251,630

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Legacy GHS/Tuomey Pension Plan
EIN: 82-2595551 PN: 001

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2023

Date	Amount	Days to Discount to 9/1/2023 at 5.22%	Interest Adjusted Contribution
December 14, 2023	\$ 3,835,318	104	\$ 3,780,264
March 14, 2024	3,835,318	195	3,732,740
June 12, 2024	3,594,067	285	3,454,447
September 11, 2024	3,594,130	376	3,411,065
November 26, 2024	<u>14,000,000</u>	452	<u>13,146,890</u>
Total Contribution	\$ 28,858,833		\$ 27,525,406

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
 Legacy GHS/Tuomey Pension Plan
 EIN: 82-2595551 PN: 001

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

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

Legacy GHS active participants

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

Legacy Tuomey active participants

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

Weighted Average

Legacy GHS actives = 2,461 Legacy Tuomey actives = 338

Weighted average = $((2,461 \times 61.93) + (338 \times 62.00)) / (2,461 + 338) = 61.94$

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Legacy GHS/Tuomey Pension Plan
EIN: 82-2595551 PN: 001

Schedule SB, line 24 — Change in Actuarial Assumptions

The September 1, 2023 funding valuation reflects the following non-prescribed assumption changes:

- A change in the unlimited expected return on assets to 7.03%
- A change in the terminated vested retirement age assumption to 100% at age 61

These changes were made to better reflect the anticipated plan experience. Neither of these assumption changes reduced the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5); as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
 Legacy GHS/Tuomey Pension Plan
 EIN: 82-2595551 PN: 001

Schedule SB, line 26a — Schedule of Active Participant Data
 as of September 1, 2023

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34				1						
35-39		1	12	33	36					
40-44		2	16	98	197	52	2			
45-49		4	18	96	199	110	32			
50-54		1	14	105	194	139	101	30		
55-59		1	12	74	206	120	66	58	41	
60-64		1	12	80	144	126	65	68	71	23
65-69		1	2	19	39	22	20	14	11	9
70+									1	

N-2,799

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Legacy GHS/Tuomey Pension Plan
EIN: 82-2595551 PN: 001

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
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Shortfall	\$ 66,441,464	September 1, 2022	14	\$ 6,379,853
Shortfall	\$ 24,586,295	September 1, 2023	15	\$ 2,251,630

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Legacy GHS/Tuomey Pension Plan
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Schedule SB, Part V — Summary of Plan Provisions

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

Tuomey Healthcare System Employees Retirement Plan

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

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Legacy GHS/Tuomey Pension Plan
EIN: 82-2595551 PN: 001

Normal Retirement

Eligibility Age 65 for those hired before March 1, 2007. Age 65 with five years of vesting service for those hired on or after March 1, 2007.

Amount The accrued benefit payable immediately.

Early Retirement

Eligibility Age 55 and 15 years of vesting service.

Amount The accrued benefit payable at normal retirement date or with an earlier commencement with the accrued benefit reduced one-fifteenth for each of the first five years and one-thirtieth for each of the next five years that commencement precedes normal retirement date.

Late Retirement

Eligibility Retirement after normal retirement date.

Amount The accrued benefit using pay and service to the actual retirement date or accrued benefit as of normal retirement date actuarially increased to late retirement date, if larger. A participant who continues to work past normal retirement date will begin receiving in-service distributions as of the normal retirement date unless the participant elects to defer the benefit until his or her actual date of retirement.

Termination

Eligibility Termination with vested rights.

Amount Accrued benefit.

Benefit Commencement Payable at normal retirement date, or on a reduced basis as early as age 55 if the participant has at least 15 years of vesting service. The reduction is the same as described above under Early Retirement if the participant was at least 55 years old at termination. The reduction is based on the plan's actuarial equivalence definition if the participant was under 55 years old at termination.

Vesting Schedule

100% vested after five years of vesting service or, if hired before March 1, 2007, age 65 if earlier.

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Legacy GHS/Tuomey Pension Plan
EIN: 82-2595551 PN: 001

Preretirement Death

Eligibility

Death of a participant who has earned the right to a vested benefit.

Amount

Benefit Commencement

For surviving spouses, the amount which would be payable if the participant terminated on his/her date of death, elected payment at the earliest eligibility for early retirement in the form of a qualified joint and survivor annuity, and died prior to the first payment. In the event there is no surviving spouse, the beneficiary or estate will receive the actuarial equivalent of the amount that would be payable to a surviving spouse of the same age as the participant.

For surviving spouses, at the time the employee would have attained age 55, or immediately if the participant was eligible for an early retirement benefit. In the event there is no surviving spouse, the benefit is payable within one year following the participant's death.

Normal Form of Payment

Life annuity for single participants and actuarially equivalent joint and 50% survivor annuity for married participants.

Optional Forms

In lieu of the normal form of benefit, the participant may elect one of the optional forms on a basis actuarially equivalent to the normal form: straight life annuity, joint and 100% survivor benefit, joint and 75% survivor benefit, joint and 50% survivor benefit, 10-year certain and life annuity, or level payments with Social Security. If married, the participant's spouse must agree in writing if the benefit form elected is not the joint and 50% form.

Actuarial Equivalence

Annuity Form: 8% interest and the 1984 Unisex Pension Mortality Table with 20% male content for participants and beneficiaries.

Lump Sum (applicable if less than \$5,000): Segment rates and applicable mortality under 417(e) using a look back month of November.

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Legacy GHS/Tuomey Pension Plan
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Greenville Hospital System Pension Plan

Eligibility

Up to September 1, 1989: All full-time employees (those working 36 hours per week and five months per year excluding interns, residents, and physicians) eligible on first of month coincident with or next following completion of 12 months of employment and attainment of age 25.

After September 1, 1989: All employees eligible upon completion of 12 months of service with 1,000 or more hours of service and attainment of age 25. In addition, all retirees receiving benefits under the informal plan as of September 1, 1989 will receive subsequent benefit payments from the Strategic Coordinating Organization Pension Plan.

Eligibility is frozen effective August 31, 2010. Employees who had not met the eligibility requirements by August 31, 2010 shall not participate in the plan.

Credited Service

Up to September 1, 1989: Elapsed time measured from date of employment (includes years and full months of unbroken full-time employment).

After September 1, 1989: Plan year with 1,000 or more hours of service.

Total credited service shall not exceed 40 years.

Normal Retirement Date

First of month coincident with or next following attainment of age 65 and completion of five years of vesting service.

Compensation

Total base pay including performance awards, but excluding bonuses, overtime, shift differential, the cost of employee benefits, any deferred compensation contributions, and any other extraordinary remuneration.

Final Average Compensation

Highest five consecutive calendar years out of last 10.

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Legacy GHS/Tuomey Pension Plan
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Normal Retirement Benefit

0.75% of final average compensation multiplied by credited service up to 20 years, plus 1.5% of final average compensation multiplied by credited service in excess of 20 years (not to exceed an additional 20 years), plus 0.5% of final average compensation in excess of covered compensation (35 year average of Social Security taxable wage base based on participant's Social Security normal retirement age) multiplied by credited service not to exceed 35 years; subject to minimum monthly benefit of \$5 multiplied by credited service up to 20 years (subject to a minimum of \$50), or accrued benefit determined under prior plan as of August 31, 1989; normal form of benefit is a straight life annuity.

Employee Contributions

None.

Accrued Benefit

Normal retirement benefit based on final average compensation and covered compensation at date of determination and projected credited service at normal retirement date, multiplied by ratio of credited service at date of determination to projected credited service at normal retirement date (not to exceed 40 years on base formula portion or 35 years on excess formula portion); subject to minimum accrued benefit of accrued benefit under prior plan as of August 31, 1989.

Accrued benefits were frozen effective August 31, 2010.

Early Retirement

Age 55 and 10 years of service; accrued benefit reduced by 1/15 for each of the first five years and 1/30 for each of the next two years that early retirement precedes age 62 (no reduction for retirement between age 62 and 65).

Delayed Retirement

Continuation in plan with continuing credit for service and compensation but not beyond August 31, 2010. Benefits are actuarially increased for late retirement.

Disability Retirement

Disabled participant who has completed five years of service continued in plan during disability but not beyond August 31, 2010 at rate of compensation at date of disability.

Death Benefit

Benefit payable to spouse at participant's earliest retirement date, calculated as if the participant lived to and retired on that date, and elected joint & 50% survivor annuity, with such 50% survivor annuity immediately payable to spouse.

Schedule SB Attachment (Form 5500)—September 1, 2023 Plan Year
Legacy GHS/Tuomey Pension Plan
EIN: 82-2595551 PN: 001

Actuarial Equivalence

Annuity Form: 30-year Treasury rate for November and applicable mortality under 417(e).

Lump Sum (applicable if less than \$5,000): Segment rates and applicable mortality under 417(e) using a look back month of November.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

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