

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

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

Part II Basic Plan Information—enter all requested information

1a Name of plan OWENSBORO HEALTH RETIREMENT PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/1967
2a Plan sponsor's name (employer, if for a single-employer plan) OWENSBORO HEALTH, INC.
2b Employer Identification Number (EIN) 61-1286361
2c Plan Sponsor's telephone number 270-688-2000
2d Business code (see instructions) 622000

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

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

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

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

Form 5500 (2024) v. 240311

| | | |
|---|--|------|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 1875 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 1045 |
| | 6a(2) | 959 |
| | 6b | 147 |
| | 6c | 635 |
| | 6d | 1741 |
| | 6e | 14 |
| | 6f | 1755 |
| | 6g(1) | |
| 6g(2) | | |
| 6h | | 0 |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

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

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

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

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

| | |
|--|--|
| a Pension Schedules | b General Schedules |
| (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) | (1) <input checked="" type="checkbox"/> H (Financial Information) |
| (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> I (Financial Information – Small Plan) |
| (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u> |
| (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ | (4) <input checked="" type="checkbox"/> C (Service Provider Information) |
| (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information) | (5) <input type="checkbox"/> D (DFE/Participating Plan Information) |
| | (6) <input type="checkbox"/> 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF. | <small>OMB No. 1210-0110</small> 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 <u>OWENSBORO HEALTH RETIREMENT PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>OWENSBORO HEALTH, INC.</u> | D Employer Identification Number (EIN) <u>61-1286361</u> | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 | |

Part I Basic Information

| | | | |
|----------|---|----------------------------|---------------------------|
| 1 | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u> | | |
| 2 | Assets: | | |
| | a Market value | 2a | <u>120034223</u> |
| | b Actuarial value | 2b | <u>123620017</u> |
| 3 | Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target |
| | a For retired participants and beneficiaries receiving payment | <u>151</u> | <u>9161427</u> |
| | b For terminated vested participants | <u>679</u> | <u>22803305</u> |
| | c For active participants | <u>1045</u> | <u>92845279</u> |
| | d Total | <u>1875</u> | <u>124810011</u> |
| 4 | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/> | | |
| | a Funding target disregarding prescribed at-risk assumptions | 4a | |
| | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | |
| 5 | Effective interest rate | 5 | <u>4.96 %</u> |
| 6 | Target normal cost | | |
| | a Present value of current plan year accruals | 6a | <u>7236593</u> |
| | b Expected plan-related expenses | 6b | <u>200000</u> |
| | c Target normal cost | 6c | <u>7436593</u> |

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

| | | |
|------------------|--|---|
| SIGN HERE | | |
| | Signature of actuary | <u>09/17/2025</u> Date |
| | <u>LORNA M. SPRINGER</u> Type or print name of actuary | <u>23-07422</u> Most recent enrollment number |
| | <u>AON CONSULTING, INC.</u> Firm name | <u>216-416-0975</u> Telephone number (including area code) |
| | <u>MSC# 17854 PO BOX 7505 FORT WASHINGTON, PA 19034</u> Address of the firm | |

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

| Part II Beginning of Year Carryover and Prefunding Balances | | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 4335172 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 4283735 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 51437 |
| 10 | Interest on line 9 using prior year's actual return of <u>13.45</u> % | 0 | 6918 |
| 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 <u>5.09</u> % | | 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 | | 0 |
| 12 | Other reductions in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 58355 |

| Part III Funding Percentages | | | |
|-------------------------------------|--|-----------|---------|
| 14 | Funding target attainment percentage | 14 | 96.69 % |
| 15 | Adjusted funding target attainment percentage | 15 | 96.69 % |
| 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 | 98.18 % |
| 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 | | |
| 04/15/2024 | 1800000 | 0 | | | | | |
| 07/15/2024 | 1800000 | 0 | | | | | |
| 10/15/2024 | 1800000 | 0 | | | | | |
| 01/15/2025 | 1800000 | 0 | | | | | |
| 08/28/2025 | 1000000 | 0 | | | | | |
| | | | Totals ▶ | 18(b) | 8200000 | 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 | 7896609 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

| | | | | |
|---|--|---|-------------------------------------|---|
| Part V Assumptions Used to Determine Funding Target and Target Normal Cost | | | | |
| 21 Discount rate: | | | | |
| a Segment rates: | 1st segment: 4.75 % | 2nd segment: 4.87 % | 3rd segment: 5.59 % | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code) | | | | 21b 4 |
| 22 Weighted average retirement age | | | | 22 62 |
| 23 Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute | |

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

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

| | | | | |
|--|---------------------|--------------------|---------------|--------------------|
| Part VIII Minimum Required Contribution For Current Year | | | | |
| 31 Target normal cost and excess assets (see instructions): | | | | |
| a Target normal cost (line 6c) | | | | 31a 7436593 |
| b Excess assets, if applicable, but not greater than line 31a | | | | 31b 0 |
| 32 Amortization installments: | Outstanding Balance | | Installment | |
| a Net shortfall amortization installment | 4217081 | | 393901 | |
| 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 7830494 |
| | 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 7830494 |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | | | | 37 7896609 |
| 38 Present value of excess contributions for current year (see instructions) | | | | |
| a Total (excess, if any, of line 37 over line 36) | | | | 38a 66115 |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... | | | | 38b 0 |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | | | | 39 0 |
| 40 Unpaid minimum required contributions for all years | | | | 40 0 |

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

| | | |
|--|--|---|
| SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 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 OWENSBORO HEALTH RETIREMENT PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 OWENSBORO HEALTH, INC. | D Employer Identification Number (EIN) 61-1286361 | |

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

| | |
|-------------------------|--|
| ARTISAN PARTNERS | 875 E. WISCONSIN AVENUE MILWAUKEE, WI 53502 |
|-------------------------|--|

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

| | |
|-----------------------------|-------------------|
| BLACKROCK INVESTMENT | 13-3806691 |
|-----------------------------|-------------------|

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

| | |
|-----------------------|--|
| AMERICAN FUNDS | PO BOX 751 BERKELEY, CA 94701 |
|-----------------------|--|

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

| | |
|------------------------|-------------------|
| DODGE & COX | 94-1441976 |
|------------------------|-------------------|

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

INVESCO ADVISERS, INC

58-1707262

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

VANGUARD GROUP INC

23-1945930

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

WELLINGTON MANAGEMENT

04-2683227

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

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

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

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

(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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|--|--|--|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 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 OWENSBORO HEALTH RETIREMENT PLAN | B Three-digit plan number (PN) 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 OWENSBORO HEALTH, INC. | D Employer Identification Number (EIN) 61-1286361 |

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

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

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | | |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 0 | 2800000 |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 11949 | 11108 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 3447814 | 3141788 |
| (2) U.S. Government securities | 1c(2) | | |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | | |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | | |
| (9) Value of interest in common/collective trusts | 1c(9) | | |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 112056389 | 117026423 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 115516152 | 122979319 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 115516152 | 122979319 |

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) | 12800000 | |
| (B) Participants..... | 2a(1)(B) | | |
| (C) Others (including rollovers)..... | 2a(1)(C) | | |
| (2) Noncash contributions..... | 2a(2) | | 12800000 |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 153036 | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 153036 |
| (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) | 4381244 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 4381244 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (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) | | 4511419 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 21845699 |

Expenses

| | | | |
|---|---------------|----------|----------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 14382532 | |
| (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) | | 14382532 |
| 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) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 0 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 14382532 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 7463167 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **EBELHAR WHITEHEAD, PLLC**

(2) EIN: **27-2616366**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 551606.

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

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

| | | |
|--|--|------------|
| A Name of plan <u>OWENSBORO HEALTH RETIREMENT PLAN</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>OWENSBORO HEALTH, INC.</u> | D Employer Identification Number (EIN) <u>61-1286361</u> | |

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

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

| | | |
|--|---|-----|
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | 1 | 0 |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>22-1211670</u> | | |
| 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 | 113 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 44.0 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 47.0 %
 High-Yield Debt: 6.0 % Real Assets: _____% Cash or Cash Equivalents: 3.0 % 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 _____.

Owensboro Health Retirement Plan
EIN 61-1286361 PN 001
Independent Auditors' Report and Financial Statements
December 31, 2024 and 2023

Owensboro Health Retirement Plan
December 31, 2024 and 2023

Contents

Independent Auditors' Report..... 1

Financial Statements

Statements of Net Assets Available for Benefits5
Statements of Changes in Net Assets Available for Benefits6
Notes to Financial Statements.....7

Supplemental Schedules

Schedule H, Line 4i – Schedule of Assets (Held at End of Year).....18
Schedule H, Line 4j – Schedule of Reportable Transactions19

Independent Auditors' Report

Plan Administrator
Owensboro Health Retirement Plan
Owensboro, Kentucky

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

We have performed audits of the accompanying financial statements of Owensboro Health Retirement Plan (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 a certification 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 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the 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; and
- The information in the financial statements referred to above related to assets held 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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.

Auditors' 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance, and therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year), as of December 31, 2024, and Schedule H, Line 4j – Schedule of Reportable Transactions, for the year ended December 31, 2024, are presented for purposes of additional analysis, and are not a required part of the financial statements, but are supplementary information required by the 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, are presented, in all material respects, in conformity with the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA; and
- The information in the supplemental schedules related to assets held 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).

Ebelha Whitehead, PLLC

September 30, 2025

Owensboro Health Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

Assets

| | 2024 | 2023 |
|--|-----------------------|-----------------------|
| Investments, At Fair Value | \$ 120,168,211 | \$ 115,504,203 |
| Receivables | | |
| Accrued income | 11,108 | 11,949 |
| Employer's receivable | 2,800,000 | 4,600,000 |
| Net Assets Available for Benefits | \$ 122,979,319 | \$ 120,116,152 |

Owensboro Health Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

| | 2024 | 2023 |
|--|----------------|----------------|
| Investment Income | | |
| Net appreciation in fair value of investments | \$ 4,512,260 | \$ 10,350,732 |
| Interest and dividends | 4,533,439 | 4,254,859 |
| Net investment income | 9,045,699 | 14,605,591 |
| Contributions – employer | 8,200,000 | 4,600,000 |
| Total additions before benefit payments and administrative expenses | 17,245,699 | 19,205,591 |
| Deductions | | |
| Benefits paid to participants | 14,382,532 | 20,573,689 |
| Administrative expenses | - | 181,167 |
| Total deductions | 14,382,532 | 20,754,856 |
| Net Increase (Decrease) | 2,863,167 | (1,549,265) |
| Net Assets Available for Benefits, Beginning of Year | 120,116,152 | 121,665,417 |
| Net Assets Available for Benefits, End of Year | \$ 122,979,319 | \$ 120,116,152 |

Owensboro Health Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 1: Description of the Plan

The following description of the Owensboro Health Retirement Plan (Plan) provides only general information. Additional information about the vesting and benefit provisions and the Pension Benefit Guarantee Corporation's (PBGC) benefit guarantee is contained in the Plan Document and *Summary Plan Description*, which are available from the Plan administrator, Owensboro Health, Inc. (Company).

General

Effective January 1, 2014, the Plan was amended to freeze participation. Employees, who are a part of a controlled group or affiliated service group of the Company, hired or rehired prior to January 1, 2014, will remain eligible; any employee hired or rehired thereafter will not be eligible for participation in the Plan. Those hired prior to January 1, 2014, who transfer employment thereafter to Owensboro Health Medical Group, shall continue to participate within the Plan. The Plan is a noncontributory defined benefit plan that covers those employees described above, and provides for retirement, death, and disability benefits. The Plan is subject to provisions of the *Employee Retirement Income Security Act of 1974* (ERISA).

Effective March 31, 2023, Prudential Bank & Trust, FSB merged into Empower Trust Company, LLC (collectively Empower). Empower served as Plan trustee, and Prudential Retirement Insurance and Annuity Company (PRIAC) served as Plan recordkeeper through August 31, 2023.

Effective September 1, 2023, U.S. Bank National Association (U.S. Bank) became the Plan Trustee.

Contributions

The Company has agreed to voluntarily contribute such additional amounts that are necessary to provide assets sufficient to meet the benefits to be paid to Plan members. The Plan has met the minimum funding requirements established by the federal government.

Owensboro Health Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

Pension Benefits

Eligible employees with three years of service are entitled to pension benefits beginning at normal retirement age (65) based upon the employees' compensation during their years of credited service. The Plan requires the normal retirement benefit to be calculated as a lump-sum equal to the sum of (a), (b), (c), and (d) below.

- a) 12.5% of the highest average five-year monthly earnings, multiplied by the sum of years of service under the prior Owensboro Daviess County Hospital (ODCH) Plan, plus years of service after January 1, 1996 (maximum 30 years);
- b) 5% of the highest average five-year monthly earnings in excess of covered compensation, multiplied by years of service under the prior ODCH Plan, plus years of service after January 1, 1996 (maximum 30 years);
- c) 9% of the highest average seven-year monthly earnings, multiplied by service under the prior Mercy Hospital of Owensboro, Kentucky, Inc. (Mercy) Plan, as of December 31, 1995; and
- d) 4.5% of the highest average seven-year monthly earnings in excess of covered compensation, multiplied by service under the Mercy Plan, as of December 31, 1995.

The retirement benefit amount cannot be less than the amount that would have been received under prior plans. The minimum lump-sum payment is \$6,400. A participant may elect, in writing, to receive benefits in a form other than a lump-sum benefit.

When a participant reaches age 55 and completes 10 years of service, the participant may elect early retirement and receive a lump-sum payment equal to the accrued benefit, multiplied by the discount factor for early retirement age. If a participant defers retirement beyond age 65, benefits will continue to accrue until actual retirement.

Death Benefits

If a participant dies after completing three years of service, the surviving spouse or eligible dependent is eligible for a death benefit equal to the lump-sum that would have been payable to the member if he had terminated employment on the date of his death. The death benefit provision allows a member's estate to receive a death benefit equal to the lump-sum that would have been payable to the member if he had terminated employment on the date of his death if the member is not survived by a spouse or a qualified dependent.

Vesting

Participants are fully vested.

Owensboro Health Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

Plan Termination

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

- a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits, in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would have been payable under Plan provisions in effect at any time during the five years preceding Plan termination;
- b) Other vested benefits insured by the PBGC up to the applicable limitations discussed below;
- c) Vested benefits not insured by the PBGC; and
- d) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit the PBGC guarantees.

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

Owensboro Health Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Valuation of Investments and Income Recognition

Quoted market prices, if available, are used to value investments. Mutual funds are valued at the readily determinable fair value of shares held by the Plan at year-end. Pooled separate accounts are valued at Net Asset Value (NAV) per share, as a practical expedient, based upon the accumulated values of the underlying investments as provided by the recordkeeper.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses may be paid by the Company or the Plan, at the Company's discretion.

Owensboro Health Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

Accumulated Plan Benefits

Accumulated Plan Benefits (Note 4) are those estimated 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; and
- b) Present employees or their beneficiaries.

Benefits under the Plan are based on employees' highest average five-year monthly earnings, or the highest average seven-year monthly earnings, as applicable under the provisions of the Plan. Benefits payable under all circumstances – retirement, death, disability, or termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Plan Tax Status

The Plan obtained its most recent determination letter dated October 13, 2017, in which the Internal Revenue Service stated the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code (IRC), and therefore, not subject to tax. The Plan administrator believes the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the IRC, and therefore, not subject to tax. With a few exceptions, the Plan is no longer subject to U.S. federal or state income tax examinations by tax authorities for years before 2021.

Note 3: Investments

The Plan's investment information included throughout the Plan's financial statements and supplemental schedules was prepared by, or derived from, information provided by Empower, PRIAC, and U.S. Bank, and furnished to the Plan administrator. The trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from Empower and PRIAC, as of and for the period from January 1, 2023, through August 31, 2023, and U.S. Bank for the period from September 1, 2023, through December 31, 2024, that the information provided to the Plan administrator is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator has instructed the Plan's independent auditors not to perform any auditing procedures with respect to investment information, which appears throughout the financial statements and the supplemental schedules.

Owensboro Health Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

At December 31, 2024 and 2023, approximate percentages of the Plan's investments in the following types of investments are:

| | 2024 | 2023 |
|---|-------------|-------------|
| International funds | 16% | 15% |
| Long term investment grade fund | 12% | 12% |
| Intermediate term investment grade fund | 31% | 26% |
| Index fund | 19% | 17% |

Note 4: Accumulated Plan Benefits

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

The accumulated Plan benefit information, as of the beginning of each Plan year, was as follows:

| | 2024 | 2023 |
|---|----------------|----------------|
| Actuarial present value of accumulated Plan benefits | | |
| Vested benefits | | |
| Participants currently receiving payments | \$ 8,513,435 | \$ 7,911,616 |
| Other participants | 108,406,865 | 116,087,930 |
| | 116,920,300 | 123,999,546 |
| Nonvested benefits | 2,641,986 | 3,730,256 |
| Total actuarial present value of accumulated Plan benefits | \$ 119,562,286 | \$ 127,729,802 |

Owensboro Health Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

Changes in the actuarial present value of accumulated Plan benefits, were as follows:

| | 2024 | 2023 |
|--|----------------|----------------|
| Actuarial present value of accumulated Plan benefits | \$ 127,729,802 | \$ 132,496,320 |
| Increase (decrease) during the year attributable to | | |
| Change in actuarial assumptions | (1,864,228) | (7,424,035) |
| Benefits accumulated and actuarial gains | 7,685,749 | 8,250,787 |
| Increase for interest due to the decrease in the discount period | 6,584,652 | 7,070,051 |
| Benefits paid | (20,573,689) | (12,663,321) |
| Net decrease | (8,167,516) | (4,766,518) |
| Actuarial present value of accumulated Plan benefits | \$ 119,562,286 | \$ 127,729,802 |

Significant assumptions underlying the actuarial computations were:

- a) Assumed rate of return on investments: 6.1% for 2024 and 5.6% for 2023;
- b) Mortality basis: 2024 – IRS 2024 Generational Mortality Table
2023 – PRI-2012 Total Dataset with Scale MP-2021;
- c) Retirement: Various ages based on a graded retirement table;
- d) Asset valuation: Market;
- e) Compensation increase: 2024 – various rates based on age;
2023 – 3% compounded annually;
- f) Withdrawal: 2024 – various rates based on age;
2023 – 20% in second year of employment, 15% in third year, and 12% in fourth year. Thereafter, withdrawal rate is based on age; and
- g) Form of payment: Substantially all participants are assumed to elect payment in the form of a lump sum.

The foregoing actuarial assumptions are based on the presumption the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

Owensboro Health Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 5: Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such, an employer or employee association, or relatives of such persons. The Plan's pooled separate accounts and Prudential Short-term Bond Fund (liquidated during 2023) was managed by PRIAC, the Plan recordkeeper through August 31, 2023. The Plan has a number of service providers. Such providers are parties-in-interest under ERISA.

For 2023, fees for trust and investment management services, recorded by the Plan to the trustees were \$181,167.

Note 6: Disclosures About Fair Value of Assets and Liabilities

ASC Topic 820, *Fair Value Measurements* (Topic 820), defines fair value as the price that would be received to sell an asset, or paid to transfer a liability, in an orderly transaction between market participants at the measurement date. Topic 820 also establishes a fair value hierarchy, which requires an entity to maximize the use of observable inputs, and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities;
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities; and
- Level 3** Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis, and recognized in the accompanying Statements of Net Assets Available for Benefits, as well as the general classification of such assets pursuant to the valuation hierarchy.

Owensboro Health Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

Investments

Where quoted market prices are available in an active market, investments are classified within Level 1 of the valuation hierarchy. Level 1 investments include a money market mutual fund. Level 2 investments include open-ended mutual funds. If quoted market prices are not available, fair values are estimated by using pricing models, quoted prices of investments with similar characteristics, or discounted cash flows. The inputs used to determine fair value may include one or a combination of observable inputs, such as benchmark yields, reported trades, broker/dealer quotes, issuer spreads, two-sided markets, benchmark securities, bids, offers and refinance data, or market research publications, and the related investments are classified within Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, investments are classified within Level 3 of the hierarchy. The Plan holds no assets classified in Level 3 of the hierarchy.

The following tables present the fair value measurements of assets recognized in the accompanying Statements of Net Assets Available for Benefits measured at fair value on a recurring basis, and the level within the fair value hierarchy in which the fair value measurements fall, as a practical expedient, as identified in the following at December 31:

| | 2024 | | | |
|---------------------------|--------------------------------------|---|--|--|
| | Fair Value Measurements Using | | | |
| | Total | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| Open-ended mutual funds | \$ 117,026,423 | \$ - | \$ 117,026,423 | \$ - |
| Money market mutual funds | 3,141,788 | 3,141,788 | - | - |
| | <u>\$ 120,168,211</u> | <u>\$ 3,141,788</u> | <u>\$ 117,026,423</u> | <u>\$ -</u> |

Owensboro Health Retirement Plan

Notes to Financial Statements

December 31, 2024 and 2023

| | 2023 | | | |
|---------------------------|-------------------------------|--|---|--|
| | Fair Value Measurements Using | | | |
| | Total | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| Open-ended mutual funds | \$ 112,056,389 | \$ - | \$ 112,056,389 | \$ - |
| Money market mutual funds | 3,447,814 | 3,447,814 | - | - |
| | <u>\$ 115,504,203</u> | <u>\$ 3,447,814</u> | <u>\$ 112,056,389</u> | <u>\$ -</u> |

Note 7: Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits, per the financial statements at December 31, to Form 5500:

| | 2024 | 2023 |
|--|-----------------------|-----------------------|
| Net assets available for benefits per the financial statements | \$ 122,979,319 | \$ 120,116,152 |
| Employer contribution receivable | - | (4,600,000) |
| Net assets available for benefits per Form 5500 | <u>\$ 122,979,319</u> | <u>\$ 115,516,152</u> |

Owensboro Health Retirement Plan
Notes to Financial Statements
December 31, 2024 and 2023

The following is a reconciliation of changes in net assets available for benefits, per the financial statements for the years ended December 31, to Form 5500:

| | 2024 | 2023 |
|---|--------------|----------------|
| Net increase (decrease) in net assets available for benefits per the financial statements | \$ 2,863,167 | \$ (1,549,265) |
| Difference in employer contribution receivable | 4,600,000 | 475,000 |
| Net increase (decrease) in net assets available for benefits per Form 5500 | \$ 7,463,167 | \$ (1,074,265) |

Note 8: Risks and Uncertainties

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

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

Note 9: Subsequent Events

Subsequent events have been evaluated through September 30, 2025, which is the date the financial statements were available to be issued.

Supplemental Schedules

Owensboro Health Retirement Plan

EIN 61-1286361 PN 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

| (a) | (b) Identity of Issuer | (c) Description of Investment (in Units) | (d) Cost | (e) Current Value |
|-------|--|---|-----------------------|---------------------------|
| | Open-ended Mutual Funds | | | |
| | Dodge & Cox Intl Stock Fund | 96,397 | \$ 4,410,712 | \$ 4,810,190 |
| | Vanguard Equity Income A | 74,709 | 6,331,592 | 6,587,119 |
| | American Funds Euro Pacific GR | 88,979 | 5,677,687 | 4,779,939 |
| | BlackRock High Yield Bond K | 1,027,659 | 7,489,556 | 7,296,379 |
| | Vanguard Total Intl Stock Index | 76,771 | 9,397,553 | 9,728,428 |
| | Vanguard Ttl Stk Mkt Ind | 159,519 | 16,566,181 | 22,500,144 |
| | Vanguard Growth Index Fund Adm | 19,823 | 3,145,394 | 4,186,913 |
| | Vanguard Fixed Inc Lt Invt Grade Fd | 1,990,157 | 15,165,426 | 14,985,881 |
| | Vanguard Int Term Inv Grade Fund Ad | 4,356,407 | 39,727,361 | 37,290,840 |
| | Vanguard ST Inv-Grade Fund Adm | 471,444 | 4,816,746 | 4,860,590 |
| | | | <u>112,728,208</u> | <u>117,026,423</u> |
| | Mutual Funds | | | |
| | First Am Govt Obligations Money Market | | <u>3,141,788</u> | <u>3,141,788</u> |
| | | | <u>\$ 115,869,996</u> | <u>\$ 120,168,211</u> |

Owensboro Health Retirement Plan

EIN 61-1286361 PN 001

Schedule H, Line 4j – Schedule of Reportable Transactions (continued)

Year Ended December 31, 2024

| (a) Identity of Party Involved | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (e) Lease Rental | (f) Expense Incurred With Transaction | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---|----------------------------------|----------------------------|---------------------------|--------------------------|---|---------------------------|---|-----------------------------------|
| Single Transactions in Excess of 5% of Value | | | | | | | | |
| Purchases | Vanguard Int Term Inv Grade Ad | \$ 6,108,139 | \$ - | \$ - | \$ - | \$ 6,108,139 | \$ 6,108,139 | \$ - |
| Sales | Vanguard ST Inv Grade Admin | \$ - | \$ 6,032,861 | \$ - | \$ - | \$ 5,890,764 | \$ 6,032,861 | \$ 142,097 |
| Series of Transactions in Excess of 5% | | | | | | | | |
| Purchases | First Am Govt Ob Fd Cl Z | \$ 20,000,799 | \$ - | \$ - | \$ - | \$ 20,000,799 | \$ 20,000,799 | \$ - |
| Sales | First Am Govt Ob Fd Cl Z | \$ - | \$ 20,306,821 | \$ - | \$ - | \$ 20,306,821 | \$ 20,306,821 | \$ - |
| Purchases | Vanguard Int Term Inv Grade Ad | \$ 9,363,473 | \$ - | \$ - | \$ - | \$ 9,363,473 | \$ 9,363,473 | \$ - |
| Sales | Vanguard Int Term Inv Grade Ad | \$ - | \$ 1,501,263 | \$ - | \$ - | \$ 1,602,435 | \$ 1,501,263 | \$ (101,172) |
| Purchases | Vanguard ST Inv Grade Admin | \$ 727,037 | \$ - | \$ - | \$ - | \$ 727,037 | \$ 727,037 | \$ - |
| Sales | Vanguard ST Inv Grade Admin | \$ - | \$ 6,427,709 | \$ - | \$ - | \$ 6,286,216 | \$ 6,427,709 | \$ 141,493 |
| Purchases | Vanguard Total Stock Mkt Index | \$ 3,393,530 | \$ - | \$ - | \$ - | \$ 3,393,530 | \$ 3,393,530 | \$ - |
| Sales | Vanguard Total Stock Mkt Index | \$ - | \$ 4,537,009 | \$ - | \$ - | \$ 3,448,625 | \$ 4,537,009 | \$ 1,088,384 |

Schedule SB Attachment (Form 5500) – 2024 Plan Year
 Owensboro Health Retirement Plan
 EIN: 61-1286361 PN: 001

Schedule SB, line 26a – Schedule of Active Participant Data
 as of January 1, 2024

Number of Participants and Average Compensation

| Attained Age | Years of Credited Service | | | | | | | | | |
|--------------|---------------------------|-----|----------|----------|-----------|----------|-----------|----------|-----------|----------|
| | <1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ |
| <25 | | | | | | | | | | |
| 25-29 | | 1 | 1 | 2 | | | | | | |
| 30-34 | | 7 | 14 | 44 | 2 | | | | | |
| | | | | \$69,304 | | | | | | |
| 35-39 | | 14 | 24 | 71 | 61 | 3 | | | | |
| | | | \$61,457 | \$82,436 | \$90,821 | | | | | |
| 40-44 | | 7 | 18 | 48 | 62 | 22 | | | | |
| | | | | \$80,857 | \$87,385 | \$93,203 | | | | |
| 45-49 | | 5 | 12 | 35 | 39 | 26 | 13 | | | |
| | | | | \$84,288 | \$103,923 | \$98,204 | | | | |
| 50-54 | 1 | 6 | 6 | 30 | 44 | 24 | 31 | 17 | | |
| | | | | \$67,124 | \$82,905 | \$92,296 | \$111,043 | | | |
| 55-59 | | 4 | 8 | 33 | 33 | 17 | 19 | 32 | 15 | |
| | | | | \$77,108 | \$85,489 | | | \$97,225 | | |
| 60-64 | | 4 | 6 | 18 | 29 | 19 | 21 | 19 | 20 | 24 |
| | | | | | \$76,312 | | \$72,632 | | \$106,945 | \$78,584 |
| 65-69 | | 2 | | 3 | 5 | | 3 | 2 | 4 | 5 |
| 70+ | | | | 1 | 2 | 3 | 2 | | | 2 |

N-1,045

Schedule SB Attachment (Form 5500) – 2024 Plan Year
Owensboro Health Retirement Plan
EIN: 61-1286361 PN: 001

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes

| | |
|------------------|-------|
| 1st Segment Rate | 4.75% |
| 2nd Segment Rate | 4.87% |
| 3rd Segment Rate | 5.59% |

Interest Rates for Maximum Tax Purposes

| | |
|------------------|-------|
| 1st Segment Rate | 3.62% |
| 2nd Segment Rate | 4.46% |
| 3rd Segment Rate | 4.52% |

Optional Payment Form Election Percentage

| | |
|-------------------------|--|
| Active Retirements | 100% lump sum |
| Future Vested Deferred | 100% deferred lump sum |
| Future Deaths | 100% lump sum |
| Current Vested Deferred | 100% deferred lump sum if defined lump sum formula, otherwise life annuity |

Optional Payment Form Conversion Interest Rate IRS 417(e) segment rates four months prior to valuation date

Optional Payment Form Conversion Mortality IRS 417(e) mortality, applicable to the year of the valuation date

Late Retirement Actuarial Increases 9% annually for post-65 commencements

Retirement Rates

| | |
|--------------------------|--------------|
| Active Participants | See Table 1. |
| Annuity Deferred Vested | See Table 2. |
| Lump Sum Deferred Vested | See Table 2. |
| Future Deferred Vested | Age 55 |

Mortality Rates

Healthy and Disabled IRS 2024 generational mortality table

Termination Rates See Table 3.

Disability Rates None

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 Owensboro Health Retirement Plan
 EIN: 61-1286361 PN: 001

| | |
|--|--|
| Decrement Timing | Beginning of Year |
| Surviving Spouse Benefit | It is assumed that 80% of participants have an eligible spouse, and that males are three years older than their spouses. |
| Benefit and Compensation Limits | Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000. |
| Valuation of Plan Assets | Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. |
| Expected Return on Assets | |
| 2022 Plan Year | 5.60% |
| 2023 Plan Year | 5.60% |
| 2024 Plan Year | 6.10% |
| Trust Expenses Included in Target Normal Cost | \$200,000 |
| Salary Increases | See Table 4. |
| Social Security Increases | Taxable Wage Base assumed to increase 3.50% per year. |
| Actuarial Method | Standard unit credit cost method |
| Valuation Date | January 1, 2024 |

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Owensboro Health Retirement Plan
EIN: 61-1286361 PN: 001

Table 1

Retirement Rates

| Age | Rate |
|------------|-------------|
| 55 | 5.00% |
| 56 | 5.00% |
| 57 | 5.00% |
| 58 | 5.00% |
| 59 | 10.00% |
| 60 | 10.00% |
| 61 | 10.00% |
| 62 | 15.00% |
| 63 | 10.00% |
| 64 | 30.00% |
| 65 | 40.00% |
| 66 | 40.00% |
| 67 | 20.00% |
| 68 | 20.00% |
| 69 | 20.00% |
| 70+ | 100.00% |

Schedule SB Attachment (Form 5500) — 2024 Plan Year
 Owensboro Health Retirement Plan
 EIN: 61-1286361 PN: 001

Table 2

Retirement Rates — Deferred Vesteds

| Age | Rate |
|----------|---------|
| Up to 63 | 10.00% |
| 64 | 40.00% |
| 65 | 40.00% |
| 66 | 40.00% |
| 67 | 40.00% |
| 68 | 40.00% |
| 69 | 40.00% |
| 70+ | 100.00% |

Table 3

Termination Rates

| Age | Rate |
|-----|--------|
| 25 | 16.66% |
| 30 | 10.97% |
| 35 | 7.90% |
| 40 | 6.30% |
| 45 | 5.59% |
| 50 | 5.07% |
| 55 | 2.63% |

Schedule SB Attachment (Form 5500) – 2024 Plan Year
Owensboro Health Retirement Plan
EIN: 61-1286361 PN: 001

Table 4

Salary Increases

| Age | Rate |
|------------|-------------|
| 25 – 29 | 5.00% |
| 30 – 34 | 5.00% |
| 35 – 39 | 5.00% |
| 40 – 44 | 4.50% |
| 45 – 49 | 3.50% |
| 50 – 54 | 3.50% |
| 55 – 59 | 3.00% |
| 60+ | 3.00% |

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.)
 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: 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 OWENSBORO HEALTH RETIREMENT PLAN | 1b Three-digit plan number (PN) ▶ 001 |
| | 1c Effective date of plan 01/01/1967 |
| 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) OWENSBORO HEALTH, INC. 1201 PLEASANT VALLEY ROAD OWENSBORO KY 42303 | 2b Employer Identification Number (EIN) 61-1286361 |
| | 2c Plan Sponsor's telephone number 270-688-2000 |
| | 2d Business code (see instructions) 622000 |

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

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

| | | | |
|-----------|---|-----------|--|
| SIGN HERE |  | 10/7/2025 | RUSS RANALLO |
| | 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 |

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

Form 5500 (2024)
v. 240311

| | | |
|---|--|-------|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| | | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 1,875 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | 6a(1) | 1,045 |
| | 6a(2) | 959 |
| | 6b | 147 |
| | 6c | 635 |
| | 6d | 1,741 |
| | 6e | 14 |
| | 6f | 1,755 |
| | 6g(1) | |
| | 6g(2) | |
| h | 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 1C

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

Owensboro Health Retirement Plan

EIN 61-1286361 PN 001

Schedule H, Line 4j – Schedule of Reportable Transactions (continued)

Year Ended December 31, 2024

| (a) Identity of Party Involved | (b) Description of Asset | (c) Purchase Price | (d) Selling Price | (e) Lease Rental | (f) Expense Incurred With Transaction | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or (Loss) |
|---|----------------------------------|----------------------------|---------------------------|--------------------------|---|---------------------------|---|-----------------------------------|
| Single Transactions in Excess of 5% of Value | | | | | | | | |
| Purchases | Vanguard Int Term Inv Grade Ad | \$ 6,108,139 | \$ - | \$ - | \$ - | \$ 6,108,139 | \$ 6,108,139 | \$ - |
| Sales | Vanguard ST Inv Grade Admin | \$ - | \$ 6,032,861 | \$ - | \$ - | \$ 5,890,764 | \$ 6,032,861 | \$ 142,097 |
| Series of Transactions in Excess of 5% | | | | | | | | |
| Purchases | First Am Govt Ob Fd Cl Z | \$ 20,000,799 | \$ - | \$ - | \$ - | \$ 20,000,799 | \$ 20,000,799 | \$ - |
| Sales | First Am Govt Ob Fd Cl Z | \$ - | \$ 20,306,821 | \$ - | \$ - | \$ 20,306,821 | \$ 20,306,821 | \$ - |
| Purchases | Vanguard Int Term Inv Grade Ad | \$ 9,363,473 | \$ - | \$ - | \$ - | \$ 9,363,473 | \$ 9,363,473 | \$ - |
| Sales | Vanguard Int Term Inv Grade Ad | \$ - | \$ 1,501,263 | \$ - | \$ - | \$ 1,602,435 | \$ 1,501,263 | \$ (101,172) |
| Purchases | Vanguard ST Inv Grade Admin | \$ 727,037 | \$ - | \$ - | \$ - | \$ 727,037 | \$ 727,037 | \$ - |
| Sales | Vanguard ST Inv Grade Admin | \$ - | \$ 6,427,709 | \$ - | \$ - | \$ 6,286,216 | \$ 6,427,709 | \$ 141,493 |
| Purchases | Vanguard Total Stock Mkt Index | \$ 3,393,530 | \$ - | \$ - | \$ - | \$ 3,393,530 | \$ 3,393,530 | \$ - |
| Sales | Vanguard Total Stock Mkt Index | \$ - | \$ 4,537,009 | \$ - | \$ - | \$ 3,448,625 | \$ 4,537,009 | \$ 1,088,384 |

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

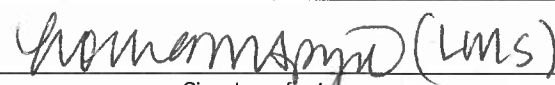
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 OWENSBORO HEALTH RETIREMENT PLAN | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Owensboro Health, Inc. | D Employer Identification Number (EIN) 61-1286361 | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | | |
| F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 | | |

| Part I | Basic Information | | |
|---|----------------------------|---------------------------|--------------------------|
| 1 Enter the valuation date: | Month <u>01</u> | Day <u>01</u> | Year <u>2024</u> |
| 2 Assets: | | | |
| a Market value | 2a | 120,034,223 | |
| b Actuarial value | 2b | 123,620,017 | |
| 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 | 151 | 9,161,427 | 9,161,427 |
| b For terminated vested participants | 679 | 22,803,305 | 22,803,305 |
| c For active participants | 1,045 | 92,845,279 | 95,814,011 |
| d Total | 1,875 | 124,810,011 | 127,778,743 |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) | <input type="checkbox"/> | | |
| a Funding target disregarding prescribed at-risk assumptions | 4a | | |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | | |
| 5 Effective interest rate | 5 | 4.96% | |
| 6 Target normal cost | | | |
| a Present value of current plan year accruals | 6a | 7,236,593 | |
| b Expected plan-related expenses | 6b | 200,000 | |
| c Target normal cost | 6c | 7,436,593 | |

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

| | | |
|------------------|---|---|
| SIGN HERE |  Signature of actuary | <u>9/17/2025</u> Date |
| | LORNA M. SPRINGER Type or print name of actuary | <u>2307422</u> Most recent enrollment number |
| | AON CONSULTING, INC. Firm name | <u>216-416-0975</u> Telephone number (including area code) |
| | MSC# 17854 PO BOX 7505 FORT WASHINGTON PA 19034 Address of the firm | |

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. **Schedule SB (Form 5500) 2024 v. 240311**

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

| | | | | |
|---|--|------------------------|------------------------|---|
| 21 Discount rate: | | | | |
| a Segment rates: | 1st segment: 4.75 % | 2nd segment: 4.87 % | 3rd segment: 5.59 % | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code)..... | | | | 21b 4 |
| 22 Weighted average retirement age | | | | 22 62 |
| 23 Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute | | | |

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

| | | | |
|--|---------------------|-------------------|--------------------|
| 31 Target normal cost and excess assets (see instructions): | | | |
| a Target normal cost (line 6c)..... | 31a | 7,436,593 | |
| b Excess assets, if applicable, but not greater than line 31a | 31b | 0 | |
| 32 Amortization installments: | Outstanding Balance | | Installment |
| a Net shortfall amortization installment | 4,217,081 | | 393,901 |
| 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 | 7,830,494 | |
| | | Carryover balance | Prefunding balance |
| 35 Balances elected for use to offset funding requirement | | 0 | 0 |
| 36 Additional cash requirement (line 34 minus line 35)..... | 36 | 7,830,494 | |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... | 37 | 7,896,609 | |
| 38 Present value of excess contributions for current year (see instructions) | | | |
| a Total (excess, if any, of line 37 over line 36) | 38a | 66,115 | |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | 38b | 0 | |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... | 39 | 0 | |
| 40 Unpaid minimum required contributions for all years | 40 | 0 | |

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

| | |
|--|--|
| 41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 | |
|--|--|

Schedule SB Attachment (Form 5500) – 2024 Plan Year
 Owensboro Health Retirement Plan
 EIN: 61-1286361 PN: 001

Schedule SB, line 19 – Discounted Employer Contributions

Year applied for contributions: 2024

| Date | Amount | Days to Discount to 1/1/2024 at 4.96% | Interest Adjusted Contribution |
|---------------------------|---------------------|--|---|
| April 15, 2024 | \$ 1,800,000 | 105 | \$ 1,775,175 |
| July 15, 2024 | 1,800,000 | 196 | 1,753,936 |
| October 15, 2024 | 1,800,000 | 288 | 1,732,723 |
| January 15, 2025 | 1,800,000 | 380 | 1,711,758 |
| August 28, 2025 | <u>1,000,000</u> | 605 | <u>923,017</u> |
| Total Contribution | \$ 8,200,000 | | \$ 7,896,609 |

Schedule SB Attachment (Form 5500) – 2024 Plan Year
 Owensboro Health Retirement Plan
 EIN: 61-1286361 PN: 001

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

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

| (a) Age | (b) Rate | (c) Weight | (d) Product (a) × (b) × (c) |
|------------------|-------------|---------------|-----------------------------------|
| 55 | 5.00% | 1.0000 | 2.75 |
| 56 | 5.00% | 0.9500 | 2.66 |
| 57 | 5.00% | 0.9025 | 2.57 |
| 58 | 5.00% | 0.8574 | 2.49 |
| 59 | 10.00% | 0.8145 | 4.81 |
| 60 | 10.00% | 0.7331 | 4.40 |
| 61 | 10.00% | 0.6598 | 4.02 |
| 62 | 15.00% | 0.5938 | 5.52 |
| 63 | 10.00% | 0.5047 | 3.18 |
| 64 | 30.00% | 0.4542 | 8.72 |
| 65 | 40.00% | 0.3180 | 8.27 |
| 66 | 40.00% | 0.1908 | 5.04 |
| 67 | 20.00% | 0.1145 | 1.53 |
| 68 | 20.00% | 0.0916 | 1.25 |
| 69 | 20.00% | 0.0733 | 1.01 |
| 70 | 100.00% | 0.0586 | 4.10 |
| Weighted Average | | | 62.32 |

Schedule SB Attachment (Form 5500) – 2024 Plan Year

Owensboro Health Retirement Plan

EIN: 61-1286361 PN: 001

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 | 12,152,798 | 4,328,288 | 855,671 | 17,336,757 |
| 2025 | 9,529,654 | 3,117,597 | 835,055 | 13,482,306 |
| 2026 | 8,765,909 | 2,838,480 | 813,120 | 12,417,509 |
| 2027 | 9,182,570 | 2,494,643 | 791,427 | 12,468,640 |
| 2028 | 8,840,378 | 2,308,958 | 769,074 | 11,918,410 |
| 2029 | 8,725,140 | 2,176,092 | 741,840 | 11,643,072 |
| 2030 | 8,054,197 | 1,581,555 | 718,636 | 10,354,388 |
| 2031 | 6,999,810 | 1,308,049 | 695,912 | 9,003,771 |
| 2032 | 6,480,929 | 1,155,712 | 671,164 | 8,307,805 |
| 2033 | 5,713,887 | 1,052,645 | 640,130 | 7,406,662 |
| 2034 | 5,802,055 | 921,252 | 613,568 | 7,336,875 |
| 2035 | 5,311,680 | 855,467 | 586,811 | 6,753,958 |
| 2036 | 4,868,008 | 706,707 | 562,410 | 6,137,125 |
| 2037 | 4,215,928 | 627,941 | 533,020 | 5,376,889 |
| 2038 | 4,071,535 | 567,183 | 503,405 | 5,142,123 |
| 2039 | 3,899,238 | 514,625 | 474,580 | 4,888,443 |
| 2040 | 3,702,159 | 442,989 | 448,332 | 4,593,480 |
| 2041 | 3,071,795 | 386,497 | 421,542 | 3,879,834 |
| 2042 | 3,275,311 | 464,762 | 385,855 | 4,125,928 |
| 2043 | 2,525,296 | 311,812 | 337,683 | 3,174,791 |
| 2044 | 2,169,252 | 255,245 | 309,204 | 2,733,701 |
| 2045 | 2,087,892 | 226,837 | 281,120 | 2,595,849 |
| 2046 | 1,588,933 | 192,236 | 253,635 | 2,034,804 |
| 2047 | 1,349,000 | 169,867 | 226,959 | 1,745,826 |
| 2048 | 1,219,038 | 140,148 | 201,320 | 1,560,506 |
| 2049 | 1,143,108 | 119,175 | 176,941 | 1,439,224 |
| 2050 | 979,620 | 98,856 | 154,016 | 1,232,492 |
| 2051 | 809,712 | 89,478 | 132,707 | 1,031,897 |
| 2052 | 698,825 | 81,283 | 113,144 | 893,252 |
| 2053 | 559,101 | 67,889 | 95,418 | 722,408 |
| 2054 | 450,260 | 53,071 | 79,571 | 582,902 |
| 2055 | 352,114 | 41,709 | 65,603 | 459,426 |
| 2056 | 241,821 | 31,417 | 53,456 | 326,694 |
| 2057 | 182,612 | 25,516 | 43,040 | 251,168 |
| 2058 | 97,542 | 19,478 | 34,237 | 151,257 |

Schedule SB Attachment (Form 5500) – 2024 Plan Year
Owensboro Health Retirement Plan
EIN: 61-1286361 PN: 001

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total |
|-----------|---------------------|--------------------------------|---|---------|
| 2059 | 61,134 | 14,175 | 26,901 | 102,210 |
| 2060 | 52,666 | 11,075 | 20,875 | 84,616 |
| 2061 | 18,825 | 8,540 | 15,993 | 43,358 |
| 2062 | 6,534 | 7,110 | 12,093 | 25,737 |
| 2063 | 3,081 | 6,230 | 9,021 | 18,332 |
| 2064 | 2,239 | 5,233 | 6,637 | 14,109 |
| 2065 | 896 | 4,657 | 4,814 | 10,367 |
| 2066 | 0 | 4,201 | 3,440 | 7,641 |
| 2067 | 0 | 3,823 | 2,420 | 6,243 |
| 2068 | 0 | 3,508 | 1,675 | 5,183 |
| 2069 | 0 | 3,243 | 1,139 | 4,382 |
| 2070 | 0 | 3,017 | 761 | 3,778 |
| 2071 | 0 | 2,818 | 498 | 3,316 |
| 2072 | 0 | 2,639 | 320 | 2,959 |
| 2073 | 0 | 2,471 | 201 | 2,672 |

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Owensboro Health Retirement Plan
EIN: 61-1286361 PN: 001

Schedule SB, Part V — Summary of Plan Provisions

Effective Date

The Owensboro Health Retirement Plan was effective January 1, 1967 (original), the plan was last restated as of January 1, 2016.

Eligibility for Participation

January 1 or July 1 following attainment of age 21 and completion of one year of employment in which 1,000 hours are credited. No person hired or rehired on or after January 1, 2014 shall be eligible for the Plan.

Normal Retirement

Eligibility

Age 65 and fifth anniversary of participation.

Benefit

At Normal Retirement Date, a member may retire and receive a lump sum equal to the sum of (a), (b), (c) and (d). The minimum lump sum is \$6,400.

- (a) 12.5% of Average-Five-Year earnings times years of service under the prior ODCH plan plus years of service after January 1, 1996 (Maximum 30 years).
- (b) 5% of Average-Five-Year earnings in excess of Covered Compensation times years of service under the prior ODCH plan plus years of service after January 1, 1996 (Maximum 30 years).
- (c) 9% of Average-Seven-Year earnings times service under the prior Mercy plan.
- (d) 4.5% of Average-Seven-Year earnings in excess of Covered Compensation times service under the prior Mercy plan.

Schedule SB Attachment (Form 5500) — 2024 Plan Year

Owensboro Health Retirement Plan

EIN: 61-1286361 PN: 001

Accrued Benefit

The amount of Normal Retirement Benefit calculated pursuant to items (a) and (b) above based on the following assumptions:

- (1) That the member's Average Five-Year Earnings and Covered Compensation at date of calculation would have been the member's Average Five-Year Earnings at normal retirement date, and
- (2) That the member's Credited Service would have continued uninterrupted until Normal Retirement Date, subject to the 30-year limit.
- (3) The amount so determined will be multiplied by a fraction, the numerator of which is the Credited Service under the prior ODCH Plan as of December 31, 1995, plus the Credited Service on and after January 1, 1996, to the calculation date, and the denominator of which shall be Credited Service under the prior ODCH Plan as of December 31, 1995, plus the Credited Service the Member would have accumulated on or after January 1, 1996 had the member continued employment until Normal Retirement Date, without interruption of Service and without the 30-year limit on Credited Service.

In addition, the amounts calculated in accordance with items (c) and (d) above under normal retirement benefit will be fully accrued based on Average-Seven-Year Earnings and Credited Service as of the date of the calculation.

Early Retirement

Eligibility

Age 55 and 10 years of service.

Benefit

A lump sum equal to the accrued benefit multiplied by the discount factor for the member's age at early retirement.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Owensboro Health Retirement Plan
EIN: 61-1286361 PN: 001

Late Retirement

Eligibility Termination of employment after normal retirement age.

Benefit A member who works beyond age 65 will continue to accrue pension benefits until actual retirement date and will receive the greater of his accrued benefit as of actual retirement date or the actuarial equivalent of the Normal Retirement Benefit.

Vested Termination

Eligibility A member who terminates after completing at least five years of service (three years of service effective January 1, 2008).

Benefit A lump sum equal to the accrued benefit multiplied by the discount factor for the member's age at date of distribution.

Surviving Spouse

Eligibility A vested participant who dies and is survived by a spouse or eligible dependent. If neither a spouse nor qualified dependent exists, the death benefit will be paid to the estate.

Benefit A death benefit equal to the lump sum that would be Payable to the member if the member had terminated on the date of death.

Normal Form of Annuity

Without Spouse Lump Sum.

With Spouse Lump Sum.

Optional Forms of Annuity

Lump sum, Life Annuity, Life Annuity with 5, 10, 15 or 20 years guaranteed, Joint and 50%, 67%, 75% or 100% Survivor Annuity.

Qualified Joint and Survivor Annuity

Joint and 50% Survivor Annuity.

Actuarial Equivalence

IRS 417(e) Mortality Table for the year of commencement with segment rates as of four months prior to the date of distribution.

Definitions

Compensation W-2 earnings plus elective deferrals during calendar year.

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Owensboro Health Retirement Plan
EIN: 61-1286361 PN: 001

Average Five-Year Earnings

Average of Compensation from the five consecutive complete calendar years which yield the highest average.

Average Seven-Year Earnings

Average of Compensation from the seven consecutive complete calendar years in the final 10 years of employment which yield the highest average.

Covered Compensation

The average of the taxable wage bases in effect for each calendar year during the 35-year period ending with the last day of the preceding calendar year in which the employee attains Social Security retirement age.

Vesting and Credited Service

Years and completed months of employment prior to January 1, 1991; plus one year for each year after 1990 in which at least 1,000 hours are worked.

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

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

Owensboro Health Retirement Plan

EIN 61-1286361 PN 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

| (a) | (b) Identity of Issuer | (c) Description of Investment (in Units) | (d) Cost | (e) Current Value |
|-------|--|---|-----------------------|---------------------------|
| | Open-ended Mutual Funds | | | |
| | Dodge & Cox Intl Stock Fund | 96,397 | \$ 4,410,712 | \$ 4,810,190 |
| | Vanguard Equity Income A | 74,709 | 6,331,592 | 6,587,119 |
| | American Funds Euro Pacific GR | 88,979 | 5,677,687 | 4,779,939 |
| | BlackRock High Yield Bond K | 1,027,659 | 7,489,556 | 7,296,379 |
| | Vanguard Total Intl Stock Index | 76,771 | 9,397,553 | 9,728,428 |
| | Vanguard Ttl Stk Mkt Ind | 159,519 | 16,566,181 | 22,500,144 |
| | Vanguard Growth Index Fund Adm | 19,823 | 3,145,394 | 4,186,913 |
| | Vanguard Fixed Inc Lt Invt Grade Fd | 1,990,157 | 15,165,426 | 14,985,881 |
| | Vanguard Int Term Inv Grade Fund Ad | 4,356,407 | 39,727,361 | 37,290,840 |
| | Vanguard ST Inv-Grade Fund Adm | 471,444 | 4,816,746 | 4,860,590 |
| | | | <u>112,728,208</u> | <u>117,026,423</u> |
| | Mutual Funds | | | |
| | First Am Govt Obligations Money Market | | <u>3,141,788</u> | <u>3,141,788</u> |
| | | | <u>\$ 115,869,996</u> | <u>\$ 120,168,211</u> |

Schedule SB Attachment (Form 5500) – 2024 Plan Year
Owensboro Health Retirement Plan
EIN: 61-1286361 PN: 001

Schedule SB, line 32 – Schedule of Amortization Bases

| Type of Base | Present Value of Installment | Date Established | Years Remaining | Amortization Installment |
|--------------|------------------------------|------------------|-----------------|--------------------------|
| Shortfall | \$ 2,292,274 | January 1, 2023 | 14 | \$ 218,781 |
| Shortfall | \$ 1,924,807 | January 1, 2024 | 15 | \$ 175,120 |

Schedule SB Attachment (Form 5500) — 2024 Plan Year
Owensboro Health Retirement Plan
EIN: 61-1286361 PN: 001

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- Retirement rates were updated for active and terminated employees to better reflect plan experience.
- Termination rates were updated for active employees to better reflect plan experience.
- An age-based salary scale was adopted to better reflect plan experience. Previously, a flat 3 percent increase was used for all ages.
- The commencement age for future deferred vested participants has been updated to age 55.

These changes did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.