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 GREATER LAFAYETTE HEALTH SERVICES, INC. PENSION SECURITY PLAN	**1b** Three-digit plan number (PN) ▶ 001 **1c** Effective date of plan 01/01/1999
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) FRANCISCAN ALLIANCE, INC. 1515 DRAGOON TRAIL MISHAWAKA, IN 46546-1290	**2b** Employer Identification Number (EIN) 35-2056396 **2c** Plan Sponsor's telephone number 574-254-6217 **2d** Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2025	MICHELLE SUMERIX
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
		3c Administrator's telephone number	
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b** EIN	
a	Sponsor's name		
c	Plan Name	**4d** PN	
5	Total number of participants at the beginning of the plan year	**5**	1304
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	312
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	294
b	Retired or separated participants receiving benefits	**6b**	602
c	Other retired or separated participants entitled to future benefits	**6c**	301
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1197
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	81
f	Total. Add lines **6d** and **6e**.	**6f**	1278
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**	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 1B 1C 1I 3H

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

9a Plan funding arrangement (check all that apply)
- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)
- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**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

▶ **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
GREATER LAFAYETTE HEALTH SERVICES, INC. PENSION SECURITY PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
FRANCISCAN ALLIANCE, INC.

D Employer Identification Number (EIN)
35-2056396

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B

F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:

a Market value	2a	32079015
b Actuarial value	2b	34187125

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	684	20229976	20229976
b For terminated vested participants	308	4583008	4583008
c For active participants	312	5896260	5896260
d Total	1304	30709244	30709244

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.10 %
6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	450000
c Target normal cost	6c	450000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 09/30/2025

AMY WELSMAN, FSA
Type or print name of actuary

23-08757
Most recent enrollment number

MERCER
Firm name

248-945-5500
Telephone number (including area code)

ONE TOWNE SQUARE, SUITE 1100
SOUTHFIELD, MI 48076
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 12.21 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.23 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	111.32 %
15	Adjusted funding target attainment percentage	15	111.32 %
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	109.72 %
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? ☐ Yes ☒ No

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

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

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

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	4.75 %	4.87 %	5.59 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	450000
b Excess assets, if applicable, but not greater than line 31a	**31b**	450000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	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 the American Rescue Plan Act of 2021 (See Instructions)

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 **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 GREATER LAFAYETTE HEALTH SERVICES, INC. PENSION SECURITY PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FRANCISCAN ALLIANCE, INC.	**D** Employer Identification Number (EIN) 35-2056396

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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(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)

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 17	NONE	156676	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NISA INVESTMENT ADVISORS, LLC

48-1140940

(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	33679	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER INVESTMENTS LLC

30-0282430

(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	NONE	17000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PRINCIPAL TRUST COMPANY

51-0099493

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
18 19 21 25	NONE	11427	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
GREATER LAFAYETTE HEALTH SERVICES, INC. PENSION SECURITY PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FRANCISCAN ALLIANCE, INC.

D Employer Identification Number (EIN)
35-2056396

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SISTERS OF ST. FRANCIS HEALTH SVCS

b Name of sponsor of entity listed in (a): CHRISTIAN BROTHERS INVESTMENT SERVICES, INC.

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)
31-4930314-000	C	4419221

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
GREATER LAFAYETTE HEALTH SERVICES, INC. PENSION SECURITY PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FRANCISCAN ALLIANCE, INC.

D Employer Identification Number (EIN)
35-2056396

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	429374	463256
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	497685	509037
(2) U.S. Government securities	1c(2)	1542938	1019632
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	22330267	23340334
(B) All other	1c(3)(B)	931324	977092
(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)	0	0
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	6347427	4419221
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	32079015	30728572
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	1000
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	1000
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	32079015	30727572

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)		
(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)	1359120	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1359120
(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)	1729028	
(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)		1729028
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-1872425	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-1872425

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1215723

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2216679	
(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)		2216679
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)	50679	
(6) Bank or trust company trustee/custodial fees	2i(6)	11428	
(7) Actuarial fees	2i(7)	156676	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	131704	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		350487
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2567166

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		-1351443
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: BLUE AND COMPANY, LLC. **(2)** EIN: 35-1178661

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.)	4a		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.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) .... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 556463.

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
GREATER LAFAYETTE HEALTH SERVICES, INC. PENSION SECURITY PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FRANCISCAN ALLIANCE, INC.

D Employer Identification Number (EIN)
35-2056396

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): 04-3454379 ______________

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** 10

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 14.4 % Private Equity: _______% Investment-Grade Debt and Interest Rate Hedging Assets: 83.7 %

High-Yield Debt: _______% Real Assets: _______% Cash or Cash Equivalents: 1.9 % Other: _______%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.________________________________

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

GREATER LAFAYETTE HEALTH SERVICES, INC.
PENSION SECURITY PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

AND

SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2024

CPAs / ADVISORS

GREATER LAFAYETTE HEALTH SERVICES, INC.
PENSION SECURITY PLAN

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DECEMBER 31, 2024 AND 2023

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CPAs / ADVISORS

blue

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REPORT OF INDEPENDENT AUDITORS

Franciscan Alliance Pension and Benefits Committee
Greater Lafayette Health Services, Inc.
Pension Security Plan
Mishawaka, Indiana

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

We performed audits of the accompanying financial statements of the Greater Lafayette Health Services, Inc. Pension Security Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2024 and 2023, 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.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, 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 audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of Financial Statements section –

- the amounts and disclosures in financial statements referred to above, 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 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement 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 judgement, 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 audit.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule of assets held at end of year and the supplemental schedule of reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

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, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by 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).

Blue & Co., LLC

Indianapolis, Indiana
September 29, 2025

GREATER LAFAYETTE HEALTH SERVICES INC. PENSION SECURITY PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	2024	2023
Assets		
Investments, at fair value		
Cash equivalents	$ 509,037	$ 497,685
Collective trust	4,419,221	6,347,427
Corporate bonds	23,340,334	22,330,267
State and municipal bonds	977,092	931,324
Government securities	1,019,632	1,542,938
Total investments	30,265,316	31,649,641
Interest and dividends receivable	463,256	429,374
Total assets	30,728,572	32,079,015
Liabilities		
Other current liabilities	1,000	-0-
Total liabilities	1,000	-0-
Net assets available for benefits	$ 30,727,572	$ 32,079,015

See accompanying notes to financial statements.

GREATER LAFAYETTE HEALTH SERVICES INC. PENSION SECURITY PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Additions:		
Investment return		
Net change in fair value of investments	$ (143,397)	$ 2,325,754
Interest and dividends	1,359,120	1,330,439
Total investment return	1,215,723	3,656,193
Deductions:		
Benefit payments	2,216,679	2,618,398
Administrative expenses	350,487	449,519
Total deductions	2,567,166	3,067,917
Net change	(1,351,443)	588,276
Net assets available for benefits		
Beginning of year	32,079,015	31,490,739
End of year	$ 30,727,572	$ 32,079,015

See accompanying notes to financial statements.

1. DESCRIPTION OF PLAN

The following brief description of the Greater Lafayette Health Services Pension Security Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

Greater Lafayette Health Services, Inc. ("GLHS," "the Employer," or "the Sponsor") was organized September 21, 1998 as an Indiana not-for-profit corporation. Effective January 1, 1999, North Central Health Services, Inc. ("NCHS") contributed the net assets, as defined, and the operations of its affiliate, Lafayette Home Hospital, Inc. ("Home Hospital"), to GLHS, and the Sisters of St. Francis Health Services, Inc. ("SSFHS") contributed the net assets, as defined, and the operations of St. Elizabeth Medical Center ("the Medical Center"), an independent operating unit of SSFHS, to GLHS. GLHS had no business operations prior to January 1, 1999. GLHS was equally owned and jointly governed by NCHS and SSFHS from inception to September 30, 2003. In September 2003, SSFHS purchased NCHS' 50 percent ownership in GLHS. As a result, SSFHS obtained full ownership of GLHS.

Effective January 1, 2012 the Sisters of Saint Francis Health Services Inc., was renamed Franciscan Alliance, Inc.

The Plan, effective January 1, 1999, is a defined benefit pension plan covering substantially all employees of GLHS who have attained the age of 21 and have one year of service, with a minimum of 1,000 hours. Employees who were previous participants in related-entity plans, Lafayette Home Hospital, Inc. Employees' Pension Plan ("the LHH Plan") and the Sisters of St. Francis Health Services, Inc. Pension Security Plan ("the SSFHS Plan"), were immediately eligible to participate in the Plan. Such employees maintained their years of credited service under the previous plans. Effective July 31, 2000, the LHH Plan was terminated and all participants became 100 percent vested in their accrued benefit earned in that plan at that date. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan was amended effective December 31, 2003 to freeze all benefit accruals and new participation as of that date. As a result of this freeze, compensation credit allocations to participant accounts will cease after December 31, 2003; however, allocations of the interest credit will continue.

Pension Benefits

Participants with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) based on a formula that considers average monthly earnings, years of service, and the actuarial equivalent of the participant's security account. Average monthly earnings are defined as the highest average of monthly earnings as determined for any five consecutive years (seven years prior to 2002). Benefits are offset by any benefits earned through March 1, 1999 under either the LHH Plan or the SSFHS Plan. The Plan permits early retirement at age 55, provided the participant has completed 10 years of service. Participants may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination, as a life annuity payable monthly, or in the form of a joint and survivor annuity.

Participant Security Accounts

A theoretical security account is maintained for each participant in the Plan. Each participant's security account is credited with allocations of (a) the compensation credit, which is equal to 2 percent of monthly earnings (frozen December 31, 2003), and (b) earnings equal to the product of the participant's security account balance, calculated as of the first day of the plan year, and the average return on 30-year Treasury bonds.

Death and Disability Benefits

If an active participant dies after being credited with at least five years of service, a death benefit equal to the actuarial equivalent of the participant's security account and offset by any benefits earned as of March 1, 1999 under either the LHH Plan or the SSFHS Plan is paid to the participant's beneficiary. Totally disabled participants receive an annual disability benefit equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age, at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age. The disability benefits are reduced if such benefits begin from age 55.

Administrative and Investment Management Expenses

The Plan's trustee fees are paid by the Plan and are reflected in the financial statements as administrative expenses of the Plan. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income (loss) reported by the Plan. All other expenses of the Plan are paid by the Employer.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes in those assets and liabilities, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value as described in Note 5. Investment transactions are reflected on a trade-date basis. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year. Interest income is recognized on the accrual basis of accounting. Dividend income is recorded on the ex-dividend date.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. 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 participants' account balances and the amounts reported in the statement of net assets available for benefits.

Plan contributions and the actuarial present value of accumulated plan benefits are prepared 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 this estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could also be material to the Plan's financial statements.

Contributions

The Plan has met the minimum funding requirements of ERISA for 2024 and 2023. The actuarial cost method used to calculate the ERISA minimum funding requirement for 2024 and 2023 was the accrued benefit (unit credit) method. Contributions made to the Plan were $-0- for 2024 and 2023.

Benefit Payments

Benefit payments to participants are recorded upon distribution.

Subsequent Events

The Plan has evaluated events or transactions occurring subsequent to the statement of net assets available for benefits date for recognition and disclosure in the accompanying financial statements through the date the financial statements were available to be issued, which is September 29, 2025.

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on the employees' average monthly earnings during any consecutive five calendar years (seven years prior to 2002) prior to the date the plan was frozen. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent that they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Mercer Human Resources Consulting 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 significant actuarial assumptions underlying the computations for the Plan are as follows:

Expected investment return	5.75% for 2024 and 6.25% for 2023
Assumed discount rate - funded status	5.72% for 2024 and 5.44% for 2023
Assumed discount rate - expense determination	5.44% for 2024 and 5.50% for 2023
Mortality basis	Pri-2012 sex-distinct, separate employee and retiree tables with contingent survivor adjustments for existing survivors and no collar djustments applied. Projected future generational mortality improvement is based on the Mercer modified version of the MP-2021 scale, which reflects a 10-year grade down period and an ultimate rate of improvement of 1.20%.
Disability basis	1985 Pension Disability Table
Assumed retirement age	Graded from 55-70, with 100% at age 70

During 2022, the mortality tables utilized by the Plan were updated to the Pri-2012 sex-distinct, separate employee and retiree tables with contingent survivor adjustments for existing survivors with no collar adjustments applied and projected forward using the MP-2021 projection scale. The projected future generational mortality improvement is based on the Mercer modified version of the MP-2021 scale, which reflects a 10-year grade down period and an ultimate rate of improvement of 1.20%, otherwise using the same methodology that was applied in developing the MP-2021 scale.

The actuarial assumptions used by the Plan are based on the presumption that the Plan will continue. Should the Plan terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The accumulated plan benefit information as of the beginning of the Plan year follows:

	January 1, 2024	January 1, 2023
Actuarial present value of accumulated plan benefits		
Vested benefits		
Active participants currently receiving payments	$ 6,718,571	$ 7,732,719
Inactive participants with deferred benefits or receiving benefits	28,240,007	27,544,704
Total actuarial present value of accumulated plan benefits	$ 34,958,578	$ 35,277,423

The following is a reconciliation of the actuarial present value of accumulated plan benefits for the 2024 and 2023 Plan years:

	January 1, 2024	January 1, 2023
Actuarial present value of accumulated plan benefits as of the beginning of year	$ 35,277,423	$ 45,179,083
Change for interest due to change in discount period	1,354,365	981,746
Plan benefits paid	(2,618,398)	(2,854,024)
Net actuarial (gain) loss	307,966	(142,114)
Change in actuarial assumptions	637,222	(7,887,268)
Actuarial present value of accumulated plan benefits as of end of year	$ 34,958,578	$ 35,277,423

The increase in the assumption changes balance for 2024 was due to updates to the lump sum mortality and interest discounts and mortality rate assumptions. The decrease for the assumption changes balance for 2023 was due to changes in the expected investment return assumption.

4. INVESTMENTS AND INFORMATION CERTIFIED BY THE TRUSTEE

The plan administrator has elected the method of compliance permitted by 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. Accordingly, Principal Bank, the trustee of the Plan, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, and investment related activity reflected in the statement of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.

5. FAIR VALUE MEASUREMENTS

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

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

- Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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

- *Cash equivalents*: Cash equivalents consist of short-term, highly liquid investments that are readily convertible to known amounts of cash and have original maturities of three months or less at the date of purchase.

- *Corporate bonds*: Corporate bonds are valued based upon recent bid prices or their average of recent bid and asked prices when available (level 2 inputs) and, if not available, they are valued through matrix pricing models developed by sources considered by management to be reliable. Matrix pricing, which is a mathematical technique commonly used to price debt securities that are not actively traded, values debt securities without relying exclusively on quoted prices for the specific securities but rather by relying on the securities' relationship to other benchmark quoted securities.

- *State and municipal bonds*: Debt securities issued by state and local governments are typically prices using market-data-based pricing models. These pricing models incorporate market data such as quotes, trading levels, spread relationships and yield curves, as applicable.

- *Government securities*: Government securities consist of U.S. treasury bonds and notes, which are valued at the closing price reported in the active market in which the bond is traded.

- *Collective trust:* Fair values of shares of the collective trust are based upon the net asset values of the funds reported by the fund managers as of the Plan's financial statement dates and recent transaction price. The fund invests in various stocks with a focus on large capitalization companies with an overall investment objective of replicating the investment performance of the S&P 500 Index. Generally, these investments are redeemable on a daily basis, with no advance redemption notification requirement.

The following table sets forth by level, within the hierarchy, the Plan’s assets and liabilities measured at fair value on a recurring basis as of December 31, 2024 and 2023 are as follows:

	December 31, 2024			
	Total	Level 1	Level 2	Level 3
Assets				
Investments				
Cash equivalents	$ 509,037	$ 509,037	$ -0-	$ -0-
Corporate bonds	23,340,334	-0-	23,340,334	-0-
State and municipal bonds	977,092	-0-	977,092	-0-
Government securities	1,019,632	1,019,632	-0-	-0-
Total assets in fair value hierarchy	25,846,095	1,528,669	24,317,426	-0-
Collective trust*	4,419,221	-0-	-0-	-0-
	$ 30,265,316	$ 1,528,669	$ 24,317,426	$ -0-

	December 31, 2023			
	Total	Level 1	Level 2	Level 3
Assets				
Investments				
Cash equivalents	$ 497,685	$ 497,685	$ -0-	$ -0-
Corporate bonds	22,330,267	-0-	22,330,267	-0-
State and municipal bonds	931,324	-0-	931,324	-0-
Government securities	1,542,938	1,542,938	-0-	-0-
Total assets in fair value hierarchy	25,302,214	2,040,623	23,261,591	-0-
Collective trust*	6,347,427	-0-	-0-	-0-
	$ 31,649,641	$ 2,040,623	$ 23,261,591	$ -0-

*In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts present in this table are intended to permit reconciliation to the fair value hierarchy to the line items presented at fair value in the statement of net assets available for benefits.

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2024 and 2023, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Catholic Responsible Investments Equity Index Fund	$ 4,419,221	None	Daily	None

December 31, 2023	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Catholic Responsible Investments Equity Index Fund	$ 6,347,427	None	Daily	None

6. FUNDING POLICY

GLHS's funding policy is to make annual contributions to the Plan that are designed generally to fund current service costs on a current basis. The net investment income serves to reduce contributions that would otherwise be required for the defined level of benefits under the Plan. GLHS met the minimum funding requirements of ERISA for 2024 and 2023.

7. ADMINISTRATIVE EXPENSES

Administrative expenses consist of the following for 2024 and 2023.

	2024	2023
Investment advisory fees	$ 50,679	$ 47,688
Pension Benefit Guaranty Corporation fees	131,704	167,528
Actuarial and accountant fees	168,104	234,303
	$ 350,487	$ 449,519

8. PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Transactions with parties-in-interest included administrative fees for the Plan's trustee, Principal Bank. Blue and Company, LLC. performs the audit of the Plan and is considered a party-in-interest.

GLHS pays the majority of expenses of the Plan, including administrative, accounting and auditing fees. These expenses qualify as party-in-interest transactions.

9. PLAN TERMINATION

Although it has not expressed an intention to do so, GLHS has the right to terminate the Plan, subject to the provisions of ERISA and its related regulations. In the event the Plan terminates, the net assets of the Plan shall be allocated to provide accrued benefits of employees and retired and vested terminated employees, based on their credited service to the date of termination of the Plan, in the manner and order specified in the plan agreement and ERISA. After satisfying the distribution requirements of the Plan and to the extent permitted by law, the balance of any assets remaining in the trust may be returned to GLHS.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (“PBGC”) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors’ pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

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

10. TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated November 21, 2013, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

GAAP requires 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 various federal and state taxing authorities. 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 accompanying financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Schedule SB, line 26a — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34											
35–39											
40–44		20	2								22
45–49		28	14								42
50–54		21	22	12	1						56
55–59		17	19	19	27	1					83
60–64		16	13	18	17	19	3				86
65–69		3	4	5	3	1	3				19
70 & up		1		1		1	1				4
Total		106	74	55	48	22	7				312

In each cell, the top number is the count of active participants for each age/service combination.

Actuarial assumptions for January 1, 2024 funding valuation

Discount rate sponsor elections			
• Segment rates or full yield curve	Segment		
• Look-back months	4		
	Stabilized	**Non-stabilized**	**PBGC**
• First 5 years	4.75%	3.62%	5.01%
• Next 15 years	4.87%	4.46%	5.13%
• Over 20 years	5.59%	4.52%	5.15%

Mortality sponsor elections	
• Healthy participants	Section 430(h)(3) prescribed generational annuitant and nonannuitant mortality tables for 2024 plan year funding valuations. These tables are based on the Pri-2012 mortality tables projected with the IRS-modified MP-2021 mortality improvement scale, in accordance with IRS regulation 1.430(h)(3)-1.
• Pre-1995 disabilities	Revenue Ruling 96-7 table for participants who became disabled before 1995
• Post-1994 disabilities	Revenue Ruling 96-7 table for participants who became disabled after 1994 but before plan freeze are eligible for Social Security disability benefits
417(e) lump sums	Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality.
Cash balance (Security Account)	
• Interest accumulation rate	3.30%
• Annuity conversion	
– Mortality table	2024 Applicable Mortality Table as disclosed under the IRS Notice 2019-26.
– Interest rate basis	August 2023 segmented lump sum rates
Other economic assumptions	
• Salary increases	2.20% per year
• Expected investment return	2022 3.75% 2023 6.25% 2024 5.75%
• Expenses	$450,000 added to 2024 normal cost

Rationale for economic assumptions

- Cash balance (Security Account) interest accumulation rate – This rate is based on the long-term 30-Year Treasury assumption from Mercer Investment Consulting’s Capital Market Outlook.

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

- Expected investment return – The expected rate of return on plan assets is based on the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook for the plan's current asset mix, net of an adjustment of 12 bps for investment expenses assumed to be paid from plan assets.
- Expenses – This assumption is based on prior calendar year administrative and investment expenses paid.

Demographic assumptions		
• Withdrawal	See table of sample rates.	
• Disability incidence	1985 Disability Table – Class 2. See table of sample rates.	
• Retirement age	**Attained age**	**Female**
	Under 55	0.0%
	55 - 61	5.0%
	62 - 64	15.0%
	65	40.0%
	66	25.0%
	67-69	30.0%
	70 and older	100.0%
• Benefit commencement age for		
– Future vested deferred	Participants who completed 10 years of service are assumed to commence benefits at age 60. Otherwise, participants and beneficiaries are assumed to retire at age 65.	
– Current vested deferred	Participants who completed 10 years of service are assumed to commence benefits at age 60. Otherwise, participants and beneficiaries are assumed to retire at age 65.	
• Spouse assumptions	**Male participants**	**Female participants**
– Percentage married	75%	75%
– Spouse age difference	3 years younger	3 years older

Form of payment	**Single Life**	**50%J&S**	**100%J&S**	**Lump Sum**
• Active retirements	20%	20%	10%	50%
• Future vested deferred	20%	20%	10%	50%
• Future disabilities	40%	40%	20%	N/A
• Future deaths	N/A	100%	N/A	N/A
• Current vested deferred	40%	40%	20%	N/A
Unpredictable contingent event assumptions	N/A			

Table of sample rates

	Percentage		
	Withdrawal	Disability incidence	
Attained age	All	Male	Female
20	N/A	0.064%	0.055%
25	N/A	0.093%	0.096%
30	6.00%	0.134%	0.165%
35	10.00%	0.199%	0.252%
40	7.00%	0.314%	0.357%
45	7.00%	0.505%	0.522%
50	6.00%	0.830%	0.854%
55	10.00%	1.502%	1.490%
60	10.00%	2.266%	1.793%
65	10.00%	3.028%	2.095%

Rationale for demographic assumptions

- Mortality – Prescribed by IRS
- Retirement rates, withdrawal rates, form of payment assumptions, commencement age – The assumptions are based on an experience study undertaken in 2016 using data from 2009 – 2015 and the expectation that the future retirement patterns and circumstances of the employer will not differ significantly from the period studied.

Actuarial methods for funding

Asset methods – Effective January 1, 2009

The asset valuation method is an average of the adjusted market value for each year during the last two 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 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods – Effective January 1, 2008

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.

- **Participants excluded:** No actuarial liability is included for non-vested participants who terminated prior to the valuation date. For this purpose, participants with a break-in-service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum funding methods – Effective January 1, 2008

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

GREATER LAFAYETTE HEALTH SERVICES INC. PENSION SECURITY PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2024

SCHEDULE H LINE 4j
EIN: 35-2056396
Plan number: 001

	(a)	(b)	(c)	(d)		(g)	(h)	(i)
	Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Number of transactions	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
(i)	Miscellaneous	Catholic Responsible Investments Equity Index Fund		$ 2,900,000	1	$ 861,802	$ 2,900,000	$ 2,038,198
(i)	Cash sweep trade	Short-Term Investment Fund A S1	$ 2,900,000		1	$ 2,900,000	$ 2,900,000	
(i)	Cash sweep trade	Short-Term Investment Fund A S1		$ 2,237,903	1	$ 2,237,903	$ 2,237,903	$ -0-
(iii)	Miscellaneous	Catholic Responsible Investments Equity Index Fund		$ 2,942,436	2	$ 861,802	$ 2,942,436	$ 2,080,634
(iii)	Miscellaneous	Catholic Responsible Investments Equity Index Fund	$ 91,085		5	$ 91,085	$ 91,085	
(iii)	Cash sweep trade	Short-Term Investment Fund A S1		$ 10,936,253	272	$ 10,936,253	$ 10,936,253	$ -0-
(iii)	Cash sweep trade	Short-Term Investment Fund A S1	$ 10,883,321		333	$ 10,883,321	$ 10,883,321	
(iii)	Chase Securities Inc.	United States Treasury Bills due 06/04/2024		$ 969,065	2	$ 969,065	$ 969,065	$ -0-
(iii)	Chase Securities Inc.	United States Treasury Bills due 06/04/2024	$ 969,065		1	$ 969,065	$ 969,065	
(iii)	Barclays Capital Inc. Fixed Income Chase Securities Inc. Merrill Lynch Pierce Fenner & Smith Inc.	United States Treasury Bonds 4.750% due 11/15/2053		$ 1,323,280	3	$ 1,327,718	$ 1,323,280	$ (4,438)
(iii)	Barclays Capital Inc. Fixed Income Chase Securities Inc. Citadel Securities Institution Morgan Stanley & Co.	United States Treasury Bonds 4.750% due 11/15/2053	$ 1,327,718		5	$ 1,327,718	$ 1,327,718	
(iii)	Barclays Capital Inc. Fixed Income BMO-Chicago Branch Citigroup Global Markets/Salomon Brothers	United States Treasury Bonds 4.750% due 11/15/2043		$ 1,492,899	4	$ 1,479,052	$ 1,492,899	$ 13,847
(iii)	Citigroup Global Markets/Salomon Brothers	United States Treasury Bonds 4.750% due 11/15/2043	$ 861,029		1	$ 861,029	$ 861,029	
(iii)	Banc of America Securities LLC Barclays Capital Inc. Fixed Income Citadel Securities Institution Mitsubishi UFJ Securities Wells Fargo Securities LLC	United States Treasury Notes 4.500% due 11/15/2033		$ 2,154,155	8	$ 2,160,381	$ 2,154,155	$ (6,226)
(iii)	Banc of America Securities LLC Barclays Capital Inc. Fixed Income BNP Paribas Securities Bond Citigroup Global Markets/Salomon Brothers Morgan Stanley & Co.	United States Treasury Notes 4.500% due 11/15/2033	$ 2,160,380		7	$ 2,160,380	$ 2,160,380	
(iii)	Barclays Capital Inc. Fixed Income Citadel Securities Institution Merrill Lynch Pierce Fenner & Smith Inc.	United States Treasury Notes 4.000% due 02/15/2034		$ 1,495,457	6	$ 1,498,250	$ 1,495,457	$ (2,793)
(iii)	Barclays Capital Inc. Fixed Income Citadel Securities Institution	United States Treasury Notes 4.000% due 02/15/2034	$ 1,498,252		5	$ 1,498,252	$ 1,498,252	
(iii)	Banc of America Securities LLC Barclays Capital Inc. Fixed Income	United States Treasury Notes 3.875% due 08/15/2034		$ 948,002	5	$ 948,049	$ 948,002	$ (47)
(iii)	Banc of America Securities LLC Barclays Capital Inc. Fixed Income Morgan Stanley & Co.	United States Treasury Notes 3.875% due 08/15/2034	$ 948,049		5	$ 948,049	$ 948,049	
(iv)	Miscellaneous	Catholic Responsible Investments Equity Index Fund and WEC Energy Group Inc 1.800% due 10/15/2030		$ 2,905,075	2	$ 866,656	$ 2,905,075	$ 2,038,419
(iv)	Miscellaneous	Catholic Responsible Investments Equity Index Fund and WEC Energy Group Inc 1.800% due 10/15/2030	$ 91,085		5	$ 91,085	$ 91,085	

Columns (e) and (f) are not applicable

(i) Single transaction exceeding 5% of plan assets
(ii) A series of transactions with the same person involving property other than securities and aggregating to more than 5% of plan assets
(iii) Transactions in a series of securities transactions involving the same issue, if the series aggregates to more than 5% of plan assets
(iv) Securities transactions with a person, if any preceding or subsequent single securities transaction with the same person exceeds 5% of plan assets

See report of independent auditors on pages 1-4.

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	**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

▶ **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
GREATER LAFAYETTE HEALTH SERVICES, INC. PENSION SECURITY PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
FRANCISCAN ALLIANCE, INC.

D Employer Identification Number (EIN)
35-2056396

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:

a Market value	2a	32,079,015
b Actuarial value	2b	34,187,125

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	684	20,229,976	20,229,976
b For terminated vested participants	308	4,583,008	4,583,008
c For active participants	312	5,896,260	5,896,260
d Total	1,304	30,709,244	30,709,244

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]		
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.10%
6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	450,000
c Target normal cost	6c	450,000

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 A.L.W. — 9/30/2025

Signature of actuary — Date

AMY WELSMAN, FSA — 2308757

Type or print name of actuary — Most recent enrollment number

MERCER — 248-945-5500

Firm name — Telephone number (including area code)

ONE TOWNE SQUARE, SUITE 1100
SOUTHFIELD MI 48076

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 12.21 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.23 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	111.32 %
15	Adjusted funding target attainment percentage	15	111.32 %
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	109.72 %
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? ☐ Yes ☒ No

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

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

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	4.87 %	5.59%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	450,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	450,000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	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 the American Rescue Plan Act of 2021 (See Instructions)

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

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

(A) Age	(B) Retirement	(C) Lx	(D) # Ret	(E) # Ret x Age
55	5.00%	10,000	500	27,500
56	5.00%	9,500	475	26,600
57	5.00%	9,025	451	25,721
58	5.00%	8,574	429	24,864
59	5.00%	8,145	407	24,028
60	5.00%	7,738	387	23,213
61	5.00%	7,351	368	22,420
62	15.00%	6,983	1,048	64,945
63	15.00%	5,936	890	56,094
64	15.00%	5,045	757	48,437
65	40.00%	4,289	1,715	111,507
66	25.00%	2,573	643	42,458
67	30.00%	1,930	579	38,791
68	30.00%	1,351	405	27,559
69	30.00%	946	284	19,575
70	100.00%	662	662	46,337
	Total		10,000	630,048
	Average			63.00

The weighted average retirement age is the total for column E divided by the total for column D, rounded to the nearest integral age. It should be noted that while only integral values are shown in the table, the full content of each cell, including decimal portions, is used in the calculations.

CPAs / ADVISORS

blue

Blue & Co., LLC / 500 N. Meridian Street, Suite 200 / Indianapolis, IN 46204
main 317.633.4705 fax 317.633.4889 email blue@blueandco.com

September 29, 2025

Plan Administrator / Franciscan Alliance Pension and Benefits Committee
Greater Lafayette Health Services Pension Plan
Mishawaka, Indiana

Dear Plan Administrator / Board Member:

We have audited the financial statements of Greater Lafayette Health Services Pension Security Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit] for the year ended December 31, 2024, and we will issue our report thereon dated as of the date of this letter. As permitted by ERISA Section 103(a)(3)(C), our audit did not extend to any statements or information related to assets held for investment of the Plan (investment information) by Principal Bank, the trustee, which is a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, that prepared and certified the statements or information regarding assets so held in accordance with 29 CFR 2520.103-5. Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements and ERISA-required supplemental schedules, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of generally accepted accounting principles (GAAP). Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you. Professional standards also require that we communicate to you the following information related to our audit.

SIGNIFICANT AUDIT MATTERS

QUALITATIVE ASPECTS OF ACCOUNTING PRACTICES

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Plan are described in Note 2 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during 2024. We noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected.

The financial statement disclosures are neutral, consistent, and clear.

FORM 5500 PROCEDURES

We are required to obtain and read a substantially complete draft of Form 5500 prior to dating our auditor's report. The purpose of this procedure is to identify any material inconsistencies between the draft Form 5500 and the Plan's financial statements. We identified no material inconsistencies in performing and completing our audit.

DIFFICULTIES ENCOUNTERED IN PERFORMING THE AUDIT

We encountered no significant difficulties in dealing with management in performing and completing our audit.

CORRECTED AND UNCORRECTED MISSTATEMENTS

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. There were no corrected or uncorrected misstatements noted.

DISAGREEMENTS WITH MANAGEMENT

For purposes of this letter, a disagreement with management is a disagreement on a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

MANAGEMENT REPRESENTATIONS

We have requested certain representations from management that are included in the management representation letter dated as of the date of this letter.

MANAGEMENT CONSULTATIONS WITH OTHER INDEPENDENT ACCOUNTANTS

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Plan's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

OTHER AUDIT FINDINGS OR ISSUES

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Plan's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

OTHER MATTERS

Our responsibility for the ERISA-required supplemental schedules accompanying the financial statements is to perform adequate procedures to evaluate whether the form and content of the ERISA-required supplemental schedules, other than that agreed to or derived from the certified investment information, is presented in compliance with the Department of Labor(DOL)'s Rules and Regulations for Reporting and Disclosure under ERISA, and whether 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).

REPORTABLE FINDINGS

Except as discussed in the following paragraph, in planning and performing our audit of the financial statements of the Plan, an employee benefit plan subject to ERISA, as of and for the year ended December 31, 2024, in accordance with auditing standards generally accepted in the United States of America, we considered the Plan's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of issuing our report on the financial statements, but not for the purpose of expressing our opinion on the effectiveness of the Plan's internal control. Accordingly, we do not express an opinion on the effectiveness of the Plan's internal control.

We were engaged to perform an ERISA Section 103(a)(3)(C) audit of those financial statements as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. As permitted by ERISA Section 103(a)(3)(C), our audit did not extend to any statements or information related to assets held for investment of the Plan (investment information) by Principal Bank that prepared and certified the statements or information regarding assets so held in accordance with 29 CFR 2520.103-5. Our audit also did not include a consideration of internal control relating to the investment information.

Our consideration of internal control was for the limited purpose described in the preceding paragraphs and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies, and, therefore, material weaknesses or significant deficiencies may exist that were not identified.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the Plan's financial statements will not be prevented, or detected and corrected, on a timely basis. We did not identify any deficiencies in internal control that we consider to be material weaknesses or significant deficiencies.

For purposes of this letter, a reportable finding is a matter that includes one or more of the following: (1) noncompliance or suspected noncompliance with laws and regulations, (2) a finding that in our professional judgment is significant and relevant to you regarding your responsibility to oversee the financial reporting process, and (3) an indication of internal control deficiencies identified during the audit that have not been previously communicated to management by other parties and that we determined are sufficiently important to merit management's attention. We identified the following reportable finding:

Election Forms and Benefit Calculations

During our current year testing of periodic benefit payments, we noted two instances where the signed election form could not be located. In one of these instances, the actuarial calculation form was also missing. Both cases related to elections made over twenty years ago. For the participant missing both forms, management was able to provide documentation from the pension and benefits committee approving the elections in 2003, which demonstrates a level of oversight and approval of the distribution.

Based on discussions with management and testing of more recent benefit payments, we noted that processes and procedures are now in place to retain the required documentation. We recommend the Plan continue to ensure that all signed election forms are maintained in participant records for as long as benefit payments are being made.

This information is intended solely for the use of management, the plan administrator and Pension and Benefits Committee of the Plan and is not intended to be, and should not be, used by anyone other than these specified parties.

We appreciate this opportunity to be of service and extend our thanks to everyone at the plan sponsor for their cooperation and assistance. We would be pleased to discuss any of the above matters with you at your convenience.

Sincerely,

Blue & Co., LLC

Plan: Greater Lafayette Health Services, Inc
EIN/PN: 35-2056396/001
Valuation Date: 01/01/2024

Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	58,922	138,046	2,004,699	2,201,667
2025	105,890	161,664	1,960,060	2,227,614
2026	147,233	175,144	1,907,674	2,230,051
2027	201,759	185,541	1,855,287	2,242,587
2028	244,317	206,203	1,795,014	2,245,534
2029	293,772	228,498	1,734,496	2,256,766
2030	335,694	248,018	1,665,527	2,249,239
2031	369,858	267,515	1,598,103	2,235,476
2032	404,898	290,267	1,524,731	2,219,896
2033	432,654	299,402	1,451,322	2,183,378
2034	452,912	309,531	1,361,400	2,123,843
2035	470,644	321,075	1,281,171	2,072,890
2036	489,899	333,701	1,201,106	2,024,706
2037	503,029	348,714	1,118,720	1,970,463
2038	511,667	358,390	1,036,860	1,906,917
2039	519,282	357,566	954,739	1,831,587
2040	524,833	360,970	873,947	1,759,750
2041	522,256	364,485	793,652	1,680,393
2042	518,061	362,535	716,235	1,596,831
2043	509,724	361,523	641,464	1,512,711
2044	499,992	357,175	569,869	1,427,036
2045	490,615	352,771	502,074	1,345,460
2046	474,013	344,944	438,458	1,257,415
2047	456,339	335,427	379,348	1,171,114
2048	436,813	324,277	325,032	1,086,122
2049	415,795	312,499	275,677	1,003,971
2050	393,804	300,111	231,363	925,278
2051	370,715	287,169	192,067	849,951
2052	347,021	273,707	157,667	778,395
2053	322,908	259,791	127,948	710,647
2054	298,623	245,506	102,624	646,753
2055	274,439	230,932	81,343	586,714
2056	250,601	216,180	63,715	530,496
2057	227,355	201,334	49,325	478,014
2058	204,916	186,494	37,754	429,164
2059	183,469	171,751	28,589	383,809
2060	163,161	157,205	21,438	341,804
2061	144,106	142,951	15,939	302,996
2062	126,385	129,086	11,767	267,238
2063	110,045	115,717	8,642	234,404
2064	95,107	102,934	6,325	204,366
2065	81,564	90,808	4,623	176,995
2066	69,391	79,413	3,379	152,183
2067	58,541	68,806	2,474	129,821
2068	48,953	59,035	1,814	109,802
2069	40,555	50,131	1,332	92,018
2070	33,265	42,104	979	76,348
2071	27,001	34,956	718	62,675
2072	21,674	28,670	525	50,869
2073	17,194	23,218	381	40,793

Summary of major plan provisions

• Effective date and plan year	Original plan: January 1, 1999 Restated plan: January 1, 2017 Plan year: January 1 through December 31
• Most recent amendment	Restated plan, effective January 1, 2017, as amended through August 16, 2019
• Status of the plan	Participation and the accrued retirement benefit of each participant covered under the plan were frozen effective January 1, 2004 and no employee is allowed to participate in the plan on or after January 1, 2004.
• Significant events that occurred during the year	None
Definitions	
• Covered employees	Each person, other than a leased employee, who is employed in a unit, division or at a location of Greater Lafayette Health Services, Inc. or affiliated employer that has been designated by Greater Lafayette Health Services, Inc., as eligible to have its employees participate in the plan.
• Participation	Any employee who works at least 1,000 hours a year is eligible for membership on the first day of the calendar quarter following the completion of one year of employment and the attainment of age 21. Participation was frozen effective January 1, 2004.
• Employee contributions	None.
• Service considered	Employees earn one year of Service for each calendar year in which they work at least 1,000 hours. Benefit service under the plan was frozen effective January 1, 2004.
• Monthly earnings	Monthly Earnings are equal to average W-2 earnings paid to the employee during a calendar year plus any amount paid under a tax-sheltered annuity program qualified under Section 403(b) of the IRC or any amount paid under a cafeteria plan qualified under Section 125 of the IRC. However, earnings may not exceed the IRS limit ($200,000 in 2003).
• Average monthly earnings	Average Monthly Earnings are the highest average of Monthly Earnings as determined for any 5 consecutive calendar years prior to January 1, 2004.
• Security Account	At the end of each calendar year in which a participant works 1,000 hours, 2% of the participant’s earnings are allocated to a theoretical account. These contributions stopped with the plan freeze as of January 1, 2004. The account increases with theoretical interest starting with the next calendar year based on the 30-year Treasury rate determined as of the November immediately preceding the calendar year.
• Accrued benefit	The monthly benefit is the greatest of (1), (2), (3), (4) and (5) offset by the accrued benefit as of March 1, 1999, of a plan sponsored by one of the joint-venture entities: 1. 1% of Average Monthly Earnings plus 1 1/2% of Average Monthly Earnings in excess of the Social Security taxable wage base multiplied by years of Service, 2. $30 multiplied by years of Service (maximum: 10 years),

Schedule SB, Part V — Summary of Plan Provisions

	3. the actuarial equivalent of the Security Account, 4. the prior plan transition benefit based on the benefit formula(s) of a participant's prior plan, and 5. for certain officers, 3.125% of Average Monthly Earnings multiplied by service up to 25 years. With the exception of the Security Account, which continues to grow with theoretical interest, this benefit does not accrue beyond December 31, 2003.
Normal retirement	
• Eligibility	The later of: 1. The first day of the month coincident with or next following attainment of age 65, 2. The first day of the calendar quarter coincident with or next following 5 years of participation.
• Benefit	The Accrued benefit.
Early retirement	
• Eligibility	First day of the month following age 55 and ten (10) years of Service.
• Benefit	The monthly benefit is the Accrued benefit described above determined as of the early retirement date reduced by 0.33% for each month by which their early retirement date precedes normal retirement date. There is a special actuarial equivalent reduction for the portion of the benefit based on Average Monthly Earnings in excess of the Social Security taxable wage base.
Late retirement	
• Eligibility	The first day of the month subsequent to the member's normal retirement date and following actual termination of employment.
• Benefit	The benefit is deferred and is equal to the monthly income based upon Service and Monthly Earnings up to actual retirement date. The benefit is actuarially adjusted using RP-2014 Combined No Collar Mortality Table, projected to 2025 with MP-2015 (weighted 85% Female/15% Male for a participant, 15% Female/85% Male for a beneficiary),and 5,50% interest, compounded annually.
Deferred vested	
• Eligibility	Completion of three (3) years of Vesting Service for terminations after January 1, 2008. Prior to January 1, 2008, five years of Vesting service is required.
• Benefit	The monthly benefit is the Accrued Benefit described above determined as of the termination date reduced by 0.33% for each month by which their termination date precedes normal retirement date. There is a special actuarial equivalent reduction for the portion of the benefit based on Average Monthly Earnings in excess of the Social Security taxable wage base.
Disability	
• Eligibility	Based on determination of total and permanent disability and the halt of other employer-sponsored benefits.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	The same amount as the early retirement benefit further reduced under age 55. For any period of time benefits are deferred and Social Security disability benefits are paid, that deferred period through December 31, 2003 will be included in the determination of plan benefits.
Pre-retirement death	
• Eligibility	If a member dies after becoming vested, but before retiring, his surviving spouse or beneficiary is entitled to a preretirement death benefit.
• Benefit	The balance of the Security Account is payable as an annuity to the employee's beneficiary. In addition, if the employee is survived by a spouse who is the beneficiary the monthly benefit must be at least as large as a benefit determined as if the employee had taken early retirement on the earliest date eligible and elected to receive benefits in a joint and 50% survivor annuity form
Accrued benefit transition minimum	
• Former Lafayette Home Hospital, Inc. Employees' Pension Plan Participants	Participants as of December 31, 1998, are always entitled to receive at retirement at least the benefit earned as of December 31, 1998, under the terms of the prior plan, plus the benefit earned under this plan for Service and Monthly Earnings after January 1, 1999.
• Former St. Elizabeth Hospital (Lafayette) Amended Employees Retirement Plan Participants	Participants as of December 31, 1997, are always entitled to receive at retirement at least the benefit earned as of December 31, 1997, under the terms of the prior plan.
Ongoing benefit transition minimum	
Service for purposes of both prior plan calculations is frozen as of December 31, 2003.	
• Former Lafayette Home Hospital, Inc. Employees' Pension Plan Participants	Participants as of December 31, 1998, who had attained age 50 and completed 10 years of Service are always entitled to receive at retirement at least the benefit they would have received under the terms of the prior plan assuming it had continued unchanged.
• Former St. Elizabeth Hospital (Lafayette) Amended Employees Retirement Plan Participants	Participants as of December 31, 1997, who had attained age 55 and completed 10 years of Service are always entitled to receive at retirement at least the benefit they would have received under the terms of the prior plan assuming it had continued unchanged.
Form of benefits	
• Automatic form for unmarried participants	Life Annuity.
• Automatic form for married participants	Actuarially reduced Joint and 50% Survivor Annuity.
• Optional forms	Benefits are also payable for life with 5, 10, 15, or 20 years guaranteed or as a joint and 75% or 100% annuity, or as a lump sum. The annuity optional forms are based on the plan's definition of actuarial equivalence. The lump sum optional form is based on 417(e) interest rates and mortality.

Miscellaneous	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is $275,000

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through January 1, 2012, are included in this valuation:

- **Plan amendments excluded:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.
- Late retirement increases:
  - *Active participants:* The valuation reflects that a participant receives a late retirement actuarial increase upon retirement.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.
- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits for events that occurred before the valuation date but includes contingent event benefits for events that are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.
  - *Prohibited payments*: Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent.

Plan provision changes since prior valuation

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2023 to 2024.

GREATER LAFAYETTE HEALTH SERVICES INC. PENSION SECURITY PLAN

SCHEDULE OF ASSETS HELD AT THE END OF YEAR
DECEMBER 31, 2024

SCHEDULE H LINE 4i
EIN: 35-2056396
Plan number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Cash equivalents			
	Short-Term Investment Fund	444,763 shares	$444,763	$444,763
	United States Treasury Bills	0.000% due 02/20/2025	64,274	64,274
	Total cash equivalents		509,037	509,037
	Collective trust			
	Catholic Responsible Investments Equity Index Fund	347,423 units	1,180,738	4,419,221
	Corporate bonds			
	Aep Texas Inc	2.100% due 07/01/2030	16,644	17,135
	Aercap Ireland Cap/Globa	3.300% due 01/30/2032	42,376	43,566
	Aflac Inc	4.750% due 01/15/2049	200,831	148,866
	Air Lease Corp	3.625% due 04/01/2027	256,628	256,093
	Air Lease Corp	3.000% due 02/01/2030	43,531	45,140
	Alphabet Inc	2.050% due 08/15/2050	315,897	313,067
	Amazon.com Inc	3.875% due 08/22/2037	487,771	428,337
	Amazon.com Inc	4.250% due 08/22/2057	42,935	40,945
	America Movil Sab De Cv	6.125% due 03/30/2040	125,600	102,175
	American Express Co	VAR CPN due 08/03/2033	58,915	56,949
	American Express Co	VAR CPN due 10/30/2031	53,554	53,444
	Anthem Inc	4.375% due 12/01/2047	133,116	104,785
	Appalachian Pwr Co	4.500% due 08/01/2032	59,017	56,450
	Apple Inc	2.850% due 08/05/2061	35,434	35,963
	Apple Inc	4.100% due 08/08/2062	192,395	187,105
	AT&T Inc	3.500% due 09/15/2053	141,430	113,121
	AT&T Inc	3.550% due 09/15/2055	6,809	6,726
	AT&T Inc	3.650% due 09/15/2059	275,117	201,360
	AT&T Inc	4.500% due 05/15/2035	66,505	64,742
	Athene Holding Ltd	3.500% due 01/15/2031	4,342	4,507
	Atmos Energy Corp	2.850% due 02/15/2052	19,321	18,336
	Atmos Energy Corp	4.125% due 10/15/2044	109,102	85,505
	Banco Santander Sa	6.920% due 08/08/2033	51,661	52,473
	Bank Of America Corp	4.450% due 03/03/2026	104,127	99,586
	Bank Of America Na	6.000% due 10/15/2036	426,690	446,473
	Bank Of Montreal	3.088% due 01/10/2037	40,514	41,546
	Bank Of Nova Scotia	2.450% due 02/02/2032	67,854	66,772
	Bank Of Nova Scotia	4.588% due 05/04/2037	44,574	45,970
	Barclays PLC	3.564% due 09/23/2035	42,075	44,156
	BB&T Corporation	3.875% due 03/19/2029	107,036	95,420
	Berkshire Hathaway Energ	3.800% due 07/15/2048	148,766	111,267
	Berkshire Hathaway Fin	4.400% due 05/15/2042	528,199	436,128
	Berkshire Hathaway Inc	4.500% due 02/11/2043	27,368	18,478
	Bestfoods Med Term Note Ser F	6.625% due 04/15/2028	58,077	47,446
	Branch Banking & Trust	4.632% due 09/16/2029	182,352	170,627
	Brighthouse Financial Global	5.550% due 04/27/2027	74,978	75,647

GREATER LAFAYETTE HEALTH SERVICES INC. PENSION SECURITY PLAN

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DECEMBER 31, 2024

SCHEDULE H LINE 4i
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Plan number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Corporate bonds (continued)			
	Burlingtn North Santa Fe	7.000% due 12/15/2025	140,047	112,641
	Burlington Northn Santa	5.200% due 06/15/2054	49,084	47,054
	Canadian Imperial Bank	5.986% due 10/03/2028	95,000	98,026
	Capital One Financial Co	3.750% due 07/28/2026	9,231	9,814
	Capital One Financial Co	2.359% due 07/29/2032	37,346	40,359
	Cargill Inc	7.100% due 07/29/2027	47,268	46,994
	Case Western Reserve Uni	5.405% due 06/01/2122	9,021	9,335
	Cincinnati Gas & Elec Co Bd	5.375% due 06/15/2033	37,946	39,789
	Cisco Systems Inc	5.500% due 01/15/2040	216,245	181,469
	Citigroup Inc	4.650% due 07/23/2048	62,483	51,340
	Citigroup Inc	5.300% due 05/06/2044	128,743	108,244
	Citigroup Inc	5.875% due 01/30/2042	121,798	107,316
	Citigroup Inc	3.668% due 07/24/2028	197,078	188,889
	Citizens Finl Group Inc	VAR CPN due 01/23/2030	160,000	162,357
	Cleco Securitization I	4.016% due 06/01/2033	102,612	101,722
	Cleveland Clinic Found	4.858% due 01/01/2114	156,643	120,528
	CME Group Inc	5.300% due 09/15/2043	443,595	375,000
	Comcast Corp	2.937% due 05/01/2056	30,907	29,122
	Connecticut Light & Pwr	4.000% due 04/01/2048	326,492	254,859
	Connecticut Lt & Pwr Co	4.950% due 08/15/2034	19,911	19,504
	Conocophillips	6.500% due 02/01/2039	128,763	109,305
	Cons Edison Co Of NY	4.200% due 03/15/2042	297,253	241,779
	Consolidated Edison Co N Y Inc Ser	5.100% due 06/15/2033	23,204	24,306
	Consolidated Edison Co O	4.300% due 12/01/2056	12,282	11,681
	Consolidated Edison Co O	4.500% due 05/15/2058	150,678	120,498
	Constellation Energy Gen LLC	5.800% due 02/01/2033	51,166	51,091
	Corebridge Financial Inc	3.900% due 04/05/2032	44,370	45,508
	Credit Agricole	5.134% due 03/11/2027	250,000	251,383
	Crown Castle Intl Corp	2.100% due 04/01/2031	40,146	41,383
	CSX Corp	4.400% due 03/01/2043	261,935	229,177
	CSX Corp	4.500% due 08/01/2054	43,564	41,794
	CVS Health Corp	5.050% due 03/25/2048	229,508	177,278
	CVS Health Corp	5.625% due 02/21/2053	47,925	44,347
	Deutsche Bank NY	1.686% due 03/19/2026	54,634	57,883
	Discover Bank	2.700% due 02/06/2030	8,402	8,824
	Discover Bank	3.450% due 07/27/2026	183,252	195,510
	Discover Financial Svs	VAR CPN due 11/02/2034	5,501	5,714
	Dominion Resources Inc	4.900% due 08/01/2041	101,263	89,496
	DTE Electric Co	3.950% due 03/01/2049	313,072	245,549
	DTE Electric Co	5.400% due 03/01/2053	49,843	48,485
	Duke Energy Carolinas	6.050% due 04/15/2038	284,971	225,937
	Duke Energy Fl Proj Fin	2.858% due 03/01/2033	336,497	330,011
	Enbridge Inc	5.500% due 12/01/2046	197,891	142,847
	Energy Transfer Partners	6.500% due 02/01/2042	318,563	264,075

GREATER LAFAYETTE HEALTH SERVICES INC. PENSION SECURITY PLAN

SCHEDULE OF ASSETS HELD AT THE END OF YEAR
DECEMBER 31, 2024

SCHEDULE H LINE 4i
EIN: 35-2056396
Plan number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Corporate bonds (continued)			
	Entergy Arkansas LLC	3.350% due 06/15/2052	27,608	26,791
	Entergy LA LLC	5.150% due 08/15/2034	19,924	19,670
	Entergy Texas Inc	1.500% due 09/01/2026	29,929	28,393
	Enterprise Products Oper	6.125% due 10/15/2039	232,312	238,436
	Essential Utilities Inc	2.400% due 04/01/2031	41,141	42,450
	Evergy Missouri W Storm	5.104% due 02/01/2040	154,423	153,293
	Eversource Energy	3.375% due 02/01/2032	42,999	43,763
	Exelon Corp	4.050% due 04/15/2030	47,076	47,649
	Extra Space Storage	2.200% due 04/15/2030	41,040	42,543
	Extra Space Storage	3.875% due 06/15/2027	110,805	112,399
	Exxon Mobil Corporation	3.567% due 03/06/2045	170,502	127,789
	Exxon Mobil Corporation	4.114% due 03/01/2046	100,410	77,055
	Federal Realty Investmen	4.500% due 12/01/2044	105,760	83,686
	Fifth Third Bank	3.850% due 03/15/2026	107,551	118,493
	Florida Power & Light Co	3.125% due 12/01/2025	476,314	478,782
	General Motors Finl Co	3.600% due 06/21/2030	44,827	45,834
	Georgetown University	5.215% due 10/01/2118	23,942	16,623
	Globe Life Inc	5.850% due 08/15/2034	49,900	50,281
	Goldman Sachs Group Inc	2.383% due 07/21/2032	40,613	41,670
	Home Depot Inc	5.950% due 04/01/2041	108,295	110,243
	HSBC Holdings PLC	2.357% due 08/18/2031	16,449	17,024
	HSBC Holdings PLC	VAR CPN due 05/24/2032	24,806	25,491
	Huntington Bancshares	VAR CPN due 02/15/2036	37,570	40,500
	Ibm Corp	4.150% due 05/15/2039	316,624	322,620
	Idaho Power Co	5.500% due 03/15/2053	49,002	47,915
	Indiana Michigan Power	4.550% due 03/15/2046	392,501	296,020
	Intel Corp	3.734% due 12/08/2047	151,589	103,542
	Jackson Financial Inc	3.125% due 05/23/2031	41,405	42,620
	Johns Aer Com Tur	5.078% due 10/01/2054	45,230	43,383
	JPMorgan Chase & Co	4.950% due 06/01/2045	260,508	217,908
	JPMorgan Chase & Co	5.625% due 08/16/2043	127,805	109,635
	JPMorgan Chase & Co	6.400% due 05/15/2038	228,644	212,837
	Kaiser Foundation Hospit	4.150% due 05/01/2047	153,545	122,355
	Kaiser Foundation Hospit	4.875% due 04/01/2042	186,247	152,604
	Kansas City Power & Lt	4.200% due 06/15/2047	133,180	103,020
	Key Bank NA	4.900% due 08/08/2032	12,970	14,215
	Lyondellbasell Ind Nv	4.625% due 02/26/2055	40,747	39,398
	M&T Bank Corporation	VAR CPN due 01/27/2034	4,584	4,788
	Marsh & Mclennan Cos Inc	2.375% due 12/15/2031	60,293	58,681
	Marsh & Mclennan Cos Inc	4.900% due 03/15/2049	351,381	295,469
	Mcdonald's Corp	4.600% due 05/26/2045	158,738	138,766
	Microsoft Corp	3.950% due 08/08/2056	41,954	40,054
	Midamerican Energy Co	5.300% due 01/01/2055	126,462	122,803
	Mizuho Financial Group	2.200% due 07/10/2031	41,239	42,724

GREATER LAFAYETTE HEALTH SERVICES INC. PENSION SECURITY PLAN

SCHEDULE OF ASSETS HELD AT THE END OF YEAR
DECEMBER 31, 2024

SCHEDULE H LINE 4i
EIN: 35-2056396
Plan number: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Corporate bonds (continued)			
	Morgan Stanley	6.375% due 07/24/2042	451,308	388,937
	Morgan Stanley	2.484% due 09/16/2036	23,581	24,400
	Morgan Stanley	VAR CPN due 04/20/2037	19,159	19,432
	MPLX LP	4.900% due 04/15/2058	165,172	141,295
	National Retail Prop Inc	4.300% due 10/15/2028	281,143	244,060
	National Rural Util Coop	5.000% due 02/07/2031	49,614	50,263
	Natl Bank Of Canada	5.600% due 12/18/2028	64,947	66,250
	Niagara Mohawk Power	5.290% due 01/17/2034	80,000	78,222
	Nisource Inc	3.600% due 05/01/2030	45,975	46,640
	Norfolk Southern Corp	3.155% due 05/15/2055	33,002	31,581
	Norfolk Southern Corp	5.100% due 08/01/2118	113,402	67,948
	Northern State Pwr	6.250% due 06/01/2036	631,210	541,070
	Oklahoma Gas & Electric	6.500% due 04/15/2028	69,603	57,373
	Oneok Inc	4.850% due 02/01/2049	182,946	124,548
	Oracle Corp	3.650% due 03/25/2041	171,067	179,340
	Oracle Corp	4.375% due 05/15/2055	39,486	39,113
	Peacehealth Obligated Gr	3.218% due 11/15/2050	25,142	25,491
	PG&E Energy Recovery Fnd	2.280% due 01/15/2036	8,292	7,869
	PG&E Recovery Fnd LLC	5.256% due 11/15/2038	64,999	64,617
	PG&E Wildfire Recovery	4.451% due 05/01/2049	417,448	399,726
	PG&E Wildfire Recovery LLC	4.022% due 07/01/2033	35,265	34,441
	Phillips 66	4.875% due 11/15/2044	179,115	142,365
	PPL Cap FDG Inc	5.250% due 08/01/2034	14,923	14,763
	Principal Financial Grou	4.300% due 11/15/2046	143,379	111,123
	Prologis LP	4.375% due 09/15/2048	128,417	107,336
	Prologis LP	5.250% due 01/15/2054	48,206	46,643
	Prologis TA US Log Fd LP	5.250% due 08/15/2035	49,678	49,105
	Prudential Financial Inc	3.905% due 12/07/2047	336,628	326,958
	Pub Svc Elec & Gas	3.650% due 09/01/2042	273,487	233,694
	Public Service Enterpris	2.450% due 11/15/2031	41,034	42,172
	Public Svc Enterprise Group	5.450% due 03/01/2034	199,678	199,476
	Qualcomm Inc	4.300% due 05/20/2047	10,445	8,262
	Qualcomm Inc	4.800% due 05/20/2045	364,176	334,354
	Rabobank Nederlands	5.250% due 05/24/2041	317,358	266,767
	Realty Income Corp	4.650% due 03/15/2047	209,678	155,072
	Roper Technologies Inc	3.800% due 12/15/2026	149,573	142,732
	Royal Bank Of Canada	4.650% due 01/27/2026	152,995	139,821
	S&P Global Inc	3.250% due 12/01/2049	123,527	72,603
	Santander Holdings USA	VAR CPN due 06/12/2029	145,000	149,723
	Santander Holdings USA	VAR CPN due 11/09/2031	21,304	21,870
	Sigeco Securitization I LLC	5.026% due 06/15/2038	73,712	72,335
	Simon Property Group LP	4.250% due 11/30/2046	239,371	171,276
	Southern Calif Gas Co	2.550% due 02/01/2030	43,622	44,823
	Southern Copper Corp Del	7.500% due 07/27/2035	131,588	125,259

SCHEDULE OF ASSETS HELD AT THE END OF YEAR
DECEMBER 31, 2024

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	Corporate bonds (continued)			
	Starbucks Corp	4.450% due 08/15/2049	237,033	155,631
	Statoil Asa	3.950% due 05/15/2043	116,225	94,209
	Sumitomo Mitsui Finl Grp	2.142% due 09/23/2030	41,072	42,337
	Swepco Storm Recovery	4.880% due 12/01/2041	49,975	48,860
	T Mobile USA Inc	5.500% due 01/15/2055	48,706	47,055
	Tampa Electric Co	4.300% due 06/15/2048	375,823	282,107
	Texas Electric Mkt Stabl	4.966% due 06/01/2042	99,990	96,317
	Texas Health Resources	4.330% due 11/15/2055	43,926	40,849
	Toronto-Dominion Bank	3.625% due 09/15/2031	315,376	311,014
	Trans-Canada Pipelines	4.625% due 03/01/2034	158,890	120,991
	Truist Financial Corp	4.916% due 07/28/2033	46,310	47,240
	Union Elec Co	5.125% due 10/15/2055	283,317	274,725
	Union Elec Co	5.250% due 01/15/2054	47,748	46,576
	Union Pac Corp	2.973% due 09/16/2062	107,973	103,567
	Union Pacific Corp	4.750% due 12/15/2043	35,547	34,552
	United Airlines	5.800% due 06/15/2036	93,045	94,715
	United Airlns Pass Thru	5.450% due 08/15/2038	65,000	65,090
	US Bancorp	VAR CPN due 07/22/2033	46,957	47,893
	Verizon Communications	2.987% due 10/30/2056	239,949	140,548
	Verizon Communications	4.400% due 11/01/2034	217,123	208,456
	Virginia Elec & Power Co	5.350% due 01/15/2054	43,505	42,319
	Virginia Elec & Pwr Co	5.050% due 08/15/2034	114,740	112,134
	Virginia Electric Power	6.000% due 05/15/2037	333,694	269,404
	Walt Disney Company/The	5.400% due 10/01/2043	139,446	98,193
	Walt Disney Company/The	7.280% due 06/30/2028	59,508	48,475
	WEC Energy Group Inc	1.800% due 10/15/2030	3,236	3,343
	Wells Fargo & Company	4.900% due 11/17/2045	293,444	225,334
	Wells Fargo & Company	5.375% due 11/02/2043	263,429	214,760
	Wells Fargo & Company	4.478% due 04/04/2031	49,041	48,399
	Westlake Chemical Corp	3.375% due 08/15/2061	98,406	96,029
	Westpac Banking Corp	2.668% due 11/15/2035	40,814	42,535
	Weyerhaeuser Co	3.375% due 03/09/2033	208,197	184,931
	Weyerhaeuser Co	7.375% due 03/15/2032	109,602	94,622
	Willis-Knighton Med Ctr	4.813% due 09/01/2048	129,619	94,003
	Wrkco Inc	4.000% due 03/15/2028	89,844	87,229
	Total corporate bonds		26,412,683	23,340,334
	State and municipal bonds			
	Curators Of The Univ Of Missou	2.012% due 11/01/2027	39,232	42,035
	Louisiana State Local Govt Envrnmntl	4.475% due 08/01/2039	105,956	97,788
	New Jersey St Transn Tr Fd	6.561% due 12/15/2040	263,216	256,150
	New York St Urban Dev Corp Rev	5.770% due 03/15/2039	203,220	171,678
	Oklahoma Dev Fin Auth Rev	4.285% due 02/01/2034	24,790	24,117
	Oklahoma State Dev Fin Auth	4.135% due 12/01/2033	45,698	44,227
	Texas Natural Gas Securitization	5.102% due 04/01/2035	223,513	222,925
	Texas Natural Gas Securitization	5.169% due 04/01/2041	122,956	118,172
	Total state and municipal bonds		1,028,581	977,092

See report of independent auditors on pages 1-4.

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	Government securities			
	United Mexican States	6.338% due 04/04/2053	154,997	137,922
	United States Treasury Bonds	4.250% due 08/15/2054	47,799	45,660
	United States Treasury Bonds	4.250% due 11/15/2034	26,061	25,322
	United States Treasury Notes	3.375% due 05/15/2033	194,890	192,986
	United States Treasury Notes	3.500% due 02/15/2033	251,111	251,178
	United States Treasury Notes	4.375% due 12/31/2029	104,899	104,948
	US Treasury Note	0.375% due 12/31/2025	138,736	139,625
	US Treasury Note	0.625% due 08/15/2030	90,014	93,390
	US Treasury Note	1.375% due 11/15/2031	27,426	28,601
	Total government securities		1,035,933	1,019,632
			30,166,972	30,265,316

Schedule SB, Line 24 — Changes in Actuarial Assumptions

- Interest discounts and mortality rates were updated from 2023 to 2024 in accordance with PPA.
- The expense component of normal cost changed from $431,000 to $450,000 to reflect our expectations for the current plan year.
- Lump sum mortality was updated to 2024 417(e) unisex mortality.
- The cash balance (Security Account) conversion basis was updated to the 2024 applicable mortality table and the implied forward rates that result from the August 2023 segmented lump sum rates.
- The expected investment return was updated from 6.25% per year to 5.75% per year in 2024.