

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: WELLSTAR HEALTH SYSTEM, INC. ACTIVE EMPLOYEES RETIREMENT PLAN B
1b Three-digit plan number (PN): 005
1c Effective date of plan: 07/01/2019
2a Plan sponsor's name (employer, if for a single-employer plan): WELLSTAR HEALTH SYSTEM, INC.
2b Employer Identification Number (EIN): 58-1649541
2c Plan Sponsor's telephone number: 470-644-0370
2d Business code (see instructions): 622000

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4d PN	
c Plan Name			
5 Total number of participants at the beginning of the plan year	5	13683	
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).			
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	12371	
6a(2) Total number of active participants at the end of the plan year	6a(2)	10259	
b Retired or separated participants receiving benefits	6b	3431	
c Other retired or separated participants entitled to future benefits	6c	4515	
d Subtotal. Add lines 6a(2) , 6b , and 6c .	6d	18205	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	358	
f Total. Add lines 6d and 6e .	6f	18563	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)		
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	1401	
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)		9b Plan benefit arrangement (check all that apply)	
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor
(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor	

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

a Pension Schedules		b General Schedules	
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(4) <input checked="" type="checkbox"/> C (Service Provider Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)	(6) <input type="checkbox"/> G (Financial Transaction Schedules)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary			
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____			
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)			

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2021** and ending **06/30/2022**

A Name of plan WELLSTAR HEALTH SYSTEM, INC. ACTIVE EMPLOYEES RETIREMENT PLAN B	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 WELLSTAR HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 58-1649541	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

AON

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15	NONE	669891	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15	NONE	271767	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EAGLE CAPITAL

22-3361201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	247960	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

FIERA CAPITAL (APEX)

375 PARK AVENUE
8TH FLOOR
NEW YORK, NY 10152

(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	NONE	151009	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WESTFIELD

80-0175963

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	138479	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LONDON (FRMLY WEDGE)

56-1557450

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	78028	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

FCI CAPITAL

43-1703335

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	70035	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COMERICA

1717 MAIN ST.
DALLAS, TX 75201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	50893	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15	NONE	40900	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

UBS

13-2638166

(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?
27 50	NONE	32847	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MACQUARIE (DELAWARE)

23-2693133

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	16220	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan <u>WELLSTAR HEALTH SYSTEM, INC. ACTIVE EMPLOYEES RETIREMENT PLAN B</u>	B Three-digit plan number (PN)	<u>005</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WELLSTAR HEALTH SYSTEM, INC.</u>	D Employer Identification Number (EIN) <u>58-1649541</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: WELLSTAR HEALTH SYSTM, INC. MSTR TR

b Name of sponsor of entity listed in (a): WELLSTAR HEALTH SYSTEM, INC.

c EIN-PN <u>58-1649541-004</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>619893295</u>
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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)
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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)
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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)
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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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022	
A Name of plan WELLSTAR HEALTH SYSTEM, INC. ACTIVE EMPLOYEES RETIREMENT PLAN B	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 WELLSTAR HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 58-1649541

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	38514	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	264176932	619893295
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(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	264215446	619893295
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	264215446	619893295

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-41436522
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-41436522

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2339250	
(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)		2339250
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	931048	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1238291	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3206817
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5546067

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-46982589
l Transfers of assets:			
(1) To this plan	2l(1)		402660438
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **KPMG LLP**

(2) EIN: **13-5565702**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 457245.



**WELLSTAR HEALTH SYSTEM, INC.
ACTIVE EMPLOYEES RETIREMENT PLAN B**

Financial Statements

June 30, 2022 and 2021

(With Independent Auditors' Report Thereon)

**WELLSTAR HEALTH SYSTEM, INC.
ACTIVE EMPLOYEES RETIREMENT PLAN B**

Table of Contents

	Page
Independent Auditors' Report	1
Statements of Net Assets Available for Benefits – June 30, 2022 and 2021	3
Statements of Changes in Net Assets Available for Benefits – Years ended June 30, 2022 and 2021	4
Notes to Financial Statements	5
Supplemental schedules required by the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable or not required.	



KPMG LLP
Suite 2000
303 Peachtree Street, N.E.
Atlanta, GA 30308-3210

Independent Auditors' Report

The Plan Administrator and Plan Participants
Wellstar Health System, Inc. Active Employees Retirement Plan B:

Opinion

We have audited the financial statements of Wellstar Health System, Inc. Active Employees Retirement Plan B (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of June 30, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. generally accepted accounting principles, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when



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

In performing an audit in accordance with GAAS, we:

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

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.

KPMG LLP

Atlanta, Georgia
April 11, 2023

WELLSTAR HEALTH SYSTEM, INC.
ACTIVE EMPLOYEES RETIREMENT PLAN B

Statements of Net Assets Available for Benefits

June 30, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Assets:		
Plan's interest in Wellstar Health System, Inc. Retirement Plans Master Trust (Note 7)	\$ 619,893,295	264,176,932
Other receivable	—	38,514
Total assets	<u>619,893,295</u>	<u>264,215,446</u>
Net assets available for benefits	<u>\$ 619,893,295</u>	<u>264,215,446</u>

See accompanying notes to financial statements.

**WELLSTAR HEALTH SYSTEM, INC.
ACTIVE EMPLOYEES RETIREMENT PLAN B**

Statements of Changes in Net Assets Available for Benefits
Years ended June 30, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Additions:		
Investment (loss) income:		
Interest in investment (loss) income of Wellstar Health System, Inc. Retirement Plans Master Trust (Note 7)	\$ (41,436,522)	38,916,517
Employer contributions	—	100,000,000
Total additions	<u>(41,436,522)</u>	<u>138,916,517</u>
Deductions:		
Retirement benefit distributions	2,339,250	8,240,412
Administrative expenses	<u>3,206,817</u>	<u>3,609,853</u>
Total deductions	<u>5,546,067</u>	<u>11,850,265</u>
Net (decrease) increase	(46,982,589)	127,066,252
Transfer from Wellstar Health System, Inc. Inactive Retirement Plan (Note 1(a))	402,660,438	—
Net assets available for benefits at beginning of year	<u>264,215,446</u>	<u>137,149,194</u>
Net assets available for benefits at end of year	<u>\$ 619,893,295</u>	<u>264,215,446</u>

See accompanying notes to financial statements.

WELLSTAR HEALTH SYSTEM, INC.
ACTIVE EMPLOYEES RETIREMENT PLAN B

Notes to Financial Statements

June 30, 2022 and 2021

(1) Description of the Plan

The following are major provisions of Wellstar Health System, Inc. Active Employees Retirement Plan B (the Plan) and are presented for general information purposes only. Participants should refer to the Plan agreement for more complete information.

(a) General

The Plan is a defined benefit pension plan established July 1, 2019, by Wellstar Health System, Inc., and Affiliates (the Plan Sponsor and administrator or Wellstar). The Plan is a defined benefit pension plan intended to qualify under Code Section 401(a) of the Internal Revenue Code. The trust established under the Plan is intended to constitute a tax exempt trust under Code Section 501(a).

The Plan was amended, effective November 1, 2020, to close the plan to new entrants and to cease the accrual of further benefits (no compensation or years of service) subsequent to October 31, 2020.

Effective June 30, 2022, the Wellstar Health Systems, Inc. Inactive Retirement Plan (Inactive Plan) was amended to transfer and merge the benefits and benefit liabilities from the Inactive Plan to the Plan. The Inactive Plan assets transferred into the Plan related to this amendment were \$402,660,438 and are included on the statement of changes in net assets available for benefits for the year ended June 30, 2022. The participants' benefits were unchanged as a result of the transfer and merging of the plans and are fully vested. There were no such transfers for the year ended June 30, 2021.

Overall responsibility for administering the Plan rests with the Plan Administrator. Comerica Bank and Trust, N. A. ("Comerica" or "Trustee") is responsible for the management and control of the Plan's assets and has certain discretionary authority over such assets.

(b) Contributions

The Sponsor makes contributions to the Plan based upon consultation with the Plan's consulting actuary. No voluntary employee contributions are permitted. The Plan is in compliance with applicable ERISA minimum funding requirements for the Plan for the years ended June 30, 2022 and 2021.

(c) Vesting

Participants vest in their accrued benefits based on years of service: 0% for less than five years and 100% for five or more years.

(d) Retirement Benefits

Participants may elect early retirement between the ages of 55 and 65 with 10 years of service. Normal retirement age is the latter of the date a participant has attained age 65 or the fifth anniversary of Plan participation. Benefits are received at normal retirement age or, if elected, at early retirement. Benefits are determined based upon years of service and monthly salary, averaged over the highest 5 consecutive years of service during the 10 years prior to the retirement date through June 30, 2013.

Vested participants who terminate for any reason other than retirement, disability, or death are entitled to monthly vested termination benefits beginning on the normal retirement date in the amount of accrued benefits. Participants may elect to receive their distributions, subject to certain Plan provisions,

WELLSTAR HEALTH SYSTEM, INC.
ACTIVE EMPLOYEES RETIREMENT PLAN B

Notes to Financial Statements

June 30, 2022 and 2021

in the form of 5, 10, or 15 years' certain and life annuities, joint and survivor annuities, or single life annuities. If a participant's accrued benefit is less than \$5,000 the participant is paid a lump-sum payment as soon as practicable after the termination date.

Effective April 1, 2021, the Plan was amended to add a temporary voluntary lump sum distribution option window for eligible vested Plan participants who terminated prior to March 1, 2021. The special election period was available from April 16, 2021 to May 21, 2021, to terminated vested employees who met certain qualifying terms and conditions. Voluntary lump sum distributions related to the distribution option window of \$6,113,023 were paid and are included in retirement benefit distributions in the accompanying statement of changes in net assets available for benefits for the year ended June 30, 2021. There were no such distributions for the year ended June 30, 2022.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The accompanying financial statements of the Plan have been prepared using the accrual basis of accounting. Employer contributions are recognized when declared and approved by the Plan's Sponsor. Retirement benefit distributions are recognized when disbursed by the trustee.

(b) Investments and Income Recognition

For the Master Trust, investments are stated at fair value based upon market quotations obtained from national security exchanges or by independent vendors. Investments in interest-bearing cash deposits are stated at cost, which approximates fair value.

For the Master Trust, realized investment gains and losses on sales of securities and unrealized investment gains and losses due to changes in the fair value of investments are included in investment income (loss). Securities transactions are accounted for on the trade date (the date the order to buy or sell is executed). Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

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

(c) Administrative Expenses

The Plan paid certain qualified administrative expenses from assets of the Plan and the Sponsor paid other administrative expenses not qualified to be paid from the Plan for the years ended June 30, 2022 and 2021.

WELLSTAR HEALTH SYSTEM, INC.
ACTIVE EMPLOYEES RETIREMENT PLAN B

Notes to Financial Statements

June 30, 2022 and 2021

(d) Use of Estimates

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

(3) Funding Policy

The Sponsor makes contributions to the Plan sufficient to provide the Plan with assets with which to pay benefits to Plan participants and pay qualified Plan expenses. Although the Sponsor has not expressed any intent to terminate the pension plan agreement, it may do so at any time. If at a future date the Sponsor decides to terminate the Plan, then the Sponsor would be obligated to fund any existing unfunded termination liabilities to the extent that all participants of the Plan would receive all benefits due to them under the terms of the Plan. In the unlikely event that the Sponsor would not be able to meet its unfunded obligations, then participants may be eligible for continuation of benefits under insurance provided by the Pension Benefit Guaranty Corporation (PBGC).

The annual contribution by the Sponsor is actuarially determined by consulting actuaries using the projected unit credit actuarial cost method (in accordance with the Pension Protection Act of 2006) and is designed to fund, with respect to each participating employee, the remaining unfunded cost of all benefits under the Plan. As of June 30, 2022 and 2021, the Plan met the minimum funding requirements of ERISA.

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

(4) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits represent the estimated future periodic payments that are attributable under the Plan's provisions to services rendered by employees through the valuation date. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries; (b) spouses of employees who have died; and (c) present employees or their beneficiaries.

The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented. 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.

**WELLSTAR HEALTH SYSTEM, INC.
ACTIVE EMPLOYEES RETIREMENT PLAN B**

Notes to Financial Statements

June 30, 2022 and 2021

As of the beginning of the plan year, the actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the date of payment. Significant actuarial assumptions used in the valuation as of July 1, 2021:

<u>Major assumptions</u>	<u>Plan year beginning July 1, 2021</u>
Interest rate	6.25%
Mortality table	Pri-2012 Private Retirement Plans mortality tables with sex-distinct rates for employees, retirees, and contingent survivors, projected generationally from 2012 using Scale MP-2021.

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

The actuarial present values of accumulated plan benefits follow:

	<u>July 1, 2021</u>
Actuarial present value of accumulated vested plan benefits:	
Participants currently receiving payments	\$ 22,434,061
Other participants	108,252,583
	<u>130,686,644</u>
Actuarial present value of accumulated nonvested plan benefits	<u>22,236,271</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 152,922,915</u>
Net assets available for benefits	\$ 264,215,446

Changes in the actuarial present value of accumulated plan benefits follow:

	<u>July 1, 2021</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 117,079,088
Assumption changes	19,015,647
Interest accumulation	7,907,122
Retirement benefit distributions	(8,240,412)
Benefits accumulated, including experiences gains and losses	<u>17,161,470</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 152,922,915</u>

**WELLSTAR HEALTH SYSTEM, INC.
ACTIVE EMPLOYEES RETIREMENT PLAN B**

Notes to Financial Statements

June 30, 2022 and 2021

(5) Plan Termination

In the event of termination of the Plan, the Plan's assets, after providing for any expenses, will first be used for the benefit of retired employees and employees who have reached their normal retirement dates and, second, for the benefit of all other employees based on their accrued retirement benefits at the date of termination of the Plan in amounts proportionate to the actuarially determined present values of their retirement benefits at the date of termination of the Plan. Any balance remaining after satisfaction of all liabilities of the Plan will be returned to the Sponsor. 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 pension benefits. 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.

While it has not expressed any intention to do so, the Sponsor has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA.

(6) Income Tax Status

The Plan, received a determination letter dated June 25, 2020 that the Plan qualifies under the appropriate Section of the Internal Revenue Code (IRC) and, therefore, is not subject to tax under present income tax law. Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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 is currently no audit for the tax period in progress.

(7) Interest in Master Trust

The Plan's investment assets are held in a Master Trust account by the Trustee. The Master Trust contains the investment assets of Wellstar's two defined benefit pension plans at June 30, 2022 and Wellstar's three defined benefit plans at June 30, 2021. The Plan's interest in the net assets of the Master Trust is 52.2% and 18.1% at June 30, 2022 and 2021, respectively. Total investment income, gains and losses, are allocated by the Trustee to each participating plan based on the relationship of the interest of each plan to

**WELLSTAR HEALTH SYSTEM, INC.
ACTIVE EMPLOYEES RETIREMENT PLAN B**

Notes to Financial Statements

June 30, 2022 and 2021

the total of the interests of the participating plans. The fair value of investments of the Master Trust at June 30, 2022 and 2021 is summarized as follows:

	June 30, 2022	
	Master Trust Balance	Plan's Interest Master Trust Balance
Cash	\$ 153,070	79,948
Short term investments	26,512,805	13,847,713
Common stocks	569,411,844	297,405,423
Foreign stocks	35,499,323	18,541,397
American depository receipt (ADR)	27,451,363	14,337,925
Real estate investment trusts	10,617,233	5,545,411
Total equity securities	<u>642,979,763</u>	<u>335,830,156</u>
U.S. government obligations	116,772,796	60,990,763
Municipal obligations	483,998	252,794
Total U.S. government, federal, and municipal obligations	<u>117,256,794</u>	<u>61,243,557</u>
Mutual funds – equity	124,715,291	65,139,151
Mutual funds – fixed income	49,651,642	25,933,194
Corporate debt	2,012,834	1,051,309
Total mutual funds and other	<u>176,379,767</u>	<u>92,123,654</u>
Mortgage-backed securities	48,091,603	25,118,381
Collateralized mortgage obligations	13,625,588	7,116,683
Asset backed securities	823,147	429,932
Total mortgage-backed and collateralized securities	<u>62,540,338</u>	<u>32,664,996</u>
Corporate bonds	152,653,612	79,731,414
Foreign bonds and notes	8,350,082	4,361,272
Total corporate and foreign bonds and notes	<u>161,003,694</u>	<u>84,092,686</u>
Total cash and investments	1,186,826,231	619,882,710
Dividends and interest receivable	2,682,536	1,401,096
Due to Brokers, net	(2,662,269)	(1,390,511)
Total net assets available in Master Trust	<u>\$ 1,186,846,498</u>	<u>619,893,295</u>

**WELLSTAR HEALTH SYSTEM, INC.
ACTIVE EMPLOYEES RETIREMENT PLAN B**

Notes to Financial Statements

June 30, 2022 and 2021

	June 30, 2021	
	Master Trust balance	Plan's interest Master Trust balance
Cash	\$ 962,502	173,902
Short term investments	40,030,881	7,232,646
Common stocks	759,821,194	137,281,961
Foreign stocks	39,445,546	7,126,890
American depository receipt (ADR)	19,550,151	3,532,256
Real estate investment trusts	12,056,574	2,178,342
Total equity securities	830,873,465	150,119,449
U.S. government obligations	179,190,156	32,375,480
U.S. federal agencies	4,001,320	722,945
Municipal obligations	600,011	108,408
Total U.S. government, federal, and municipal obligations	183,791,487	33,206,833
Mutual funds – equity	151,025,103	27,286,712
Mutual funds – fixed income	56,159,380	10,146,690
Corporate debt	3,398,374	614,007
Total mutual funds and other	210,582,857	38,047,409
Mortgage-backed securities	23,506,061	4,246,997
Collateralized mortgage obligations	7,901,087	1,427,542
Total mortgage-backed and collateralized securities	31,407,148	5,674,539
Corporate bonds	152,500,645	27,553,308
Foreign bonds and notes	9,486,418	1,713,974
Total corporate and foreign bonds and notes	161,987,063	29,267,282
Total cash, and investments	1,459,635,403	263,722,060
Dividends and interest receivable	2,517,601	454,872
Total net assets available in Master Trust	\$ 1,462,153,004	264,176,932

**WELLSTAR HEALTH SYSTEM, INC.
ACTIVE EMPLOYEES RETIREMENT PLAN B**

Notes to Financial Statements

June 30, 2022 and 2021

The total investment income (loss) of the Master Trust for the years ended June 30, 2022 and June 30, 2021 is summarized as follows:

	2022	2021
Interest	\$ 9,617,399	8,606,391
Dividends	18,491,883	15,083,814
Other income, net	79,824	43,258
Net (depreciation) appreciation	(253,205,379)	289,157,306
Total	\$ (225,016,273)	312,890,769

In accordance with the Financial Accounting Standards Board Accounting Standards Codification 820, *Fair Value Measurement*, the Master Trust has categorized its financial instruments, based on the priority of inputs used in related valuation techniques, into a three-level fair value hierarchy. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3). In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation.

When available, the Master Trust generally uses quoted market prices to determine fair value and classifies such items as Level 1. The Master Trust's Level 2 securities are municipal obligations, mortgage-backed securities, and collateralized securities and bonds whose fair values are determined by independent vendors. The vendors compile prices from various sources and may apply matrix pricing for similar bonds or loans where no price is observable in an actively traded market. If available, the vendor may also use quoted prices for recent trading activity of assets with similar characteristics to the bond being valued. Wellstar does not consider any of its investment holdings to be Level 3 securities.

**WELLSTAR HEALTH SYSTEM, INC.
ACTIVE EMPLOYEES RETIREMENT PLAN B**

Notes to Financial Statements

June 30, 2022 and 2021

The following tables set forth by level within the fair value hierarchy the Master Trust investments measured at fair value on a recurring basis, as of June 30, 2022 and 2021.

	Investments at fair value as of June 30, 2022		
	Level 1	Level 2	Total
Short term investments	\$ 26,512,805	—	26,512,805
Equity securities:			
Common stocks	569,411,844	—	569,411,844
Foreign stocks	35,499,323	—	35,499,323
American depository receipt (ADR)	27,451,363	—	27,451,363
Real estate investment trusts	10,617,233	—	10,617,233
Total equity securities	642,979,763	—	642,979,763
U.S. government, federal, and municipal obligations:			
U.S. government obligations	116,772,796	—	116,772,796
Municipal obligations	—	483,998	483,998
Total U.S. government, federal, and municipal obligations	116,772,796	483,998	117,256,794
Mutual funds and other:			
Mutual fund – equity	124,715,291	—	124,715,291
Mutual fund – fixed income	49,651,642	—	49,651,642
Corporate debt	2,012,834	—	2,012,834
Total mutual funds and other	176,379,767	—	176,379,767
Mortgage-backed, collateralized mortgage, and asset-backed securities:			
Mortgage-backed securities,	—	48,091,603	48,091,603
Collateralized mortgage obligations	—	13,625,588	13,625,588
Asset-backed securities	—	823,147	823,147
Total mortgage-backed, collateralized, and asset-backed securities	—	62,540,338	62,540,338
Corporate bonds and foreign bonds and notes:			
Corporate bonds	—	152,653,612	152,653,612
Foreign bonds and notes	—	8,350,082	8,350,082
Total corporate and foreign bonds and notes	—	161,003,694	161,003,694
Total investments at fair value	\$ 962,645,131	224,028,030	1,186,673,161

**WELLSTAR HEALTH SYSTEM, INC.
ACTIVE EMPLOYEES RETIREMENT PLAN B**

Notes to Financial Statements

June 30, 2022 and 2021

	Investments at fair value as of June 30, 2021		
	Level 1	Level 2	Total
Short term investments	\$ 40,030,881	—	40,030,881
Equity securities:			
Common stocks	759,821,194	—	759,821,194
Foreign stocks	39,445,546	—	39,445,546
American depository receipt (ADR)	19,550,151	—	19,550,151
Real estate investment trusts	12,056,574	—	12,056,574
Total equity securities	<u>830,873,465</u>	<u>—</u>	<u>830,873,465</u>
U.S. government, federal, and municipal obligations:			
U.S. government obligations	179,190,156	—	179,190,156
U.S. federal agencies	4,001,320	—	4,001,320
Municipal obligations	—	600,011	600,011
Total U.S. government, federal, and municipal obligations	<u>183,191,476</u>	<u>600,011</u>	<u>183,791,487</u>
Mutual funds and other:			
Mutual fund – equity	151,025,103	—	151,025,103
Mutual fund – fixed income	56,159,380	—	56,159,380
Corporate debt	3,398,374	—	3,398,374
Total mutual funds and other	<u>210,582,857</u>	<u>—</u>	<u>210,582,857</u>
Mortgage-backed securities and collateralized securities:			
Mortgage-backed securities	—	23,506,061	23,506,061
Collateralized mortgage obligations	—	7,901,087	7,901,087
Total mortgage-backed and collateralized securities	<u>—</u>	<u>31,407,148</u>	<u>31,407,148</u>
Corporate bonds and foreign bonds and notes:			
Corporate bonds	—	152,500,645	152,500,645
Foreign bonds and notes	—	9,486,418	9,486,418
Total corporate and foreign bonds and notes	<u>—</u>	<u>161,987,063</u>	<u>161,987,063</u>
Total investments at fair value	<u>\$ 1,264,678,679</u>	<u>193,994,222</u>	<u>1,458,672,901</u>

WELLSTAR HEALTH SYSTEM, INC.
ACTIVE EMPLOYEES RETIREMENT PLAN B

Notes to Financial Statements

June 30, 2022 and 2021

(8) Related-Party and Party in Interest Transactions

The Plan holds investments in the Master Trust in collective short-term investment funds and corporate bonds that are administered by the Trustee. In addition, the Plan has several arrangements with service providers including investment management services with the Trustee as well as other investment advisors. These transactions are party-in-interest transactions under ERISA.

The percentage of the Plan's interest in the parties-in-interest investment transactions of the Master Trust is 52.2% and 18.1% at June 30, 2022 and 2021, respectively.

(9) Subsequent Events

The Plan has evaluated subsequent events from the statements of net assets available for benefits date through April 11, 2023, the date on which the financial statements were available to be issued.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data for Frozen Plans as of July 1, 2021

Number and average annual frozen benefit distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	200	0	0	0	0	0	0	0	0	0	200
	-	509	-	-	-	-	-	-	-	-	-	509
25-29	0	1,076	95	0	0	0	0	0	0	0	0	1,171
	-	987	2,849	-	-	-	-	-	-	-	-	1,138
30-34	0	1,362	441	42	2	0	0	0	0	0	0	1,847
	-	1,427	3,574	5,298	-	-	-	-	-	-	-	2,032
35-39	0	1,340	521	140	30	0	0	0	0	0	0	2,031
	-	1,925	4,783	5,736	6,391	-	-	-	-	-	-	2,987
40-44	0	1,284	478	140	27	4	0	0	0	0	0	1,933
	-	1,921	4,828	5,042	6,484	-	-	-	-	-	-	2,938
45-49	0	1,156	355	92	18	3	0	0	0	0	0	1,624
	-	1,728	4,704	4,525	-	-	-	-	-	-	-	2,584
50-54	0	1,037	260	35	5	2	0	0	0	0	0	1,339
	-	1,823	4,413	4,255	-	-	-	-	-	-	-	2,426
55-59	0	910	194	14	1	4	0	1	0	0	0	1,124
	-	1,738	4,083	-	-	-	-	-	-	-	-	2,237
60-64	0	586	109	27	27	8	2	0	2	5	5	766
	-	1,679	4,265	5,081	6,072	-	-	-	-	-	-	2,449
65-69	0	199	29	2	1	0	0	0	0	0	0	231
	-	1,750	5,180	-	-	-	-	-	-	-	-	2,245
70 & over	0	83	13	6	4	1	1	0	0	0	0	108
	-	1,579	-	-	-	-	-	-	-	-	-	3,153
Total	0	9,233	2,495	498	115	22	3	1	2	5	5	12,374
	-	1,634	4,401	5,096	6,476	7,760	-	-	-	-	-	2,394

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

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
 EIN / PN: 58-1649541/005
 Plan Sponsor: WellStar Health System, Inc.
 Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- | | |
|-----------------------|-----------------|
| ■ Applicable month | March |
| ■ Interest rate basis | 3-Segment Rates |

Interest rates

	Reflecting Stabilization	Not Reflecting Stabilization
■ First segment rate	4.75%	1.54%
■ Second segment rate	5.36%	2.89%
■ Third segment rate	6.11%	3.55%
■ Effective interest rate	5.89%	3.41%

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

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

Annual rates of increase

- | | |
|-------------------------------------|-------|
| ■ Compensation | N/A |
| ■ Future Social Security wage bases | N/A |
| ■ Expected investment return | 6.25% |

Plan-related expenses

\$2,394,000; equal to plan-related expenses expected to be paid from the plan's assets as of July 1, 2021.

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Mortality

- Healthy and disabled participants

Separate IRS-prescribed annuitant and non-annuitant tables with “static” projection of assumed mortality improvements based on the RP/MP-2014 Society of Actuaries study and subsequent updates (including, for 2021 plan years, the use of the MP-2019 mortality improvement scale).

Termination

Rates varying by age, gender and service

Rates for WellStar Health System, Inc. Active Employees Retirement Plan B Participants:

Withdrawal Rates - Males

Age	Years of Service					
	0 - 1	1-2	2-3	3-4	4-5	5+
20	N/A	20.00%	20.00%	15.00%	15.00%	15.00%
21	N/A	20.00%	20.00%	15.00%	15.00%	15.00%
22	N/A	20.00%	20.00%	15.00%	15.00%	14.80%
23	N/A	20.00%	20.00%	15.00%	15.00%	14.60%
24	N/A	20.00%	20.00%	15.00%	15.00%	14.40%
25	N/A	20.00%	20.00%	15.00%	15.00%	14.20%
26	N/A	20.00%	20.00%	15.00%	15.00%	14.00%
27	N/A	20.00%	20.00%	15.00%	15.00%	13.80%
28	N/A	20.00%	20.00%	15.00%	15.00%	13.60%
29	N/A	20.00%	20.00%	15.00%	15.00%	13.40%
30	N/A	20.00%	20.00%	15.00%	15.00%	13.20%
31	N/A	20.00%	20.00%	15.00%	15.00%	12.90%
32	N/A	20.00%	20.00%	15.00%	15.00%	12.70%
33	N/A	20.00%	20.00%	15.00%	15.00%	12.50%
34	N/A	20.00%	20.00%	15.00%	15.00%	12.30%
35	N/A	20.00%	20.00%	15.00%	15.00%	12.10%
36	N/A	20.00%	20.00%	15.00%	15.00%	11.90%
37	N/A	20.00%	20.00%	15.00%	15.00%	11.70%
38	N/A	20.00%	20.00%	15.00%	15.00%	11.50%
39	N/A	20.00%	20.00%	15.00%	15.00%	11.30%
40	N/A	20.00%	20.00%	15.00%	15.00%	11.10%
41	N/A	20.00%	20.00%	15.00%	15.00%	10.90%
42	N/A	20.00%	20.00%	15.00%	15.00%	10.70%
43	N/A	20.00%	20.00%	15.00%	15.00%	10.50%
44	N/A	20.00%	20.00%	15.00%	15.00%	10.30%

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
 EIN / PN: 58-1649541/005
 Plan Sponsor: WellStar Health System, Inc.
 Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

45	N/A	20.00%	20.00%	15.00%	15.00%	10.10%
46	N/A	20.00%	20.00%	15.00%	15.00%	9.90%
47	N/A	20.00%	20.00%	15.00%	15.00%	9.70%
48	N/A	20.00%	20.00%	15.00%	15.00%	9.50%
49	N/A	20.00%	20.00%	15.00%	15.00%	9.30%
50	N/A	20.00%	20.00%	15.00%	15.00%	9.10%
51	N/A	20.00%	20.00%	15.00%	15.00%	8.80%
52	N/A	20.00%	20.00%	15.00%	15.00%	8.60%
53	N/A	20.00%	20.00%	15.00%	15.00%	8.40%
54	N/A	20.00%	20.00%	15.00%	15.00%	8.20%
55	N/A	20.00%	20.00%	15.00%	15.00%	8.00%
56	N/A	20.00%	20.00%	15.00%	15.00%	7.80%
57	N/A	20.00%	20.00%	15.00%	15.00%	7.60%
58	N/A	20.00%	20.00%	15.00%	15.00%	7.40%
59	N/A	20.00%	20.00%	15.00%	15.00%	7.20%
60	N/A	20.00%	20.00%	15.00%	15.00%	7.00%
61	N/A	20.00%	20.00%	20.00%	20.00%	20.00%
62	N/A	20.00%	20.00%	20.00%	20.00%	20.00%
63	N/A	20.00%	20.00%	20.00%	20.00%	20.00%
64+	N/A	20.00%	20.00%	20.00%	20.00%	20.00%

Withdrawal Rates - Females

Age	Years of Service					
	0 - 1	1-2	2-3	3-4	4-5	5+
20	N/A	20.00%	15.00%	15.00%	10.00%	15.00%
21	N/A	20.00%	15.00%	15.00%	10.00%	15.00%
22	N/A	20.00%	15.00%	15.00%	10.00%	14.70%
23	N/A	20.00%	15.00%	15.00%	10.00%	14.50%
24	N/A	20.00%	15.00%	15.00%	10.00%	14.20%
25	N/A	20.00%	15.00%	15.00%	10.00%	14.00%
26	N/A	20.00%	15.00%	15.00%	10.00%	13.70%
27	N/A	20.00%	15.00%	15.00%	10.00%	13.50%
28	N/A	20.00%	15.00%	15.00%	10.00%	13.20%
29	N/A	20.00%	15.00%	15.00%	10.00%	12.90%
30	N/A	20.00%	15.00%	15.00%	10.00%	12.70%
31	N/A	20.00%	15.00%	15.00%	10.00%	12.40%
32	N/A	20.00%	15.00%	15.00%	10.00%	12.20%
33	N/A	20.00%	15.00%	15.00%	10.00%	11.90%
34	N/A	20.00%	15.00%	15.00%	10.00%	11.70%
35	N/A	20.00%	15.00%	15.00%	10.00%	11.40%
36	N/A	20.00%	15.00%	15.00%	10.00%	11.20%
37	N/A	20.00%	15.00%	15.00%	10.00%	10.90%

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
 EIN / PN: 58-1649541/005
 Plan Sponsor: WellStar Health System, Inc.
 Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

38	N/A	20.00%	15.00%	15.00%	10.00%	10.60%
39	N/A	20.00%	15.00%	15.00%	10.00%	10.40%
40	N/A	20.00%	15.00%	15.00%	10.00%	10.10%
41	N/A	20.00%	15.00%	15.00%	10.00%	9.90%
42	N/A	20.00%	15.00%	15.00%	10.00%	9.60%
43	N/A	20.00%	15.00%	15.00%	10.00%	9.40%
44	N/A	20.00%	15.00%	15.00%	10.00%	9.10%
45	N/A	20.00%	15.00%	15.00%	10.00%	8.80%
46	N/A	20.00%	15.00%	15.00%	10.00%	8.60%
47	N/A	20.00%	15.00%	15.00%	10.00%	8.30%
48	N/A	20.00%	15.00%	15.00%	10.00%	8.10%
49	N/A	20.00%	15.00%	15.00%	10.00%	7.80%
50	N/A	20.00%	15.00%	15.00%	10.00%	7.60%
51	N/A	20.00%	15.00%	15.00%	10.00%	7.30%
52	N/A	20.00%	15.00%	15.00%	10.00%	7.10%
53	N/A	20.00%	15.00%	15.00%	10.00%	6.80%
54	N/A	20.00%	15.00%	15.00%	10.00%	6.50%
55	N/A	20.00%	15.00%	15.00%	10.00%	6.30%
56	N/A	20.00%	15.00%	15.00%	10.00%	6.00%
57	N/A	20.00%	15.00%	15.00%	20.00%	5.80%
58	N/A	20.00%	15.00%	20.00%	20.00%	5.50%
59	N/A	20.00%	20.00%	20.00%	20.00%	5.30%
60	N/A	20.00%	20.00%	20.00%	20.00%	5.00%
61	N/A	20.00%	20.00%	20.00%	20.00%	20.00%
62	N/A	20.00%	20.00%	20.00%	20.00%	20.00%
63	N/A	20.00%	20.00%	20.00%	20.00%	20.00%
64+	N/A	20.00%	20.00%	20.00%	20.00%	20.00%

Rates for West Georgia Medical Center, Inc. Retirement Plan Participants:

Attained Age	Male	Female
20	19.50%	30.00%
25	19.50%	30.00%
30	13.50%	19.50%
35	9.00%	13.50%
40	6.00%	9.00%
45	4.50%	6.00%
50	3.00%	4.50%
55	1.50%	3.00%
60	0.00%	1.50%
65+	0.00%	0.00%

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
 EIN / PN: 58-1649541/005
 Plan Sponsor: WellStar Health System, Inc.
 Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

Disability

The rates at which participants become disabled by age and gender are shown below:

Rates for WellStar Health System, Inc. Active Employees Retirement Plan B Participants:

Age	Male	Female	Age	Male	Female
18	0.03%	0.01%	42	0.26%	0.20%
19	0.04%	0.02%	43	0.28%	0.23%
20	0.04%	0.02%	44	0.31%	0.25%
21	0.05%	0.02%	45	0.34%	0.28%
22	0.05%	0.03%	46	0.38%	0.30%
23	0.06%	0.03%	47	0.42%	0.33%
24	0.06%	0.04%	48	0.46%	0.39%
25	0.07%	0.04%	49	0.51%	0.44%
26	0.07%	0.05%	50	0.56%	0.50%
27	0.08%	0.05%	51	0.62%	0.55%
28	0.09%	0.06%	52	0.69%	0.61%
29	0.09%	0.06%	53	0.75%	0.68%
30	0.10%	0.07%	54	0.83%	0.76%
31	0.10%	0.07%	55	0.90%	0.83%
32	0.11%	0.08%	56	0.99%	0.91%
33	0.12%	0.09%	57	1.08%	0.98%
34	0.13%	0.10%	58	1.19%	1.12%
35	0.15%	0.12%	59	1.30%	1.27%
36	0.16%	0.13%	60	1.42%	1.41%
37	0.17%	0.14%	61	1.55%	1.15%
38	0.19%	0.15%	62	1.70%	0.90%
39	0.21%	0.16%	63	1.87%	0.64%
40	0.21%	0.18%	64	2.05%	0.38%
41	0.23%	0.19%	65	0.00%	0.00%

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
 EIN / PN: 58-1649541/005
 Plan Sponsor: WellStar Health System, Inc.
 Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

Rates for West Georgia Medical Center, Inc. Retirement Plan Participants

Attained Age	Percentage
20	0.000%
25	0.075%
30	0.084%
35	0.096%
40	0.115%
45	0.162%
50	0.240%
55	0.400%
60	0.843%
65+	0.000%

Retirement

The rates at which participants retire by age are shown below:

Rates for WellStar Health System, Inc. Active Employees Retirement Plan B Participants:

Percentage retiring during the year	
Attained Age	Total
55	10.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	15.00%
62	25.00%
63	25.00%
64	30.00%
65	50.00%
66	30.00%
67	30.00%
68	30.00%
69	30.00%
70	100.00%

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

Rates for West Georgia Medical Center, Inc. Retirement Plan Participants:

Percentage retiring during the year	
Attained Age	Total
55-56	1.00%
57-58	2.00%
59-60	4.00%
61	5.00%
62	20.00%
63	10.00%
64	15.00%
65	80.00%
66	90.00%
67+	100.00%

Benefit commencement date:

- Future deferred vested benefit For WellStar Health System, Inc. Active Employees Retirement Plan B Participants: Age 63 and 10 years of service, otherwise age 65

For West Georgia Medical Center, Inc. Retirement Plan Participants: Age 65

- Current deferred vested benefit For WellStar Health System, Inc. Active Employees Retirement Plan B Participants: Age 63 and 10 years of service, otherwise age 65

For West Georgia Medical Center, Inc. Retirement Plan Participants: Age 65

- Disability benefit Upon disablement
- Retirement benefit Upon termination of employment

Form of payment

For WellStar Health System, Inc. Active Employees Retirement Plan B Participants: 100% of participants are assumed to elect a Five-Year Certain and Life Annuity

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

For West Georgia Medical Center, Inc. Retirement Plan
Participants: 100% of participants are assumed to elect a Ten-Year Certain and Life Annuity

Percent married

For WellStar Health System, Inc. Active Employees Retirement Plan B Participants: 75% of males; 75% of females

For West Georgia Medical Center, Inc. Retirement Plan
Participants: 100% of males; 100% of females

Spouse age

Wife three years younger than husband

Methods

Valuation date

First day of plan year

Funding target

Present value of accrued benefits as required by regulations under IRC §430.

Target normal cost

Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Actuarial value of assets [for determining minimum required contributions]

Average of the adjusted market value of assets for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC §430.

Benefits not valued

Willis Towers Watson has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any other significant benefits required to be valued that were not.

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

Employee data was supplied by Aon Hewitt as of the census date. Wellstar Health System, Inc. is responsible for ensuring that such participant data provides an accurate description of all persons who are participants under the terms of the plan or otherwise entitled to benefits as of July 1, 2021 and that the data is sufficiently comprehensive and accurate for its intended purpose. If the data supplied is not sufficiently comprehensive and accurate for its intended purpose, the results of our calculations may differ significantly from the results that would be obtained with such data. Although Willis Towers Watson has reviewed the suitability of the data for its intended use in accordance with Actuarial Standard of Practice No. 23, Willis Towers Watson has not verified or audited any of the data or information provided.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Expected investment return	Expected rate of return on plan assets are based on assumptions set by the prior actuary. We believe the assumptions are reasonable, and we will determine if a revision is warranted once enough credible experience exists.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates are based on assumptions set by the prior actuary. We believe the assumptions are reasonable, and we will determine if a revision is warranted once enough credible experience exists.
Disability	Disability rates are based on assumptions set by the prior actuary. We believe the assumptions are reasonable, and we will determine if a revision is warranted once enough credible experience exists.

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

Retirement	Retirement rates are based on assumptions set by the prior actuary. We believe the assumptions are reasonable, and we will determine if a revision is warranted once enough credible experience exists.
Benefit commencement age	Benefit commencement age are based on assumptions set by the prior actuary. We believe the assumptions are reasonable, and we will determine if a revision is warranted once enough credible experience exists.
Form of payment	Assumed form of payment was set by the prior actuary. We believe the assumption is reasonable, and we will determine if a revision is warranted once enough credible experience exists.
Percent married	The assumed percentage married was set by the prior actuary. We believe the assumption is reasonable, and we will determine if a revision is warranted once enough credible experience exists.
Spouse age	The assumed age difference for spouses is based on assumptions set by the prior actuary. We believe the assumptions are reasonable, and we will determine if a revision is warranted once enough credible experience exists.

Prescribed Methods

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

In addition to the prescribed changes in the discount rate, the only other changes were:

- Healthy mortality was updated to separate IRS-prescribed annuitant and non-annuitant tables with “static” projection of assumed mortality improvements based on the RP/MP-2014 Society of Actuaries study and subsequent updates (including, for 2021 plan years, the use of the MP-2019 mortality improvement scale).

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

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

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

A Name of plan Wellstar Health System, Inc. Active Employees Retirement Plan B	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Wellstar Health System, Inc.	D Employer Identification Number (EIN) 58-1649541	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>07</u>	Day <u>01</u>	Year <u>2021</u>
2 Assets:			
a Market value	2a	264,176,932	
b Actuarial value	2b	245,891,676	
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	330	24,025,575	24,025,575
b For terminated vested participants	983	16,225,521	16,225,521
c For active participants	12,374	97,170,153	120,744,149
d Total	13,687	137,421,249	160,995,245
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.89%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	2,394,000	
c Total (line 6a + line 6b)	6c	2,394,000	

Statement by Enrolled Actuary

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

SIGN HERE	Kevin H. Pray, ASA, EA KHP Signature of actuary	03/13/2023 Date 2004836 Most recent enrollment number 901-930-0000 Telephone number (including area code)
	Kevin H. Pray, ASA, EA Type or print name of actuary Willis Towers Watson US LLC Firm name 3340 Players Club Parkway Shadow Creek II Floor 2, Suite 200 Memphis TN 38125 Address of the firm	

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

Part II	Beginning of Year Carryover and Prefunding Balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	23,565,300
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	5,913,674
9 Amount remaining (line 7 minus line 8)	0	17,651,626
10 Interest on line 9 using prior year's actual return of <u>28.78%</u>	0	5,080,138
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		94,471,447
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>6.06%</u>		5,370,742
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		1,682,289
c Total available at beginning of current plan year to add to prefunding balance		101,524,478
d Portion of (c) to be added to prefunding balance		92,800,000
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	115,531,764

Part III	Funding Percentages	
14 Funding target attainment percentage.....	14	80.97%
15 Adjusted funding target attainment percentage	15	152.73%
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	83.36%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and Liquidity Shortfalls				
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:					
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0			
b Contributions made to avoid restrictions adjusted to valuation date	19b	0			
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0			
20 Quarterly contributions and liquidity shortfalls:					
a Did the plan have a "funding shortfall" for the prior year?					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?.....					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
c If line 20a is "Yes," see instructions and complete the following table as applicable:					
Liquidity shortfall as of end of quarter of this plan year					
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th		
0	0	0	0		

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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	2,394,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	30,635,333		2,953,768
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		5,347,768
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	5,351,155	5,351,155
36 Additional cash requirement (line 34 minus line 35)	36		0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37		0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39		0
40 Unpaid minimum required contributions for all years.....	40		0

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	<input type="checkbox"/> 2 plus 7 years	<input type="checkbox"/> 15 years	
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009	<input type="checkbox"/> 2010 <input type="checkbox"/> 2011

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	WellStar Health System, Inc.
EIN/PN	58-1649541/005
Plan Name	WellStar Health System, Inc. Active Employees Retirement Plan B
Valuation Date	July 1, 2021
Enrolled Actuary	Kevin H. Pray, ASA, EA
Enrollment Number	20-04836

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of July 1, 2021

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- | | |
|-----------------------|-----------------|
| ■ Applicable month | March |
| ■ Interest rate basis | 3-Segment Rates |

Interest rates

	Reflecting Stabilization	Not Reflecting Stabilization
■ First segment rate	4.75%	1.54%
■ Second segment rate	5.36%	2.89%
■ Third segment rate	6.11%	3.55%
■ Effective interest rate	5.89%	3.41%

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

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

Annual rates of increase

- | | |
|-------------------------------------|-------|
| ■ Compensation | N/A |
| ■ Future Social Security wage bases | N/A |
| ■ Expected investment return | 6.25% |

Plan-related expenses

\$2,394,000; equal to plan-related expenses expected to be paid from the plan's assets as of July 1, 2021.

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Mortality

- Healthy and disabled participants

Separate IRS-prescribed annuitant and non-annuitant tables with “static” projection of assumed mortality improvements based on the RP/MP-2014 Society of Actuaries study and subsequent updates (including, for 2021 plan years, the use of the MP-2019 mortality improvement scale).

Termination

Rates varying by age, gender and service

Rates for WellStar Health System, Inc. Active Employees Retirement Plan B Participants:

Withdrawal Rates - Males

Age	Years of Service					
	0 - 1	1-2	2-3	3-4	4-5	5+
20	N/A	20.00%	20.00%	15.00%	15.00%	15.00%
21	N/A	20.00%	20.00%	15.00%	15.00%	15.00%
22	N/A	20.00%	20.00%	15.00%	15.00%	14.80%
23	N/A	20.00%	20.00%	15.00%	15.00%	14.60%
24	N/A	20.00%	20.00%	15.00%	15.00%	14.40%
25	N/A	20.00%	20.00%	15.00%	15.00%	14.20%
26	N/A	20.00%	20.00%	15.00%	15.00%	14.00%
27	N/A	20.00%	20.00%	15.00%	15.00%	13.80%
28	N/A	20.00%	20.00%	15.00%	15.00%	13.60%
29	N/A	20.00%	20.00%	15.00%	15.00%	13.40%
30	N/A	20.00%	20.00%	15.00%	15.00%	13.20%
31	N/A	20.00%	20.00%	15.00%	15.00%	12.90%
32	N/A	20.00%	20.00%	15.00%	15.00%	12.70%
33	N/A	20.00%	20.00%	15.00%	15.00%	12.50%
34	N/A	20.00%	20.00%	15.00%	15.00%	12.30%
35	N/A	20.00%	20.00%	15.00%	15.00%	12.10%
36	N/A	20.00%	20.00%	15.00%	15.00%	11.90%
37	N/A	20.00%	20.00%	15.00%	15.00%	11.70%
38	N/A	20.00%	20.00%	15.00%	15.00%	11.50%
39	N/A	20.00%	20.00%	15.00%	15.00%	11.30%
40	N/A	20.00%	20.00%	15.00%	15.00%	11.10%
41	N/A	20.00%	20.00%	15.00%	15.00%	10.90%
42	N/A	20.00%	20.00%	15.00%	15.00%	10.70%
43	N/A	20.00%	20.00%	15.00%	15.00%	10.50%
44	N/A	20.00%	20.00%	15.00%	15.00%	10.30%

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
 EIN / PN: 58-1649541/005
 Plan Sponsor: WellStar Health System, Inc.
 Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

45	N/A	20.00%	20.00%	15.00%	15.00%	10.10%
46	N/A	20.00%	20.00%	15.00%	15.00%	9.90%
47	N/A	20.00%	20.00%	15.00%	15.00%	9.70%
48	N/A	20.00%	20.00%	15.00%	15.00%	9.50%
49	N/A	20.00%	20.00%	15.00%	15.00%	9.30%
50	N/A	20.00%	20.00%	15.00%	15.00%	9.10%
51	N/A	20.00%	20.00%	15.00%	15.00%	8.80%
52	N/A	20.00%	20.00%	15.00%	15.00%	8.60%
53	N/A	20.00%	20.00%	15.00%	15.00%	8.40%
54	N/A	20.00%	20.00%	15.00%	15.00%	8.20%
55	N/A	20.00%	20.00%	15.00%	15.00%	8.00%
56	N/A	20.00%	20.00%	15.00%	15.00%	7.80%
57	N/A	20.00%	20.00%	15.00%	15.00%	7.60%
58	N/A	20.00%	20.00%	15.00%	15.00%	7.40%
59	N/A	20.00%	20.00%	15.00%	15.00%	7.20%
60	N/A	20.00%	20.00%	15.00%	15.00%	7.00%
61	N/A	20.00%	20.00%	20.00%	20.00%	20.00%
62	N/A	20.00%	20.00%	20.00%	20.00%	20.00%
63	N/A	20.00%	20.00%	20.00%	20.00%	20.00%
64+	N/A	20.00%	20.00%	20.00%	20.00%	20.00%

Withdrawal Rates - Females

Age	Years of Service					
	0 - 1	1-2	2-3	3-4	4-5	5+
20	N/A	20.00%	15.00%	15.00%	10.00%	15.00%
21	N/A	20.00%	15.00%	15.00%	10.00%	15.00%
22	N/A	20.00%	15.00%	15.00%	10.00%	14.70%
23	N/A	20.00%	15.00%	15.00%	10.00%	14.50%
24	N/A	20.00%	15.00%	15.00%	10.00%	14.20%
25	N/A	20.00%	15.00%	15.00%	10.00%	14.00%
26	N/A	20.00%	15.00%	15.00%	10.00%	13.70%
27	N/A	20.00%	15.00%	15.00%	10.00%	13.50%
28	N/A	20.00%	15.00%	15.00%	10.00%	13.20%
29	N/A	20.00%	15.00%	15.00%	10.00%	12.90%
30	N/A	20.00%	15.00%	15.00%	10.00%	12.70%
31	N/A	20.00%	15.00%	15.00%	10.00%	12.40%
32	N/A	20.00%	15.00%	15.00%	10.00%	12.20%
33	N/A	20.00%	15.00%	15.00%	10.00%	11.90%
34	N/A	20.00%	15.00%	15.00%	10.00%	11.70%
35	N/A	20.00%	15.00%	15.00%	10.00%	11.40%
36	N/A	20.00%	15.00%	15.00%	10.00%	11.20%
37	N/A	20.00%	15.00%	15.00%	10.00%	10.90%

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
 EIN / PN: 58-1649541/005
 Plan Sponsor: WellStar Health System, Inc.
 Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

38	N/A	20.00%	15.00%	15.00%	10.00%	10.60%
39	N/A	20.00%	15.00%	15.00%	10.00%	10.40%
40	N/A	20.00%	15.00%	15.00%	10.00%	10.10%
41	N/A	20.00%	15.00%	15.00%	10.00%	9.90%
42	N/A	20.00%	15.00%	15.00%	10.00%	9.60%
43	N/A	20.00%	15.00%	15.00%	10.00%	9.40%
44	N/A	20.00%	15.00%	15.00%	10.00%	9.10%
45	N/A	20.00%	15.00%	15.00%	10.00%	8.80%
46	N/A	20.00%	15.00%	15.00%	10.00%	8.60%
47	N/A	20.00%	15.00%	15.00%	10.00%	8.30%
48	N/A	20.00%	15.00%	15.00%	10.00%	8.10%
49	N/A	20.00%	15.00%	15.00%	10.00%	7.80%
50	N/A	20.00%	15.00%	15.00%	10.00%	7.60%
51	N/A	20.00%	15.00%	15.00%	10.00%	7.30%
52	N/A	20.00%	15.00%	15.00%	10.00%	7.10%
53	N/A	20.00%	15.00%	15.00%	10.00%	6.80%
54	N/A	20.00%	15.00%	15.00%	10.00%	6.50%
55	N/A	20.00%	15.00%	15.00%	10.00%	6.30%
56	N/A	20.00%	15.00%	15.00%	10.00%	6.00%
57	N/A	20.00%	15.00%	15.00%	20.00%	5.80%
58	N/A	20.00%	15.00%	20.00%	20.00%	5.50%
59	N/A	20.00%	20.00%	20.00%	20.00%	5.30%
60	N/A	20.00%	20.00%	20.00%	20.00%	5.00%
61	N/A	20.00%	20.00%	20.00%	20.00%	20.00%
62	N/A	20.00%	20.00%	20.00%	20.00%	20.00%
63	N/A	20.00%	20.00%	20.00%	20.00%	20.00%
64+	N/A	20.00%	20.00%	20.00%	20.00%	20.00%

Rates for West Georgia Medical Center, Inc. Retirement Plan Participants:

Attained Age	Male	Female
20	19.50%	30.00%
25	19.50%	30.00%
30	13.50%	19.50%
35	9.00%	13.50%
40	6.00%	9.00%
45	4.50%	6.00%
50	3.00%	4.50%
55	1.50%	3.00%
60	0.00%	1.50%
65+	0.00%	0.00%

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
 EIN / PN: 58-1649541/005
 Plan Sponsor: WellStar Health System, Inc.
 Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

Disability

The rates at which participants become disabled by age and gender are shown below:

Rates for WellStar Health System, Inc. Active Employees Retirement Plan B Participants:

Age	Male	Female	Age	Male	Female
18	0.03%	0.01%	42	0.26%	0.20%
19	0.04%	0.02%	43	0.28%	0.23%
20	0.04%	0.02%	44	0.31%	0.25%
21	0.05%	0.02%	45	0.34%	0.28%
22	0.05%	0.03%	46	0.38%	0.30%
23	0.06%	0.03%	47	0.42%	0.33%
24	0.06%	0.04%	48	0.46%	0.39%
25	0.07%	0.04%	49	0.51%	0.44%
26	0.07%	0.05%	50	0.56%	0.50%
27	0.08%	0.05%	51	0.62%	0.55%
28	0.09%	0.06%	52	0.69%	0.61%
29	0.09%	0.06%	53	0.75%	0.68%
30	0.10%	0.07%	54	0.83%	0.76%
31	0.10%	0.07%	55	0.90%	0.83%
32	0.11%	0.08%	56	0.99%	0.91%
33	0.12%	0.09%	57	1.08%	0.98%
34	0.13%	0.10%	58	1.19%	1.12%
35	0.15%	0.12%	59	1.30%	1.27%
36	0.16%	0.13%	60	1.42%	1.41%
37	0.17%	0.14%	61	1.55%	1.15%
38	0.19%	0.15%	62	1.70%	0.90%
39	0.21%	0.16%	63	1.87%	0.64%
40	0.21%	0.18%	64	2.05%	0.38%
41	0.23%	0.19%	65	0.00%	0.00%

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
 EIN / PN: 58-1649541/005
 Plan Sponsor: WellStar Health System, Inc.
 Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

Rates for West Georgia Medical Center, Inc. Retirement Plan Participants

Attained Age	Percentage
20	0.000%
25	0.075%
30	0.084%
35	0.096%
40	0.115%
45	0.162%
50	0.240%
55	0.400%
60	0.843%
65+	0.000%

Retirement

The rates at which participants retire by age are shown below:

Rates for WellStar Health System, Inc. Active Employees Retirement Plan B Participants:

Percentage retiring during the year	
Attained Age	Total
55	10.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	15.00%
62	25.00%
63	25.00%
64	30.00%
65	50.00%
66	30.00%
67	30.00%
68	30.00%
69	30.00%
70	100.00%

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

Rates for West Georgia Medical Center, Inc. Retirement Plan Participants:

Percentage retiring during the year	
Attained Age	Total
55-56	1.00%
57-58	2.00%
59-60	4.00%
61	5.00%
62	20.00%
63	10.00%
64	15.00%
65	80.00%
66	90.00%
67+	100.00%

Benefit commencement date:

- Future deferred vested benefit For WellStar Health System, Inc. Active Employees Retirement Plan B Participants: Age 63 and 10 years of service, otherwise age 65

For West Georgia Medical Center, Inc. Retirement Plan Participants: Age 65

- Current deferred vested benefit For WellStar Health System, Inc. Active Employees Retirement Plan B Participants: Age 63 and 10 years of service, otherwise age 65

For West Georgia Medical Center, Inc. Retirement Plan Participants: Age 65

- Disability benefit Upon disablement
- Retirement benefit Upon termination of employment

Form of payment

For WellStar Health System, Inc. Active Employees Retirement Plan B Participants: 100% of participants are assumed to elect a Five-Year Certain and Life Annuity

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

For West Georgia Medical Center, Inc. Retirement Plan
Participants: 100% of participants are assumed to elect a Ten-Year Certain and Life Annuity

Percent married

For WellStar Health System, Inc. Active Employees Retirement Plan B Participants: 75% of males; 75% of females

For West Georgia Medical Center, Inc. Retirement Plan
Participants: 100% of males; 100% of females

Spouse age

Wife three years younger than husband

Methods

Valuation date

First day of plan year

Funding target

Present value of accrued benefits as required by regulations under IRC §430.

Target normal cost

Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Actuarial value of assets [for determining minimum required contributions]

Average of the adjusted market value of assets for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC §430.

Benefits not valued

Willis Towers Watson has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any other significant benefits required to be valued that were not.

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

Employee data was supplied by Aon Hewitt as of the census date. Wellstar Health System, Inc. is responsible for ensuring that such participant data provides an accurate description of all persons who are participants under the terms of the plan or otherwise entitled to benefits as of July 1, 2021 and that the data is sufficiently comprehensive and accurate for its intended purpose. If the data supplied is not sufficiently comprehensive and accurate for its intended purpose, the results of our calculations may differ significantly from the results that would be obtained with such data. Although Willis Towers Watson has reviewed the suitability of the data for its intended use in accordance with Actuarial Standard of Practice No. 23, Willis Towers Watson has not verified or audited any of the data or information provided.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Expected investment return	Expected rate of return on plan assets are based on assumptions set by the prior actuary. We believe the assumptions are reasonable, and we will determine if a revision is warranted once enough credible experience exists.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates are based on assumptions set by the prior actuary. We believe the assumptions are reasonable, and we will determine if a revision is warranted once enough credible experience exists.
Disability	Disability rates are based on assumptions set by the prior actuary. We believe the assumptions are reasonable, and we will determine if a revision is warranted once enough credible experience exists.

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

Retirement	Retirement rates are based on assumptions set by the prior actuary. We believe the assumptions are reasonable, and we will determine if a revision is warranted once enough credible experience exists.
Benefit commencement age	Benefit commencement age are based on assumptions set by the prior actuary. We believe the assumptions are reasonable, and we will determine if a revision is warranted once enough credible experience exists.
Form of payment	Assumed form of payment was set by the prior actuary. We believe the assumption is reasonable, and we will determine if a revision is warranted once enough credible experience exists.
Percent married	The assumed percentage married was set by the prior actuary. We believe the assumption is reasonable, and we will determine if a revision is warranted once enough credible experience exists.
Spouse age	The assumed age difference for spouses is based on assumptions set by the prior actuary. We believe the assumptions are reasonable, and we will determine if a revision is warranted once enough credible experience exists.

Prescribed Methods

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

In addition to the prescribed changes in the discount rate, the only other changes were:

- Healthy mortality was updated to separate IRS-prescribed annuitant and non-annuitant tables with “static” projection of assumed mortality improvements based on the RP/MP-2014 Society of Actuaries study and subsequent updates (including, for 2021 plan years, the use of the MP-2019 mortality improvement scale).

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions is effective November 1, 2020.

Status of the plan The plan has been closed to new participants and benefit accruals frozen as of November 1, 2020.

Definitions

Participation All non-union employees of the employer are eligible to participate in the plan as of the first day of the month coincident with or following attainment of age 21 and completion of 1,000 hours of service in a 12-month period.

The plan has been closed to new participants effective November 1, 2020.

Vesting service Service prior to January 1, 1997 as defined and determined under the plan then in effect. For service after December 31, 1996 an employee shall receive credit for one full year of vesting service for any plan year during which the employee has at least 1,000 hours of service.

Credited service Service prior to January 1, 1997 as defined and determined under the plan then in effect. Service after December 31, 1996, defined as vesting service. During the short plan year (January 1, 2011– June 30, 2011) an employee earned 0.5 years of credited service if worked at least 500 hours during the period.

Credited service is split into past credited service (that earned prior to July 1, 2013) and future credited service (that earned after June 30, 2013).

Credited service is frozen as of November 1, 2020.

Covered compensation 35-year average of the taxable wage bases under the Social Security Act ending in the year that the participant attains the Social Security Normal Retirement Age.

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

Final average earnings

Average monthly earnings for the 60 consecutive full calendar months of the last 120 months which will produce the largest average monthly earnings.

Beginning on July 1, 2013, career monthly earnings is the sum of a participant's compensation divided by the complete months of service. Only years in which a year of future credited service was earned are included.

Compensation for each year shall not exceed the IRC section 401(a)(17) limit.

No Earnings for any period of employment beginning on or after November 1, 2020 shall be considered.

Monthly pension benefit

Old Benefit Formula:

The normal retirement benefit is based on service to normal retirement date and is the greatest of (1), (2) and (3) below:

- (1) 1.1% of average monthly earnings up to the participant's covered compensation, plus 1.7% of average monthly earnings in excess of the participant's covered compensation for each year of credited service to a maximum of 25 years. For those participants with an hour of service after June 30, 2001 an additional 1% of average monthly earnings for each year of credited service in excess of 25 years to a maximum of 10 years.
- (2) The accrued benefit in June 30, 1993, under the benefit formula then in effect.
- (3) The accrued benefit on December 31, 1996, under the benefit formula then in effect.

Revised Benefit Formula:

The normal retirement benefit is equal to the 1.0% of career monthly earnings up to the participant's covered compensation, plus 1.5% of career monthly earnings in excess of the participant's covered compensation for each year of future credited service to a maximum of 25 years, plus 1% of career monthly earnings for each year of future credited service in excess of 25 years to a maximum of 10 years.

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

The sum of a participant's past credited service and future credited service is limited to 35 years for benefit calculation purposes. Credited service shall first be applied to past credited service with the remainder, if any, applied to future credited service.

The normal retirement benefit for a grandfathered participant is the greater of the amount determined under the old formula for all credited service and the sum of the old formula frozen as of June 30, 2013 and the revised formula.

The normal retirement benefit for a non-grandfathered participant is amount calculated under the old formula determined based on earnings, service, and covered compensation as of June 30, 2013 plus the amount calculated under the revised formula.

Accrued benefits under the plan are fully frozen as of November 1, 2020.

Eligibility for Benefits

Normal retirement	First of month coinciding with or next following the later of attainment of age 65 and the fifth anniversary of participation in the plan
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing 10 years of vesting service
Postponed retirement	Retirement after NRD
Deferred vested	Termination for reasons other than death or retirement after completing five years of vesting service
Disability	Upon completion of five years vesting service, in addition to a participant's inability to perform his or her duties with an Employer for a period up to 24 months, and after 24 months, inability to engage in any reasonable occupation in which other individuals who are on good health and who have similar educational backgrounds and trainings are engaged as their principal means of financial support.
Preretirement death benefit	Five years of vesting service

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD
Early retirement	Equal to the normal retirement benefit earned to the date of early retirement reduced by 6 2/3% for each year between age 60 and age 65 by which early retirement precedes age 65 and reduced by 3 1/3% for each year by which early retirement precedes age 60.
Postponed retirement	<p>The greater of (1) and (2) below:</p> <ul style="list-style-type: none">(1) The actuarially equivalent amount using the UP 1984 Mortality Table and 7.50% interest to the accrued benefit as of the normal retirement date.(2) The benefit amount based on credited service and average earnings at the deferred retirement date.
Deferred vested	<p>Accrued benefit can be paid at age 55 if the participant has at least 10 years of vesting service, with reduction from commencement before age 65.</p> <p>If the participant has at least 5 years of vesting service but less than 10 years of vesting service, then the first age that they can commence their benefit is age 65.</p>
Disablement	The disability retirement benefit is equal to the accrued benefit earned to the date of disability. This benefit is payable at the participant's normal retirement date.
Preretirement death	<p>In the event of an active married participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested accrued benefit as of the date of death, but payable as if the participant had separated from service on the date of death, survived to the earliest retirement age, elected a joint and 50% survivor annuity, and died on the day after the earliest retirement age.</p> <p>In the event of an active married participant's death after the attainment of age 55 and the completion of 10 years of credited service, but prior to the normal retirement date, it will be assumed the participant had retired on the day prior to death and elected a joint and 50% survivor benefit.</p>

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Form of Payment

The normal form of payment to an unmarried participant is a life annuity with five years guaranteed.

The normal form of payment to a married participant is a joint and survivor annuity actuarially equivalent to the retirement benefit payable for the employee's lifetime.

The participant receives a reduced lifetime benefit and, in the event of the participant's death, 50% of the reduced benefit continues to the surviving spouse.

All optional methods of settlement are actuarially equivalent to the normal form of payment. If a married participant does not elect the normal form of payment or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option (1) below.

The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with 1/2 of the reduced benefit to be continued to the spouse for his or her lifetime after the participant's death.
- (2) A reduced benefit to be paid during the participant's lifetime with 3/4ths of the reduced benefit to be continued to the spouse for his or her lifetime after the participant's death.
- (3) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to the spouse for his or her lifetime after the participant's death.
- (4) A reduced benefit to be paid for 120 or 180 months certain and thereafter for life.
- (5) A benefit payable during the participant's lifetime with no continuation to the spouse.

All optional methods of settlement are actuarially equivalent to the normal form of payment on a unisex basis based on the UP 1984 Mortality Table and 7.50% interest.

Pension Increases

None

Plan participants' contributions

None

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

Maximum limits on benefits and compensation

Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2021, the limit is \$230,000.

Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2020, the limit is \$285,000. No Earnings for any period of employment beginning on or after November 1, 2020 shall be considered.

Future Plan Changes

No future plan changes were recognized in determining maximum and minimum contribution.

Changes in Benefits Valued Since Prior Year

None.

Prior West Georgia Medical Center, Inc. Retirement Plan Participants

Effective December 31, 2019, a portion of the West Georgia Medical Center, Inc. Retirement Plan ("West Georgia ERISA Plan") was merged into the WellStar Health System, Inc. Active Employees Retirement Plan B. Please refer to further sections of this report for more detail regarding the plan provisions for the West Georgia Medical Center, Inc. Retirement Plan.

Status of the plan

The plan has been closed to new participants and benefit accruals were frozen as of November 1, 2020.

Definitions

Participation

An employee is eligible to participate in the plan if and only if they satisfy (1) or (2) below:

- (1) Grandfathered under LaGrange – Troup County Hospital Authority Pension Plan ("Authority Plan"), i.e. 40 years of age and 10 years of benefit service as of December 31, 2005.
- (2) Actively Employed by the Authority on September 30, 2009 and employed by West Georgia Medical Center ("WGMC") on October 1, 2009.

An employee is not eligible if they were terminated under Authority plan before September 30, 2009 and were rehired by WGMC after October 1, 2009, or if a break in employment occurred after

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

December 31, 2005. Participation also terminates with change to PRN status, or if availability to work is reduced below 1800 hours per calendar year.

Vesting service

All participants are fully vested.

Credited service

A participant is credited with 1/12 of year of benefit service for completing at least one hour of the work in the month starting with employment date under the Authority Plan and ending with their termination date. Partial years are aggregated but Benefit Service is credited only in whole 12-month years; no credit for aggregated periods less than 12 months.

Compensation

Credited service is frozen as of November 1, 2020
W-2 wages, plus deferrals. Severance pay is excluded.

401(a)(17) pay limits are applied and are not prorated for partial years of partial years of participation

Final average earnings

The monthly average earnings is 1/60th of participant's compensation for five highest non-consecutive calendar years in the final ten consecutive calendar years, combined with compensation under the Authority Plan.

No Earnings for any period of employment beginning on or after November 1, 2020 shall be considered.

Covered compensation

Average of taxable wage basis for 35-year period ending with last day of calendar year of Social Security Retirement Age. The wage base is assumed level for determination prior to Social Security Retirement Age. For determination after SSRA Covered Compensation is equal to the covered compensation for the Plan Year during the SSRA was attained.

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

Accrued benefit The Accrued Benefit for each participant is determined using the same formula which is used to compute such participant's Normal Retirement Benefit, taking into account the participant's Credited Service, Compensation and Covered Compensation as of the date of determination. This amount is then offset by the amount accrued as of the September 30, 2009 freeze date under the Authority Plan.

Accrued benefits under the plan are fully frozen as of November 1, 2020.

Eligibility for Benefits

Normal retirement First of the month coinciding with or next following the attainment of age 65.

Early retirement The first day of the month coincident with or next following the attainment of age 55 and completes 10 years of Credited Service.

Late retirement Participant who continues active employment after normal retirement date.

Deferred vested Termination for reasons other than death or retirement after completing five years of vesting service

Disability Any participant determined by the Committee to be totally and permanently disabled, and also has qualified for Social Security disability benefits.

Preretirement death benefit Beneficiary of a participant with a vested Accrued Benefit who dies before commencement of payments.

Benefits Paid Upon the Following Events

Normal retirement The monthly pension benefit determined as of Normal Retirement Date in the Normal Benefit Form in an amount equal to (i), but not less than (ii), nor greater than (iii):

(i) 1.40% of Final Average Earnings for each year of Credited Service, not in excess of 35 years plus 0.60% of Final Average Earnings in excess of Social Security Covered Compensation for each year of Credited Service, not in excess of 35 years.

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

(ii) the greater of a benefit of \$10 multiplied by Credited Service, not in excess of 35 years or the participant's accrued retirement benefit as of March 31, 1990.

(iii) 52% Final Average Earnings.

Early retirement

Equal to Normal Retirement Benefit earned to the date of early retirement reduced by 5% per year by which early retirement precedes age 65.

Late retirement

Retirement benefit calculated on the basis of final average earnings and credited service as of the actual retirement date.

Participant who continues active employment after age 70.5 years will receive maximum of (1) and (2) below:

(1) Continued accruals

(2) Actuarial equivalent increase in his accrued benefit for the period between April 1 following the year in which he reaches age 70.5 and his delayed retirement age.

The plan provides for suspension of benefits notices.

Deferred vested

Accrued benefit can be paid at age 55 if the participant has at least 10 years of vesting service, with reduction from commencement before age 65.

If the participant has at least 5 years of vesting service but less than 10 years of vesting service, then the first age that they can commence their benefit is age 65.

Disablement

A participant's Disability Retirement Benefit is equal to an amount which is based on Normal Retirement Benefit formula, unreduced for early commencement of benefits using the participant's Credited Service and Compensation through his or her Disability Retirement Date.

Preretirement death

Death benefits are paid to surviving spouse, or if not married to, designated beneficiary. Benefits payable as if participant terminated on his or her date of death retired electing a Joint and 100% survivor annuity. The benefit may commence immediately following death and is reduced for early commencement, with actuarial equivalent adjustment prior to earliest retirement date.

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

The benefit is automatically cashed out if the present value does not exceed \$5,000.

Other Plan Provisions

Form of Payment

The normal form of payment to an unmarried participant is a life annuity with ten years guaranteed.

The normal form of payment to a married participant is a 50% joint and survivor annuity actuarially equivalent to the retirement benefit payable for the employee's lifetime.

The participant receives a reduced lifetime benefit and, in the event of the participant's death, 50% of the reduced benefit continues to the surviving spouse.

All optional methods of settlement are actuarially equivalent to the normal form of payment. If a married participant does not elect the normal form of payment or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option (1) below. The options are:

- (1) A benefit payable during the participant's lifetime with no continuation to the spouse and with no guaranteed period.
- (2) A reduced benefit to be paid during the participant's lifetime with 1/2 of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to his spouse for her lifetime after his death.
- (4) A reduced benefit to be paid during the participant's lifetime with the 3/4th of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (5) A reduced benefit to be paid for 60 months certain and thereafter for life.
- (6) A reduced benefit to be paid for 120 months certain and thereafter the participant's lifetime with one half of the reduced benefit to be continued to his spouse for lifetime after his death.
- (7) A reduced benefit to be paid for 120 months certain and thereafter the participant's lifetime with the same reduced benefit to be continued to his spouse for her lifetime after his death.

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

(8) A lump sum benefit if the benefit amount is less than \$5,000.

A small lump sum is payable automatically if the actuarially equivalent present value of the vested Accrued Benefit is \$1,000 or less.

Option form conversion factors are as follows:

- (1) Annuity payments: The 1983 Group Annuity Mortality Table blended 15% male and 85% female and 8% interest.
- (2) Lump sum payments: PPA mortality table and interest rates equal to the 3-tiered minimum present value rates in effect for December preceding the payment date and reflecting the appropriate phase ins.

Pension Increases None

Plan participants' contributions None

Maximum limits on benefits and compensation Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2021, the limit is \$230,000.

Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401 (a)(17) for the calendar year in which 12 month period begins. The limit is indexed annually. For 2020, the limit is \$285,000. No Earnings for any period of employment beginning on or after November 1, 2020 shall be considered.

Future Plan Changes

No future plan changes were recognized in determining maximum and minimum contribution.

Changes in Benefits Valued Since Prior Year

- None.

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data for Frozen Plans as of July 1, 2021

Number and average annual frozen benefit distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	200	0	0	0	0	0	0	0	0	0	200
	-	509	-	-	-	-	-	-	-	-	-	509
25-29	0	1,076	95	0	0	0	0	0	0	0	0	1,171
	-	987	2,849	-	-	-	-	-	-	-	-	1,138
30-34	0	1,362	441	42	2	0	0	0	0	0	0	1,847
	-	1,427	3,574	5,298	-	-	-	-	-	-	-	2,032
35-39	0	1,340	521	140	30	0	0	0	0	0	0	2,031
	-	1,925	4,783	5,736	6,391	-	-	-	-	-	-	2,987
40-44	0	1,284	478	140	27	4	0	0	0	0	0	1,933
	-	1,921	4,828	5,042	6,484	-	-	-	-	-	-	2,938
45-49	0	1,156	355	92	18	3	0	0	0	0	0	1,624
	-	1,728	4,704	4,525	-	-	-	-	-	-	-	2,584
50-54	0	1,037	260	35	5	2	0	0	0	0	0	1,339
	-	1,823	4,413	4,255	-	-	-	-	-	-	-	2,426
55-59	0	910	194	14	1	4	0	1	0	0	0	1,124
	-	1,738	4,083	-	-	-	-	-	-	-	-	2,237
60-64	0	586	109	27	27	8	2	0	2	5	5	766
	-	1,679	4,265	5,081	6,072	-	-	-	-	-	-	2,449
65-69	0	199	29	2	1	0	0	0	0	0	0	231
	-	1,750	5,180	-	-	-	-	-	-	-	-	2,245
70 & over	0	83	13	6	4	1	1	0	0	0	0	108
	-	1,579	-	-	-	-	-	-	-	-	-	3,153
Total	0	9,233	2,495	498	115	22	3	1	2	5	5	12,374
	-	1,634	4,401	5,096	6,476	7,760	-	-	-	-	-	2,394

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

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
 EIN / PN: 58-1649541/005
 Plan Sponsor: WellStar Health System, Inc.
 Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of July 1, 2021

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	07/01/2021	8,436,913	15.00000	8,436,913	786,671
2. Shortfall	07/01/2020	23,082,056	14.00000	22,198,420	2,167,097
Total				30,635,333	2,953,768

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of July 1, 2021

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	WellStar Health System, Inc.
EIN/PN	58-1649541/005
Plan Name	WellStar Health System, Inc. Active Employees Retirement Plan B
Valuation Date	July 1, 2021
Enrolled Actuary	Kevin H. Pray, ASA, EA
Enrollment Number	20-04836

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

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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

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

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

A Name of plan Wellstar Health System, Inc. Active Employees Retirement Plan B	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Wellstar Health System, Inc.	D Employer Identification Number (EIN) 58-1649541	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>07</u> Day <u>01</u> Year <u>2021</u>		
2 Assets:			
a Market value	2a	264,176,932	
b Actuarial value	2b	245,891,676	
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	330	24,025,575	24,025,575
b For terminated vested participants	983	16,225,521	16,225,521
c For active participants	12,374	97,170,153	120,744,149
d Total	13,687	137,421,249	160,995,245
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.89%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	2,394,000	
c Total (line 6a + line 6b)	6c	2,394,000	

Statement by Enrolled Actuary

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

SIGN HERE	Kevin H. Pray, ASA, EA	
	Signature of actuary	03/13/2023
	Kevin H. Pray, ASA, EA	Date
	Type or print name of actuary	2004836
	Willis Towers Watson US LLC	Most recent enrollment number
	Firm name	901-930-0000
	3340 Players Club Parkway Shadow Creek II Floor 2, Suite 200 Memphis TN 38125	Telephone number (including area code)
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	23,565,300
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	5,913,674
9 Amount remaining (line 7 minus line 8)	0	17,651,626
10 Interest on line 9 using prior year's actual return of <u>28.78%</u>	0	5,080,138
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		94,471,447
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>6.06%</u>		5,370,742
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		1,682,289
c Total available at beginning of current plan year to add to prefunding balance		101,524,478
d Portion of (c) to be added to prefunding balance		92,800,000
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	115,531,764

Part III Funding Percentages		
14 Funding target attainment percentage.....	14	80.97%
15 Adjusted funding target attainment percentage	15	152.73%
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	83.36%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls						
18 Contributions made to the plan for the plan year by employer(s) and employees:	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
(4) 4th		0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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	2,394,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	30,635,333		2,953,768
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	5,347,768	
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0	5,351,155
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	<input type="checkbox"/> 2 plus 7 years	<input type="checkbox"/> 15 years	
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009	<input type="checkbox"/> 2010 <input type="checkbox"/> 2011

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan <u>Wellstar Health System, Inc. Active Employees Retirement Plan</u> B	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>Wellstar Health System, Inc.</u>	D Employer Identification Number (EIN) <u>58-1649541</u>	

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

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 38-6457728

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 3 24

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: 67.0% Investment-Grade Debt: 30.0% High-Yield Debt: 0.0% Real Estate: 0.0% Other: 3.0%

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

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

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

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions is effective November 1, 2020.

Status of the plan The plan has been closed to new participants and benefit accruals frozen as of November 1, 2020.

Definitions

Participation All non-union employees of the employer are eligible to participate in the plan as of the first day of the month coincident with or following attainment of age 21 and completion of 1,000 hours of service in a 12-month period.

The plan has been closed to new participants effective November 1, 2020.

Vesting service Service prior to January 1, 1997 as defined and determined under the plan then in effect. For service after December 31, 1996 an employee shall receive credit for one full year of vesting service for any plan year during which the employee has at least 1,000 hours of service.

Credited service Service prior to January 1, 1997 as defined and determined under the plan then in effect. Service after December 31, 1996, defined as vesting service. During the short plan year (January 1, 2011– June 30, 2011) an employee earned 0.5 years of credited service if worked at least 500 hours during the period.

Credited service is split into past credited service (that earned prior to July 1, 2013) and future credited service (that earned after June 30, 2013).

Credited service is frozen as of November 1, 2020.

Covered compensation 35-year average of the taxable wage bases under the Social Security Act ending in the year that the participant attains the Social Security Normal Retirement Age.

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

Final average earnings

Average monthly earnings for the 60 consecutive full calendar months of the last 120 months which will produce the largest average monthly earnings.

Beginning on July 1, 2013, career monthly earnings is the sum of a participant's compensation divided by the complete months of service. Only years in which a year of future credited service was earned are included.

Compensation for each year shall not exceed the IRC section 401(a)(17) limit.

No Earnings for any period of employment beginning on or after November 1, 2020 shall be considered.

Monthly pension benefit

Old Benefit Formula:

The normal retirement benefit is based on service to normal retirement date and is the greatest of (1), (2) and (3) below:

- (1) 1.1% of average monthly earnings up to the participant's covered compensation, plus 1.7% of average monthly earnings in excess of the participant's covered compensation for each year of credited service to a maximum of 25 years. For those participants with an hour of service after June 30, 2001 an additional 1% of average monthly earnings for each year of credited service in excess of 25 years to a maximum of 10 years.
- (2) The accrued benefit in June 30, 1993, under the benefit formula then in effect.
- (3) The accrued benefit on December 31, 1996, under the benefit formula then in effect.

Revised Benefit Formula:

The normal retirement benefit is equal to the 1.0% of career monthly earnings up to the participant's covered compensation, plus 1.5% of career monthly earnings in excess of the participant's covered compensation for each year of future credited service to a maximum of 25 years, plus 1% of career monthly earnings for each year of future credited service in excess of 25 years to a maximum of 10 years.

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

The sum of a participant's past credited service and future credited service is limited to 35 years for benefit calculation purposes. Credited service shall first be applied to past credited service with the remainder, if any, applied to future credited service.

The normal retirement benefit for a grandfathered participant is the greater of the amount determined under the old formula for all credited service and the sum of the old formula frozen as of June 30, 2013 and the revised formula.

The normal retirement benefit for a non-grandfathered participant is amount calculated under the old formula determined based on earnings, service, and covered compensation as of June 30, 2013 plus the amount calculated under the revised formula.

Accrued benefits under the plan are fully frozen as of November 1, 2020.

Eligibility for Benefits

Normal retirement	First of month coinciding with or next following the later of attainment of age 65 and the fifth anniversary of participation in the plan
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing 10 years of vesting service
Postponed retirement	Retirement after NRD
Deferred vested	Termination for reasons other than death or retirement after completing five years of vesting service
Disability	Upon completion of five years vesting service, in addition to a participant's inability to perform his or her duties with an Employer for a period up to 24 months, and after 24 months, inability to engage in any reasonable occupation in which other individuals who are on good health and who have similar educational backgrounds and trainings are engaged as their principal means of financial support.
Preretirement death benefit	Five years of vesting service

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD
Early retirement	Equal to the normal retirement benefit earned to the date of early retirement reduced by 6 2/3% for each year between age 60 and age 65 by which early retirement precedes age 65 and reduced by 3 1/3% for each year by which early retirement precedes age 60.
Postponed retirement	<p>The greater of (1) and (2) below:</p> <ol style="list-style-type: none">(1) The actuarially equivalent amount using the UP 1984 Mortality Table and 7.50% interest to the accrued benefit as of the normal retirement date.(2) The benefit amount based on credited service and average earnings at the deferred retirement date.
Deferred vested	<p>Accrued benefit can be paid at age 55 if the participant has at least 10 years of vesting service, with reduction from commencement before age 65.</p> <p>If the participant has at least 5 years of vesting service but less than 10 years of vesting service, then the first age that they can commence their benefit is age 65.</p>
Disablement	The disability retirement benefit is equal to the accrued benefit earned to the date of disability. This benefit is payable at the participant's normal retirement date.
Preretirement death	<p>In the event of an active married participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested accrued benefit as of the date of death, but payable as if the participant had separated from service on the date of death, survived to the earliest retirement age, elected a joint and 50% survivor annuity, and died on the day after the earliest retirement age.</p> <p>In the event of an active married participant's death after the attainment of age 55 and the completion of 10 years of credited service, but prior to the normal retirement date, it will be assumed the participant had retired on the day prior to death and elected a joint and 50% survivor benefit.</p>

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Form of Payment

The normal form of payment to an unmarried participant is a life annuity with five years guaranteed.

The normal form of payment to a married participant is a joint and survivor annuity actuarially equivalent to the retirement benefit payable for the employee's lifetime.

The participant receives a reduced lifetime benefit and, in the event of the participant's death, 50% of the reduced benefit continues to the surviving spouse.

All optional methods of settlement are actuarially equivalent to the normal form of payment. If a married participant does not elect the normal form of payment or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option (1) below.

The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with 1/2 of the reduced benefit to be continued to the spouse for his or her lifetime after the participant's death.
- (2) A reduced benefit to be paid during the participant's lifetime with 3/4ths of the reduced benefit to be continued to the spouse for his or her lifetime after the participant's death.
- (3) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to the spouse for his or her lifetime after the participant's death.
- (4) A reduced benefit to be paid for 120 or 180 months certain and thereafter for life.
- (5) A benefit payable during the participant's lifetime with no continuation to the spouse.

All optional methods of settlement are actuarially equivalent to the normal form of payment on a unisex basis based on the UP 1984 Mortality Table and 7.50% interest.

Pension Increases

None

Plan participants' contributions

None

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

Maximum limits on benefits and compensation

Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2021, the limit is \$230,000.

Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2020, the limit is \$285,000. No Earnings for any period of employment beginning on or after November 1, 2020 shall be considered.

Future Plan Changes

No future plan changes were recognized in determining maximum and minimum contribution.

Changes in Benefits Valued Since Prior Year

None.

Prior West Georgia Medical Center, Inc. Retirement Plan Participants

Effective December 31, 2019, a portion of the West Georgia Medical Center, Inc. Retirement Plan ("West Georgia ERISA Plan") was merged into the WellStar Health System, Inc. Active Employees Retirement Plan B. Please refer to further sections of this report for more detail regarding the plan provisions for the West Georgia Medical Center, Inc. Retirement Plan.

Status of the plan

The plan has been closed to new participants and benefit accruals were frozen as of November 1, 2020.

Definitions

Participation

An employee is eligible to participate in the plan if and only if they satisfy (1) or (2) below:

- (1) Grandfathered under LaGrange – Troup County Hospital Authority Pension Plan ("Authority Plan"), i.e. 40 years of age and 10 years of benefit service as of December 31, 2005.
- (2) Actively Employed by the Authority on September 30, 2009 and employed by West Georgia Medical Center ("WGMC") on October 1, 2009.

An employee is not eligible if they were terminated under Authority plan before September 30, 2009 and were rehired by WGMC after October 1, 2009, or if a break in employment occurred after

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

December 31, 2005. Participation also terminates with change to PRN status, or if availability to work is reduced below 1800 hours per calendar year.

Vesting service

All participants are fully vested.

Credited service

A participant is credited with 1/12 of year of benefit service for completing at least one hour of the work in the month starting with employment date under the Authority Plan and ending with their termination date. Partial years are aggregated but Benefit Service is credited only in whole 12-month years; no credit for aggregated periods less than 12 months.

Compensation

Credited service is frozen as of November 1, 2020
W-2 wages, plus deferrals. Severance pay is excluded.

401(a)(17) pay limits are applied and are not prorated for partial years of partial years of participation

Final average earnings

The monthly average earnings is 1/60th of participant's compensation for five highest non-consecutive calendar years in the final ten consecutive calendar years, combined with compensation under the Authority Plan.

No Earnings for any period of employment beginning on or after November 1, 2020 shall be considered.

Covered compensation

Average of taxable wage basis for 35-year period ending with last day of calendar year of Social Security Retirement Age. The wage base is assumed level for determination prior to Social Security Retirement Age. For determination after SSRA Covered Compensation is equal to the covered compensation for the Plan Year during the SSRA was attained.

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

Accrued benefit The Accrued Benefit for each participant is determined using the same formula which is used to compute such participant's Normal Retirement Benefit, taking into account the participant's Credited Service, Compensation and Covered Compensation as of the date of determination. This amount is then offset by the amount accrued as of the September 30, 2009 freeze date under the Authority Plan.

Accrued benefits under the plan are fully frozen as of November 1, 2020.

Eligibility for Benefits

Normal retirement First of the month coinciding with or next following the attainment of age 65.

Early retirement The first day of the month coincident with or next following the attainment of age 55 and completes 10 years of Credited Service.

Late retirement Participant who continues active employment after normal retirement date.

Deferred vested Termination for reasons other than death or retirement after completing five years of vesting service

Disability Any participant determined by the Committee to be totally and permanently disabled, and also has qualified for Social Security disability benefits.

Preretirement death benefit Beneficiary of a participant with a vested Accrued Benefit who dies before commencement of payments.

Benefits Paid Upon the Following Events

Normal retirement The monthly pension benefit determined as of Normal Retirement Date in the Normal Benefit Form in an amount equal to (i), but not less than (ii), nor greater than (iii):

(i) 1.40% of Final Average Earnings for each year of Credited Service, not in excess of 35 years plus 0.60% of Final Average Earnings in excess of Social Security Covered Compensation for each year of Credited Service, not in excess of 35 years.

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

(ii) the greater of a benefit of \$10 multiplied by Credited Service, not in excess of 35 years or the participant's accrued retirement benefit as of March 31, 1990.

(iii) 52% Final Average Earnings.

Early retirement

Equal to Normal Retirement Benefit earned to the date of early retirement reduced by 5% per year by which early retirement precedes age 65.

Late retirement

Retirement benefit calculated on the basis of final average earnings and credited service as of the actual retirement date.

Participant who continues active employment after age 70.5 years will receive maximum of (1) and (2) below:

(1) Continued accruals

(2) Actuarial equivalent increase in his accrued benefit for the period between April 1 following the year in which he reaches age 70.5 and his delayed retirement age.

The plan provides for suspension of benefits notices.

Deferred vested

Accrued benefit can be paid at age 55 if the participant has at least 10 years of vesting service, with reduction from commencement before age 65.

If the participant has at least 5 years of vesting service but less than 10 years of vesting service, then the first age that they can commence their benefit is age 65.

Disablement

A participant's Disability Retirement Benefit is equal to an amount which is based on Normal Retirement Benefit formula, unreduced for early commencement of benefits using the participant's Credited Service and Compensation through his or her Disability Retirement Date.

Preretirement death

Death benefits are paid to surviving spouse, or if not married to, designated beneficiary. Benefits payable as if participant terminated on his or her date of death retired electing a Joint and 100% survivor annuity. The benefit may commence immediately following death and is reduced for early commencement, with actuarial equivalent adjustment prior to earliest retirement date.

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

The benefit is automatically cashed out if the present value does not exceed \$5,000.

Other Plan Provisions

Form of Payment

The normal form of payment to an unmarried participant is a life annuity with ten years guaranteed.

The normal form of payment to a married participant is a 50% joint and survivor annuity actuarially equivalent to the retirement benefit payable for the employee's lifetime.

The participant receives a reduced lifetime benefit and, in the event of the participant's death, 50% of the reduced benefit continues to the surviving spouse.

All optional methods of settlement are actuarially equivalent to the normal form of payment. If a married participant does not elect the normal form of payment or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option (1) below. The options are:

- (1) A benefit payable during the participant's lifetime with no continuation to the spouse and with no guaranteed period.
- (2) A reduced benefit to be paid during the participant's lifetime with 1/2 of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to his spouse for her lifetime after his death.
- (4) A reduced benefit to be paid during the participant's lifetime with the 3/4th of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (5) A reduced benefit to be paid for 60 months certain and thereafter for life.
- (6) A reduced benefit to be paid for 120 months certain and thereafter the participant's lifetime with one half of the reduced benefit to be continued to his spouse for lifetime after his death.
- (7) A reduced benefit to be paid for 120 months certain and thereafter the participant's lifetime with the same reduced benefit to be continued to his spouse for her lifetime after his death.

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

- (8) A lump sum benefit if the benefit amount is less than \$5,000.

A small lump sum is payable automatically if the actuarially equivalent present value of the vested Accrued Benefit is \$1,000 or less.

Option form conversion factors are as follows:

- (1) Annuity payments: The 1983 Group Annuity Mortality Table blended 15% male and 85% female and 8% interest.
- (2) Lump sum payments: PPA mortality table and interest rates equal to the 3-tiered minimum present value rates in effect for December preceding the payment date and reflecting the appropriate phase ins.

Pension Increases None

Plan participants' contributions None

Maximum limits on benefits and compensation Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2021, the limit is \$230,000.

Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401 (a)(17) for the calendar year in which 12 month period begins. The limit is indexed annually. For 2020, the limit is \$285,000. No Earnings for any period of employment beginning on or after November 1, 2020 shall be considered.

Future Plan Changes

No future plan changes were recognized in determining maximum and minimum contribution.

Changes in Benefits Valued Since Prior Year

- None.

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of July 1, 2021

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	07/01/2021	8,436,913	15.00000	8,436,913	786,671
2. Shortfall	07/01/2020	23,082,056	14.00000	22,198,420	2,167,097
Total				30,635,333	2,953,768

Plan Name: WellStar Health System, Inc. Active Employees Retirement Plan B
EIN / PN: 58-1649541/005
Plan Sponsor: WellStar Health System, Inc.
Valuation Date: July 1, 2021