

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [X] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: PENSION PLAN FOR THE EMPLOYEES OF CAROMONT HEALTH
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1971
2a Plan sponsor's name (employer, if for a single-employer plan): CAROMONT HEALTH, INC.
2b Employer Identification Number (EIN): 58-1636959
2c Plan Sponsor's telephone number: 704-834-2000
2d Business code (see instructions): 622000

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	956
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	619
	6a(2)	1
	6b	0
	6c	7
	6d	8
	6e	19
	6f	27
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I 3D

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan PENSION PLAN FOR THE EMPLOYEES OF CAROMONT HEALTH	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CAROMONT HEALTH, INC.	D Employer Identification Number (EIN) 58-1636959	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

MCGRIFF, A MARSH & MCLENNAN COMPANY

26-3237576

(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 17	NONE	229311	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)

INSIGHT NORTH AMERICA

82-0983489

(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	149730	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)

TRUIST

56-0939887

(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	NONE	50445	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"/>

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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 01/01/2024 and ending 12/31/2024	
A Name of plan PENSION PLAN FOR THE EMPLOYEES OF CAROMONT HEALTH	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CAROMONT HEALTH, INC.	D Employer Identification Number (EIN) 58-1636959

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	96088	15067
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	964629	607517
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3407623	754474
(2) U.S. Government securities	1c(2)	39558916	38446423
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	57060420	15559317
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5337350	1066286
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	6192732	1967145

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	112617758	58416229
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
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	112617758	58416229

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)	0	
(B) Participants.....	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	
(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)	250264	
(B) U.S. Government securities.....	2b(1)(B)	2506631	
(C) Corporate debt instruments.....	2b(1)(C)	2461830	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other.....	2b(1)(F)	119806	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5338531
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	351394	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		351394
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	292667505	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	291044736	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other.....	2b(5)(B)	-2385413	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		527909
c Other income	2c		-473146
d Total income. Add all income amounts in column (b) and enter total	2d		4982044

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	58657733	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		58657733
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	149730	
(6) Bank or trust company trustee/custodial fees	2i(6)	50445	
(7) Actuarial fees	2i(7)	229311	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	96354	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		525840
j Total expenses. Add all expense amounts in column (b) and enter total	2j		59183573

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-54201529
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: **FORVIS MAZARS LLP**

(2) EIN: **44-0160260**

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 0.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 547427.

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

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

A Name of plan <u>PENSION PLAN FOR THE EMPLOYEES OF CAROMONT HEALTH</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CAROMONT HEALTH, INC.</u>	D Employer Identification Number (EIN) <u>58-1636959</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): 56-1074313

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	607
--	---	-----

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501336A.




Pension Plan for the Employees of CaroMont Health

EIN 58-1636959 PN 001

**Independent Auditor's Report, Financial Statements,
and Supplemental Schedules**

December 31, 2024 and 2023



Pension Plan for the Employees of CaroMont Health
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December 31, 2024 and 2023

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Independent Auditor's Report

Audit, Finance and Investment Committee
CaroMont Health, Inc.
Gastonia, North Carolina

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

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

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

Management has obtained a certification from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Emphasis of Matter – Plan Termination and Liquidation Basis of Accounting

As discussed in *Note 1* to the financial statements, the Board of Directors of CaroMont Health, Inc., the Plan’s sponsor, approved a resolution on December 31, 2023, to terminate the Plan, and management determined liquidation was imminent. As a result, the liquidation basis is used in presenting the 2024 and 2023 financial statements for the Plan. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor’s Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matters - Supplemental Schedules Required by ERISA

The supplemental schedules as of and for the year ended December 31, 2024, listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Forvis Mazars, LLP

**Raleigh, North Carolina
September 29, 2025**

Federal Employer Identification Number: 44-0160260

Pension Plan for the Employees of CaroMont Health
Statements of Net Assets Available for Benefits in Liquidation
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments		
Investments at fair value		
Mutual funds	\$ -	\$ 2,543,100
Hedge funds	1,257,013	4,818,337
U.S. government obligations	38,446,422	39,558,916
Corporate obligations	17,335,735	59,957,447
Money market fund	754,474	3,407,623
Other fixed income securities	-	1,054,373
	<hr/>	<hr/>
Total Investments at Fair Value	57,793,644	111,339,796
Receivables		
Accrued interest and dividends	622,585	1,060,716
Due from broker	-	217,246
	<hr/>	<hr/>
Total Receivables	622,585	1,277,962
	<hr/>	<hr/>
Net Assets Available for Benefits	<u>\$ 58,416,229</u>	<u>\$ 112,617,758</u>

**Pension Plan for the Employees of CaroMont Health
Statement of Changes in Net Assets Available for Benefits in Liquidation
Year Ended December 31, 2024**

Additions To Net Assets Attributed To	
Interest and dividends	<u>\$ 5,689,925</u>
Deductions From Net Assets Attributed To	
Purchased annuity contracts	26,064,742
Benefits paid to participants	33,072,723
Administrative expenses	525,840
Net depreciation in fair value of investments	<u>228,149</u>
Total Deductions	<u>59,891,454</u>
Net Change	(54,201,529)
Net Assets Available for Benefits, Beginning of Year	<u>112,617,758</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 58,416,229</u></u>

**Pension Plan for the Employees of CaroMont Health
Statements of Accumulated Plan Benefits in Liquidation
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits		
Participants currently receiving payments	\$ -	\$ 3,679,534
Participants entitled to deferred benefits	-	16,611,585
Other participants	-	44,171,020
	<u>-</u>	<u>64,462,139</u>
Non-vested benefits	<u>-</u>	<u>-</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ -</u>	<u>\$ 64,462,139</u>

**Pension Plan for the Employees of CaroMont Health
Statement of Changes in Accumulated Plan Benefits in Liquidation
Year Ended December 31, 2024**

Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	\$ 64,462,139
Increases (Decreases) During the Year Attributable to	
Passage of time	1,681,412
Additional benefits earned, including experience gain/loss	705,373
Plan Amendments	(7,711,459)
Benefits paid	<u>(59,137,465)</u>
Net Decrease	<u>(64,462,139)</u>
Actuarial Present Value of Accumulated Plan Benefits at End of Year	<u><u>\$ -</u></u>

Pension Plan for the Employees of CaroMont Health
Notes to Financial Statements
December 31, 2024 and 2023

Note 1. Description of Plan

The following description of the Pension Plan for the Employees of CaroMont Health (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

CaroMont Health, Inc. (the Parent of the Plan sponsor, as described below) elected to terminate the Plan according to the standard termination rules under 4041(b) of the *Employee Retirement Income Security Act of 1974* (ERISA), effective December 31, 2023. Upon termination of the Plan, the net assets of the Plan were liquidated and distributed, as prescribed by ERISA and its related regulations. All participants are fully vested upon termination and had the option to receive a lump sum payment or an annuity for the value of their accumulated benefits. The Plan distributed all participant obligations as of December 31, 2024.

Unless otherwise noted, the below represents the provisions of the Plan prior to the effective date of the Plan termination.

General

The Plan is a defined benefit pension plan covering substantially all employees employed prior to January 1, 2005 by CaroMont Health, Inc. (the “Company”). The Audit, Finance and Investment Committee of the Board of Directors of the Company controls and manages the operation and administration of the Plan. Truist Financial Corporation Wealth Division (the “Trustee”) serves as the trustee of the Plan as of December 31, 2024 and 2023 and for the year ended December 31, 2024, and together with investment managers, manage the Plan’s investments. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Effective January 1, 2005, the Plan was amended to exclude future employees from participation in the Plan. Active employees as of January 1, 2005 were eligible to participate in the Plan, and continued to accrue benefits through March 31, 2013 and years of service for the purpose of qualifying for vesting, early retirement and normal retirement. Any employees hired subsequent to January 1, 2005 were not eligible to participate in the Plan.

Effective March 31, 2013, the Plan was amended to permanently suspend benefit accruals. No additional benefits accrue under the Plan for service on and after March 31, 2013. However, employees continue to accrue years of service for the purposes of qualifying for vesting, early retirement, and normal retirement through the termination date of December 31, 2023.

Pension Benefits

Participants with five or more years of service, as defined by the Plan, are entitled to pension benefits upon retirement. If employees terminate before rendering five years of continuous service, they forfeit the right to receive pension benefits upon retirement. Pension benefits are provided to participants under several types of retirement options based upon years of service and age. Retirement benefits are paid to pensioners or beneficiaries in various forms of joint and survivor annuities, potentially including a lump-sum payment option.

Death and Disability Benefits

In the event of a vested employee’s death, his or her designated beneficiary will be entitled to receive a survivor benefit equal to the participant’s accrued benefit, according to Plan provisions. The survivor benefit commences on the earliest date that the deceased participant could have elected to receive retirement benefits. If a participant becomes disabled, he or she may elect disability retirement. Disabled participants are eligible for early retirement when the benefits under the Company’s long-term disability insurance expire.

Pension Plan for the Employees of CaroMont Health
Notes to Financial Statements
December 31, 2024 and 2023

Purchased Annuity Contracts

During 2024, the Plan entered into an annuity contract agreement with an independent insurance entity to distribute the value of certain participants accumulated benefits upon termination of the Plan. The total amount of transferred obligations was approximately \$26 million and is presented on the statements of changes in net assets available for benefits in liquidation as “purchased annuity contracts.”

Note 2. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the liquidation basis of accounting, consistent with terminated plans, as of December 31, 2024 and 2023 and for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America (“GAAP”).

Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts of net assets available for benefits and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates and assumptions.

Investment Valuation and Income Recognition

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

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation in fair value of investments includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments are recorded upon distribution.

Administrative Expenses

The Plan’s administrative expenses are paid either by the Plan or the Company, as provided by the Plan document. Certain administrative functions are performed by employees of the Company. No such employees receive compensation from the Plan.

Subsequent Events

Management of the Plan has evaluated subsequent events through September 29, 2025, the date the financial statements were available to be issued.

Pension Plan for the Employees of CaroMont Health
Notes to Financial Statements
December 31, 2024 and 2023

Note 3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan’s provisions to services rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired, disabled, or terminated employees or beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. Benefits are based on the employee’s average compensation during the five highest consecutive Plan years in the last fifteen completed years. Effective January 1, 2005, average compensation is the average of all years of compensation beginning at January 1, 2000. As of March 31, 2013, benefit accruals were frozen, and no additional compensation was recognized after that date.

The actuarial present value of accumulated plan benefits for active employees are based on the above compensation period ending on the date as of which the benefit information is presented (the valuation date). 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 up to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

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

The effect of Plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

The significant actuarial assumptions used in the valuations as of December 31, 2024 and 2023 are as follows:

- Actuarial cost method - Unit credit method in both years
- Discount Rate - 4.74% in 2024 and 2023
- Mortality basis - PRI-2012 Mortality Table and projection scale MP-2021 in 2024 and 2023
- Retirement - Assumed retirement is based on the following probabilities in both years:

<u>Age</u>	<u>Probability</u>
55	5%
56 – 60	3%
61	10%
62	20%
63 – 66	30%
67	100%

The foregoing actuarial assumptions are based on the Plan’s intention to terminate the Plan effective December 31, 2023, and based on the settlement basis as of the end of the Plan year. The Plan was terminated effective December 31, 2023. As a result all benefit liabilities due under the Plan were settled during 2024. As of December 31, 2024 the present value of accumulated Plan benefits is zero.

Pension Plan for the Employees of CaroMont Health
Notes to Financial Statements
December 31, 2024 and 2023

Note 4. Unaudited Information Certified by Trustee

The accompanying financial statements include the following unaudited information as of December 31, 2024 and 2023 and for the year ended December 31, 2024, which was obtained from data prepared and certified to be complete and accurate by the Trustee:

	<u>2024</u>	<u>2023</u>
Investments at fair value	\$ 57,793,644	\$ 111,339,796
Accrued interest and dividends	\$ 622,585	\$ 1,060,716
Due from broker	\$ -	\$ 217,246
Net depreciation in fair value of investments	\$ 228,149	
Interest and dividends	\$ 5,689,925	

Note 5. Fair Value Measurements

Fair value as defined under U.S. GAAP is an exit price, representing the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. U.S. GAAP establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value. These tiers include:

- Level 1** Observable inputs such as quoted prices in active markets.
- Level 2** Inputs other than quoted prices in active markets that are either directly or indirectly observable.
- Level 3** Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the fair value valuation of assets and liabilities and their placement within the fair value hierarchy levels.

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

Mutual Funds and Money Market Fund

Mutual funds and the money market fund are publicly traded investments and are valued daily at the closing price reported on the active market on which the funds are traded.

U.S. Government Obligations, Corporate Obligations and Other Fixed Income Securities

Certain U.S. government obligations are classified as Level 1 investments and valued using pricing models maximizing the use of observable inputs for similar securities. This includes the value of yields available on comparable securities of issuers with similar credit ratings. Corporate obligations, other fixed income securities and other U.S. government obligations are classified as Level 2 investments and valued daily at the closing price by a third-party pricing service.

Pension Plan for the Employees of CaroMont Health
Notes to Financial Statements
December 31, 2024 and 2023

Hedge Funds

The Plan's investments in hedge funds are valued at net asset value ("NAV") based on the Plan's proportionate share of the hedge funds' fair value as recorded by the Trustee. The hedge funds invest primarily in readily marketable securities. The funds allocate gains, losses and expenses to investors based on the ownership percentage as described in the respective fund agreements to determine the NAV. At December 31, 2024, the Plan had no future commitments for additional contributions to the hedge funds.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value at December 31, 2024 and 2023:

	December 31, 2024			
	Fair Value Measurements Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. government obligations	\$ 38,446,422	\$ 38,446,422	\$ -	\$ -
Corporate obligations	17,335,735	-	17,335,735	-
Money market fund	<u>754,474</u>	<u>754,474</u>	<u>-</u>	<u>-</u>
Total assets in the fair value hierarchy	56,536,631	<u>\$ 39,200,896</u>	<u>\$ 17,335,735</u>	<u>\$ -</u>
Investment measured at NAV ^(A)	<u>1,257,013</u>			
Investments at fair value	<u>\$ 57,793,644</u>			
	December 31, 2023			
	Fair Value Measurements Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 2,543,100	\$ 2,543,100	\$ -	\$ -
U.S. government obligations	39,558,916	39,558,916	-	-
Corporate obligations	59,957,447	-	59,957,447	-
Money market fund	3,407,623	3,407,623	-	-
Other fixed income securities	<u>1,054,373</u>	<u>-</u>	<u>1,054,373</u>	<u>-</u>
Total assets in the fair value hierarchy	106,521,459	<u>\$ 45,509,639</u>	<u>\$ 61,011,820</u>	<u>\$ -</u>
Investment measured at NAV ^(A)	<u>4,818,337</u>			
Investments at fair value	<u>\$ 111,339,796</u>			

(A) In accordance with U.S. GAAP, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits in liquidation.

Pension Plan for the Employees of CaroMont Health
Notes to Financial Statements
December 31, 2024 and 2023

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2024 and 2023.

	Fair Value at December 31,		Redemption Frequency	Other Redemption Restrictions*	Redemption Notice Period
	2024	2023			
Hedge Funds:					
Hudson Bay International Fund ⁽¹⁾	\$ 190,727	\$ 3,712,500	Quarterly	None	65 days
Starwood Real Estate Income Trust ⁽²⁾	\$ 1,066,286	\$ 1,105,837	Monthly	None	Second to last business day of month

* Hedge fund investments have no future commitments for capital calls.

(1) The Hudson Bay International Fund seeks to target traditional and non-traditional sources of excess returns by employing diverse set of catalyst-driven absolute return strategies that are intended to be uncorrelated to each other and major indices.

(2) The Starwood Real Estate Income Trust Fund seeks to achieve attractive returns by investing in private real estate, with a focus on US multi-family real estate assets.

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

Note 6. Exempt Party-in-Interest Transactions

Certain Plan investments held throughout the year were managed by the Trustee. As described in Note 2, the Plan paid certain expenses related to the Plan's operations and investment activity to various service providers, including the Trustee. Fees paid by the Plan for investment management and administrative services were \$525,840 for the year ended December 31, 2024. Other fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. These transactions qualify as exempt party-in-interest transactions under ERISA.

Note 7. Tax status

The Internal Revenue Service has determined and informed the Plan by a letter dated April 30, 2012, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code. The Plan has been amended since receiving the letter; however, the Company and Plan management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the Internal Revenue Code and the Plan and related trust continue to be tax-exempt.

Pension Plan for the Employees of CaroMont Health
Notes to Financial Statements
December 31, 2024 and 2023

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that, as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8. Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption 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.

Pension Plan for the Employees of CaroMont Health
EIN 58-1636959 PN 001
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2024

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity of Loan)	(c) Purchase Price	(d) Selling Price	Number of Transactions	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<i>Category (i) - Single transaction exceeds five percent of value</i>							
FED HERMES TREASURY OLIBG	Money Market	\$ 32,466,376		1	\$ 32,466,376	\$ 32,466,376	\$ -
FED HERMES TREASURY OLIBG	Money Market		\$ 32,466,376	1	\$ 32,466,376	\$ 32,466,376	\$ -
FED HERMES TREASURY OLIBG	Money Market	\$ 8,008,363		1	\$ 8,008,363	\$ 8,008,363	\$ -
FED HERMES TREASURY OLIBG	Money Market		\$ 7,689,278	1	\$ 7,689,278	\$ 7,689,278	\$ -
FED HERMES TREASURY OLIBG	Money Market	\$ 8,000,000		1	\$ 8,000,000	\$ 8,000,000	\$ -
FED HERMES TREASURY OLIBG	Money Market		\$ 7,767,447	1	\$ 7,767,447	\$ 7,767,447	\$ -
FED HERMES TREASURY OLIBG	Money Market	\$ 10,000,000		1	\$ 10,000,000	\$ 10,000,000	\$ -
FED HERMES TREASURY OLIBG	Money Market	\$ 23,486,073		1	\$ 23,486,073	\$ 23,486,073	\$ -
FED HERMES TREASURY OLIBG	Money Market		\$ 32,466,376	1	\$ 32,466,376	\$ 32,466,376	\$ -
FED HERMES TREASURY OLIBG	Money Market	\$ 27,883,141		1	\$ 27,883,141	\$ 27,883,141	\$ -
FED HERMES TREASURY OLIBG	Money Market		\$ 26,064,743	1	\$ 26,064,743	\$ 26,064,743	\$ -
U.S. Treasury Bill	U.S. Government Obligations	\$ 9,894,928		1	\$ 9,894,928	\$ 9,894,928	\$ -
U.S. Treasury Bill	U.S. Government Obligations	\$ 7,767,447		1	\$ 7,767,447	\$ 7,767,447	\$ -
U.S. Treasury Bill	U.S. Government Obligations		\$ 23,451,559	1	\$ 23,451,559	\$ 23,451,559	\$ -
U.S. Treasury Bill	U.S. Government Obligations	\$ 7,940,552		1	\$ 7,940,552	\$ 7,940,552	\$ -
U.S. Treasury Bill	U.S. Government Obligations		\$ 7,940,552	1	\$ 7,940,552	\$ 7,940,552	\$ -
U.S. Treasury Bill	U.S. Government Obligations	\$ 9,898,188		1	\$ 9,898,188	\$ 9,898,188	\$ -
U.S. Treasury Bill	U.S. Government Obligations		\$ 9,898,188	1	\$ 9,898,188	\$ 9,898,188	\$ -
<i>Category (iii) - Series of transactions in same security in excess of five percent of plan assets:</i>							
FED HERMES TREASURY OLIBG	Money Market	\$ 129,487,874		265	\$ 129,487,874	\$ 129,487,874	\$ -
FED HERMES TREASURY OLIBG	Money Market		\$ 132,141,020	131	\$ 132,141,020	\$ 132,141,020	\$ -
U.S. Treasury Bill	U.S. Government Obligations	\$ 23,451,560		3	\$ 23,451,560	\$ 23,451,560	\$ -
U.S. Treasury Bill	U.S. Government Obligations		\$ 23,451,559	1	\$ 23,451,559	\$ 23,451,559	\$ -
U.S. Treasury Bill	U.S. Government Obligations	\$ 5,750,448		1	\$ 5,750,448	\$ 5,750,448	\$ -
U.S. Treasury Bill	U.S. Government Obligations		\$ 5,750,448	1	\$ 5,750,448	\$ 5,750,448	\$ -
U.S. Treasury Bill	U.S. Government Obligations	\$ 7,940,552		1	\$ 7,940,552	\$ 7,940,552	\$ -
U.S. Treasury Bill	U.S. Government Obligations		\$ 7,940,552	1	\$ 7,940,552	\$ 7,940,552	\$ -
U.S. Treasury Bill	U.S. Government Obligations	\$ 9,898,188		1	\$ 9,898,188	\$ 9,898,188	\$ -
U.S. Treasury Bill	U.S. Government Obligations		\$ 9,898,188	1	\$ 9,898,188	\$ 9,898,188	\$ -
U.S. Treasury Bonds	U.S. Government Obligations	\$ 2,998,449		7	\$ 2,998,449	\$ 2,998,449	\$ -
U.S. Treasury Bonds	U.S. Government Obligations		\$ 3,487,043	5	\$ 3,591,629	\$ 3,487,043	\$ (104,586)
U.S. Treasury Bonds	U.S. Government Obligations	\$ 4,306,668		8	\$ 4,306,668	\$ 4,306,668	\$ -
U.S. Treasury Bonds	U.S. Government Obligations		\$ 4,540,998	4	\$ 4,306,668	\$ 4,540,998	\$ 234,330
U.S. Treasury Notes	U.S. Government Obligations	\$ 6,744,720		7	\$ 6,744,720	\$ 6,744,720	\$ -
U.S. Treasury Notes	U.S. Government Obligations		\$ 750,656	5	\$ 736,887	\$ 750,656	\$ 13,769
U.S. Treasury Notes	U.S. Government Obligations	\$ 2,700,478		1	\$ 2,700,478	\$ 2,700,478	\$ -
U.S. Treasury Notes	U.S. Government Obligations		\$ 6,845,029	7	\$ 6,776,407	\$ 6,845,029	\$ 68,622

Category (ii) and (iv) omitted as not applicable.
Columns (e) and (f) omitted as not applicable.

Pension Plan for the Employees of CaroMont Health
EIN 58-1636959 PN 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity, Date, Interest Rate, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Money Market Funds				
	FED HERMES TREASURY OBLIG MMKT #68	Money Market	\$ 754,474	\$ 754,474
Hedge Funds				
	HUDSON BAY INTL FD LTD	Limited partnership	190,727	190,727
	STARWOOD REAL EST INC TRUST	Limited partnership	1,348,914	1,066,286
	TOTAL HEDGE FUNDS		<u>1,539,641</u>	<u>1,257,013</u>
U.S. Government Obligations				
	U.S. TREASURY NOTE	5,899,700 @ 0.04625 - 4/30/29	6,007,832	5,956,219
	U.S. TREASURY NOTE	4,500,000 @ 0.02375 - 4/30/26	4,295,347	4,390,965
	U.S. TREASURY NOTE	4,130,000 @ 0.04375 - 12/15/26	4,200,676	4,139,375
	U.S. TREASURY NOTE	4,150,000 @ 0.01625 - 2/15/26	4,022,920	4,031,435
	U.S. TREASURY NOTE	3,690,100 @ 0.045 - 4/15/27	3,680,853	3,708,624
	U.S. TREASURY NOTE	2,770,000 @ 0.0075 - 8/31/26	2,506,115	2,615,850
	U.S. TREASURY NOTE	2,720,000 @ 0.015 - 1/31/27	2,511,225	2,572,331
	U.S. TREASURY NOTE	1,795,000 @ 0.04875 - 4/30/26	1,797,039	1,808,947
	U.S. TREASURY NOTE	1,800,000 @ 0.01875 - 2/28/27	1,675,694	1,712,340
	U.S. TREASURY NOTE	1,410,000 @ 0.0375 - 8/15/27	1,419,809	1,392,093
	U.S. TREASURY NOTE	1,270,000 @ 0.0225 - 11/15/27	1,206,355	1,200,747
	U.S. TREASURY NOTE	1,195,000 @ 0.04625 - 3/15/26	1,200,061	1,200,162
	U.S. TREASURY NOTE	900,000 @ 0.04625 - 9/15/26	912,343	905,364
	U.S. TREASURY NOTE	950,000 @ 0.01125 - 10/31/26	858,402	898,073
	U.S. TREASURY NOTE	867,500 @ 0.0225 - 11/15/25	828,043	852,657
	U.S. TREASURY NOTE	580,000 @ 0.01875 - 6/30/26	550,028	560,315
	U.S. TREASURY NOTE	500,000 @ 0.04375 - 8/15/26	492,696	500,925
	TOTAL U.S. GOVERNMENT OBLIGATIONS		<u>38,165,438</u>	<u>38,446,422</u>
Corporate Obligations				
	BANK OF AMERICA V-Q	575,000 @ 0.01658 - 3/11/27	520,931	554,057
	GOLDMAN SACHS GP V-D	550,000 @ 0.01431 - 3/09/27	494,505	528,011
	JPMORGAN CHASE V-D	519,000 @ 0.04851 - 7/25/28	527,164	518,829
	TORONTO DOM BK CONV	500,000 @ 0.04568 - 12/17/26	500,000	498,730
	UBS GROUP AG CONV	500,000 @ 0.0455 - 4/17/26	485,368	498,245
	HEWLETT PACKARD ENTE	500,000 @ 0.044 - 9/25/27	499,765	494,755
	STATE STR CORP	433,000 @ 0.0433 - 10/22/27	433,000	430,324
	PFIZER INVT ENTERPRI	425,000 @ 0.0445 - 5/19/26	420,482	424,358
	MID-AMER APARTMENTS	450,000 @ 0.011 - 9/15/26	398,858	423,914
	NBN CO LTD MTN	432,000 @ 0.04 - 10/01/27	431,192	423,740
	MORGAN STANLEY V-D	400,000 @ 0.06138 - 10/16/26	403,840	404,032
	WELLS FARGO MTN V-Q	400,000 @ 0.03196 - 6/17/27	373,544	390,748
	JPMORGAN CHASE V-Q	350,000 @ 0.02083 - 4/22/26	331,171	346,994
	MORGAN STANLEY V-Q	350,000 @ 0.02188 - 4/28/26	331,411	346,878
	INTEL CORP	350,000 @ 0.0375 - 3/25/27	332,445	341,443
	DAIMLER FINANCE	350,000 @ 0.0145 - 3/02/26	318,728	336,970
	MPLX LP	325,000 @ 0.0175 - 3/01/26	297,041	313,781
	HOME DEPOT INC	300,000 @ 0.04875 - 6/25/27	299,007	302,844
	BLACKROCK FUNDING	300,000 @ 0.046 - 7/26/27	299,991	300,684
	IBM INTL CAP PTE LTD	300,000 @ 0.047 - 2/05/26	299,628	300,228
	MARSH & MCLENNAN COS	275,000 @ 0.0455 - 11/08/27	274,687	274,788
	ONEOK INC	265,000 @ 0.0555 - 11/01/26	265,395	268,302
	CITIGROUP INC V-Q	275,000 @ 0.01462 - 6/09/27	244,126	261,839
	DELL INTL LLC / EMC	250,000 @ 0.0602 - 6/15/26	253,165	253,585
	ENTERPRISE PRODUCTS	250,000 @ 0.0375 - 2/15/25	243,560	249,640
	ALLY FINANCIAL	250,000 @ 0.04625 - 3/30/25	241,530	249,528
	PNC BANK NA	250,000 @ 0.042 - 11/01/25	239,813	249,030
	PHILIP MORRIS INTL	250,000 @ 0.04375 - 11/01/27	248,158	247,925
	BOEING CO	239,000 @ 0.06259 - 5/01/27	239,000	244,686

Pension Plan for the Employees of CaroMont Health
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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(Continued)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity, Date, Interest Rate, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	GENERAL MOTORS FINL	235,000 @ 0.0605 - 10/10/25	236,910	237,012
	BOEING CO	225,000 @ 0.02196 - 2/04/26	207,470	218,203
	PACIFIC GAS & ELEC	215,000 @ 0.0345 - 7/01/25	203,983	213,319
	BAYER US FINANCE LLC	200,000 @ 0.06125 - 11/21/26	199,898	203,854
	NUTRIEN LTD	200,000 @ 0.052 - 6/21/27	199,990	202,046
	AUTOZONE INC	200,000 @ 0.0505 - 7/15/26	198,932	201,138
	VOLKSWAGEN GRP	200,000 @ 0.053 - 3/22/27	199,780	200,200
	HSBC HLDGS PLC V-Q	200,000 @ 0.02099 - 6/04/26	186,616	197,642
	SCHLUMBERGER HLDGS	196,000 @ 0.05 - 5/29/27	195,526	197,096
	MET LIFE GLOBAL MTN	200,000 @ 0.0345 - 12/18/26	189,472	195,840
	US BANCORP V-D	157,000 @ 0.06787 - 10/26/27	160,149	162,311
	BK NOVA SCOTIA CONV	160,000 @ 0.0535 - 12/07/26	159,939	162,053
	DIAMONDBACK ENERGY	160,000 @ 0.052 - 4/18/27	159,930	161,534
	NEWMONT CORP	155,000 @ 0.053 - 3/15/26	154,974	156,091
	ENERGY TRANSFER LP	150,000 @ 0.0605 - 12/01/26	152,240	153,212
	WASTE MANAGEMENT INC	150,000 @ 0.0495 - 7/03/27	149,819	151,601
	GEN MOTORS FIN	150,000 @ 0.0535 - 7/15/27	149,979	151,493
	CENTERPOINT ENERGY	150,000 @ 0.0525 - 8/10/26	149,876	151,170
	GOLDMAN SACHS BK V-D	150,000 @ 0.05283 - 3/18/27	150,000	150,852
	ROYAL BK CA MTN	150,000 @ 0.0465 - 1/27/26	148,233	149,808
	CATERPILLAR FINL MTN	150,000 @ 0.044 - 10/15/27	149,925	149,412
	BRISTOL-MYERS	147,000 @ 0.049 - 2/22/27	146,841	148,235
	ORACLE CORP	150,000 @ 0.0265 - 7/15/26	142,166	145,424
	DUKE ENERGY CORP	150,000 @ 0.0265 - 9/01/26	141,908	145,194
	COLUMBIA PIPELINE	140,000 @ 0.06055 - 8/15/26	141,161	141,975
*	TRUIST FIN MTN V-D	133,000 @ 0.06047 - 6/08/27	133,042	135,188
	PNC FINANCIAL V-D	126,000 @ 0.06615 - 10/20/27	128,248	129,810
	AMERICAN EXP V-D	123,000 @ 0.06338 - 10/30/26	124,229	124,523
	ERP OPERATING LP	125,000 @ 0.03375 - 6/01/25	120,199	124,295
	JOHN DEERE CAP MTN	125,000 @ 0.042 - 7/15/27	124,983	124,070
	MORGAN STANLEY V-D	125,000 @ 0.0421 - 4/20/28	121,779	123,210
	META PLATFORMS INC	125,000 @ 0.035 - 8/15/27	117,538	122,198
	T-MOBILE USA INC	125,000 @ 0.0375 - 4/15/27	120,474	122,120
	KROGER CO	125,000 @ 0.037 - 8/01/27	122,489	122,040
	AIR PROD & CHEM	125,000 @ 0.015 - 10/15/25	115,925	122,038
	TAKE-TWO INTERACTIVE	125,000 @ 0.037 - 4/14/27	120,395	121,990
	ONEOK INC	105,000 @ 0.0425 - 9/24/27	104,962	103,475
	CITIGROUP INC V-D	100,000 @ 0.0561 - 9/29/26	101,216	100,539
	WELLS FARGO MTN V-D	100,000 @ 0.0454 - 8/15/26	98,597	99,800
	COMCAST CORP	100,000 @ 0.0395 - 10/15/25	98,984	99,480
	KITE REALTY GROUP LP	100,000 @ 0.04 - 10/01/26	96,956	98,456
	GENERAL MOTORS FINL	100,000 @ 0.0125 - 1/08/26	90,867	96,341
	OREILLY AUTOMOTIVE	80,000 @ 0.0575 - 11/20/26	79,963	81,384
	6297782 LLC	77,000 @ 0.04911 - 9/01/27	77,000	76,744
	HOME DEPOT INC	75,000 @ 0.0495 - 9/30/26	74,836	75,624
*	TRUIST FINAN MTN V-D	75,000 @ 0.0426 - 7/28/26	72,464	74,708
	UNITEDHEALTH GROUP	65,000 @ 0.037 - 12/15/25	64,053	64,481
	RETAIL PROPERTIES	50,000 @ 0.04 - 3/15/25	48,370	49,856
	DTE ENERGY CO	41,000 @ 0.0495 - 7/01/27	40,951	41,154
	BUNGE LTD FIN CP	34,000 @ 0.041 - 1/07/28	33,988	33,305
	TORONTO DOM BK CONV	30,000 @ 0.05264 - 12/11/26	30,000	30,318
	CHARTER COMM OPT LLC	13,000 @ 0.04908 - 7/23/25	12,868	12,985
	TOTAL CORPORATE OBLIGATIONS		16,998,598	17,335,735
	Total		\$ 57,458,151	\$ 57,793,644

* Party-in-interest.