Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
MONUMENT HEALTH, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/15/1975

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)
MONUMENT HEALTH, INC.

353 FAIRMONT BOULEVARD
RAPID CITY, SD 57701

2b Employer Identification Number (EIN) 20-1487506

2c Plan Sponsor's telephone number 605-719-1000

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	JEREMY WEAVER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	4379
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	2726
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2459
b	Retired or separated participants receiving benefits	**6b**	177
c	Other retired or separated participants entitled to future benefits	**6c**	1526
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	4162
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	8
f	Total. Add lines **6d** and **6e**.	**6f**	4170
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	6
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 3H 1I

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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
MONUMENT HEALTH, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
20-1487506

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	106039597
b Actuarial value	**2b**	109671468

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	162	12511158	12511158
b For terminated vested participants	1491	20392062	20392062
c For active participants	2726	74438168	75293332
d Total	4379	107341388	108196552

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.13 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	750000
c Target normal cost	**6c**	750000

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

10/11/2025
Date

CHARLES J WENNER, ASA, EA
Type or print name of actuary

23-08571
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

952-842-7000
Telephone number (including area code)

8400 NORMANDALE LAKE BOULEVARD
SUITE 1700
MINNEAPOLIS, MN 55437-3837
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	759686
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	759686
10	Interest on line 9 using prior year's actual return of 9.71 %	0	73766
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		7559662
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.24 %		396126
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		7955788
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	833452

Part III Funding Percentages

14	Funding target attainment percentage	14	100.59 %
15	Adjusted funding target attainment percentage	15	101.36 %
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	101.07 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	750000
b Excess assets, if applicable, but not greater than line 31a	**31b**	641464

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	108536

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	108536	108536

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
20-1487506

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).. . . . . [X] 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

QUASAR DISTRIBUTORS, LLC

39-1982827

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

US BANCORP ASSET MANAGEMENT, LLC

41-2003732

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

US BANCORP FUND SERVICES, LLC

39-1939072

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

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

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	339267	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MEKETA INVESTMENT GROUP

04-2659023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	130000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VON BRIESEN

39-1576289

(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?
29 50	NONE	61299	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

US BANK NATIONAL ASSOCIATION

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 62 63	TRUSTEE	36402	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

STATE STREET GLOBAL TRUST

04-0025081

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	10329	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BRANDYWINE ASSET MANAGEMENT

381 BRINTON ROAD, SUITE 5
THORNTON, PA 19373

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	9616	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

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

A Name of plan
MONUMENT HEALTH, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
20-1487506

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: ARTISAN MULT INVESTMENT TRUST

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-3653822-021	C	2166236

a Name of MTIA, CCT, PSA, or 103-12 IE: KOPERNIK GLOBAL COLLECT INVEST TRST

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
83-2022303-126	C	970844

a Name of MTIA, CCT, PSA, or 103-12 IE: TWC-CTF CORE BOND PORTFOLIO

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-6721653-000	C	22880883

a Name of MTIA, CCT, PSA, or 103-12 IE: AB GLOBAL CORE EQUITY TRUST

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-6948485-039	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: S&P GLBL LARGEMIDCAP NATR IDX NL FD

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-287	C	1235350

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 3000(R) INDEX NL FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-042	C	4892837

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000(R) VALUE INDEX NL FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-123	C	743640

a Name of MTIA, CCT, PSA, or 103-12 IE: DAILY MSCI EMG MKTS IDX NL FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-192	C	1147261

a Name of MTIA, CCT, PSA, or 103-12 IE: MSCI EAFE INDEX NON-LENDING FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-241	C	2682000

a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. REIT INDEX NON-LENDING FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-327	C	1197592

a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. AGGREGATE BOND INDEX NL FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-070	C	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan
MONUMENT HEALTH, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
20-1487506

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	13023	1587297
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2000000	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	31724	839165
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	7136830
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	32435481	24182866
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	58432398	37916645
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13185855	33065387
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	106098481	104728190
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	106098481	104728190

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	121733	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2128170	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2249903
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	19048710	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	18170056	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		878654
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	2218	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		2218

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		5216565
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-622479
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		7724861
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7997307	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		7997307
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	153392	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	339267	
(8) Legal fees	2i(8)	61299	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	36402	
(11) Other expenses	2i(11)	507485	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1097845
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		9095152
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1370291
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: EIDE BAILLY LLP **(2)** EIN: 45-0250958

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 554582.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

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

A Name of plan
MONUMENT HEALTH, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
20-1487506

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): 46-0319070

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** 204

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): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 14.0 % Private Equity: 24.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 53.0 %
High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 8.0 % Other: 1.0 %

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_____.

Financial Statements
December 31, 2024 and 2023

Monument Health, Inc. Pension Plan

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Independent Auditor's Report

The Plan Administrator and Retirement Plans Committee
Monument Health, Inc. Pension Plan
Rapid City, South Dakota

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

We have performed audits of the financial statements of Monument Health, Inc. Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 (in liquidation) and 2023 (ongoing), and the related statements of changes in net assets available for benefits for the years ended December 31, 2024 (in liquidation) and 2023 (ongoing) 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 Monument Health, Inc. Pension Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Basis for Opinion

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

Emphasis of Matter – Plan Termination and Liquidation Basis of Accounting

As further discussed in Note 1 and 2 to the financial statements, the Board of Directors of the Plan Sponsor approved to terminate the plan in October 2024, and management determined liquidation is imminent. As a result, the Plan changed its basis of accounting from the ongoing basis of accounting used in presenting the 2023 financial statements to the liquidation basis of accounting used in presenting the 2024 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Monument Health, Inc. Pension 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.

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

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

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

Other Matters – Supplemental Schedules Required by ERISA

The supplemental schedule H, line 4i-schedule of assets held at end of year and schedule H, line 4j-schedule of reportable transactions as of or 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.

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

Eide Bailly LLP

Sioux Falls, South Dakota
October 15, 2025

Monument Health, Inc. Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2024 (In Liquidation) and 2023 (Ongoing)

	2024 (In Liquidation)	2023 (Ongoing)
Assets		
Cash	$ 1,587,297	$ 13,023
Investments, at fair value	102,301,728	104,053,734
Employer contributions receivable	-	2,000,000
Accrued income	839,165	31,724
Net Assets Available for Benefits	$ 104,728,190	$ 106,098,481

Monument Health, Inc. Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 (In Liquidation) and 2023 (Ongoing)

	2024 (In Liquidation)	2023 (Ongoing)
Investment Income		
Net appreciation in fair value of investments	$ 4,667,517	$ 8,343,617
Interest and dividends	3,057,344	919,762
Total investment income	7,724,861	9,263,379
Employer Contributions	-	8,000,000
Total additions	7,724,861	17,263,379
Deductions		
Benefits paid to participants	7,997,308	9,003,997
Expenses	1,097,844	1,315,248
Total deductions	9,095,152	10,319,245
Net (Decrease) Increase	(1,370,291)	6,944,134
Net Assets Available for Benefits		
Beginning of year	106,098,481	99,154,347
End of year	$ 104,728,190	$ 106,098,481

Note 1 - Description of the Plan

The following brief description of the Monument Health, Inc. Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a cash balance defined benefit plan, which was frozen as of December 31, 2020, covering employees of Monument Health, Inc. (Monument Health) that were at least 20 ½ years old and had completed one year of service. One year of service is a 12-month period during which the employee has 1,000 or more hours of service.

U.S. Bank National Association is the trustee of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Monument Health makes all contributions on behalf of the Plan.

The Plan is administered by the Retirement Plans Committee (the Committee). The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Participant's Accounts

The Plan reports accrued benefits to participants in the form of hypothetical individual account balances. As of January 1, 2021, these hypothetical account balances are increased annually by an interest credit rate determined annually, not to exceed 6%. The interest rate as of December 31, 2024 and 2023 was 4.66% and 3.99%, respectively.

Prior to January 1, 2021, the hypothetical account balances were increased annually by a percentage of the employee's compensation plus an interest credit rate determined annually, not to exceed 6%. The annual amount credited to a participant's hypothetical account was 3% of compensation for the first 7 years of credited service, 4% of compensation for years of service between 8 and 19 years, and 5% of compensation per year for 20 or more years of service.

Pension Benefits

Employees with three or more years of service are entitled to annual pension benefits beginning at normal retirement age (65). Benefits are generally determined based upon the participant's hypothetical account balance. The normal form of benefit payment is a joint and survivor annuity for married participants and a single life annuity for participants who are not married. A participant may elect to receive the vested value of their accumulated plan benefits in the form of a single life annuity or a lump-sum distribution. The Plan also provides for death and disability benefits as further described in the Plan document. If the participant's vested accrued benefit has never exceeded $5,000, such amount shall be distributed in a lump sum distribution upon termination of employment for any reason.

Employees who were participants in the Plan on December 31, 1988 and participants acquired with Northern Hills General Hospital (grandfathered pension plan participants) are eligible for special transitional benefits under the Plan. This transitional benefit was established to ensure that eligible participants would receive the same benefit or a larger benefit than they would have under the former arrangement. Effective December 31, 2017, the Plan was amended to freeze existing transitional accrual benefits for these grandfathered participants.

Effective for periods on or after January 1, 2018, the transitional benefit accrued as of December 31, 2017 will be increased by a percentage of the employee's compensation plus an interest credit rate as determined by provisions set forth in the amended Plan document.

Funding

Monument Health's policy is to make annual contributions to the Plan in amounts that are sufficient to fund the estimated benefits provided, as determined by the Plan actuary, in an amount that will meet or exceed the annual ERISA minimum funding requirement. During 2024 and 2023, Monument Health contributed $-0- and $8,000,000, respectively. The contributions for the years ended December 31, 2024 and 2023 exceeded the minimum funding requirements established by ERISA.

Vesting

The benefit an employee is eligible to receive before retirement, death or disability is based on years of credited service. A participant is 100% vested after three years of credited service.

Death and Disability Benefits

In the event of a death of a participant prior to retirement, the beneficiary will receive a death benefit equal to the value of the employee's accumulated pension benefits. Active employees who terminate employment due to becoming totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled.

Plan Termination

In 2025, Monument Health plans to give written notice to all parties concerned and to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates:

(a) The net assets of the Plan will be allocated for payment to the participants in an order of priority as prescribed by ERISA and its related regulations and the Plan document, and
(b) To the extent unfunded vested benefits exist, ERISA provides that such benefits are payable by the Pension Benefit Guaranty Corporation (PBGC) to participants, up to specified limitations, as described by ERISA. Benefit improvements attributable to recent plan amendments may not be fully guaranteed by the PBGC, or
(c) To the extent funds exist after the allocations provided by ERISA, the remaining net assets shall revert to and be paid to Monument Health, Inc.

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 that the PBGC guarantees. The ceiling varies depending on the form of benefit payment elected by the participant at Plan termination.

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.

As detailed in Note 2, the Board of Directors of the Plan Sponsor voted to move forward with efforts to terminate the Plan in October 2024. The Plan was formally amended after year end, making the termination effective March 31, 2025, subject to PBGC approval, and all accrued benefits under the Plan not previously forfeited are fully vested.

Note 2 - Significant Accounting Policies

Basis of Accounting

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

As noted above, in October 2024, the Board of Directors of the Plan Sponsor voted to move forward with efforts to terminate the Plan. The Plan was formally amended after year end, making the termination effective March 31, 2025. The Plan has changed its basis of accounting from the ongoing plan basis, used in presenting the December 31, 2023 financial statements, to the liquidation basis used in presenting the December 31, 2024 financial statements in accordance with Generally Accepted Accounting Principles (GAAP). The liquidation basis of accounting is a basis of accounting under GAAP for terminating plans.

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 amounts reported in the financial statements and accompanying notes and supplemental information, disclosures of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and trustee. See Note 4 for further discussion of fair value measurements.

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 includes the Plan's gains and losses on investments bought and sold as well as held during the year. In accordance with the policy of stating investments at fair value, the net change in appreciation for the year is reflected in the statements of changes in net assets available for benefits.

The classification of investment earnings reported in the statements of changes in net assets available for benefits may differ from the classification of earnings on Form 5500 due to different reporting requirements on Form 5500.

Payments of Benefits

Benefit payments to participants are recorded upon distribution.

Expenses

The Plan's administrative expenses are paid by either Monument Health or the Plan. Expenses that are paid directly by Monument Health are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits. These transactions are exempt party-in-interest transactions under ERISA.

Note 3 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits represent the actuarial present value of estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions for services rendered by the employees to the valuation date and salary history as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) present employees or their beneficiaries and (c) beneficiaries of employees who have died. Benefits for retired or terminated employees or their beneficiaries are based on the formula provided by the Plan document. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The Plan's actuaries estimate the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the date of expected payment. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024 and 2023. Had the valuation been performed as of December 31 there would be no material differences. The significant actuarial assumptions used in the valuation are as follows:

Discount rate	7% per year
Cash balance interest crediting rate	3.99% for 2023, 4.66% for 2024, 4.75% for 2025 and all years after
Retirement age	Assumed retirement age of 65
Mortality	Base mortality table: Pri-2012 utilizing projection Scale MP 2019 (with a 10 year convergence period)

The actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. Subsequent to year end, the Plan was amended with a termination date effective March 31, 2025, subject to PBGC approval.

The accumulated benefits information is as follows:

	December 31, 2023
Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	$ 10,785,662
Other participants	80,391,010
Total vested benefits	91,176,672
Nonvested benefits	710,630
Total actuarial present value of accumulated plan benefits	$ 91,887,302
Actuarial present value, beginning of year	$ 91,638,687
Increase during the year attributable to:	
Benefits accumulated and actuarial gains/losses, net	73,491
Change in discount period	6,099,568
Change in assumptions	3,079,553
Benefits paid	(9,003,997)
Net increase	248,615
Actuarial present value, end of year	$ 91,887,302

Note 4 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under the FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

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

Mutual Funds (including money market mutual funds) – Valued at the daily closing prices as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and transact at that price. Mutual funds held by the Plan are deemed to be actively traded.

Collective Investment Funds - The Plan's investments consist of collective investment funds that are valued at fair value based on the NAV of the units held of the collective fund. The NAV, as provided by the investment manager is used as a practical expedient to estimate fair value. The NAV is based on the observable market prices of the underlying investments within the fund, less liabilities. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different that the reported NAV.

Private Equity Funds and Partnerships - These investments have fair values that are determined using the NAV provided by the investment manager. NAV is a practical expedient to determine the fair value of investments that do not have readily determinable fair values, and which prepare their financial statements consistent with the measurement principles of an investment company or have the attributes of an investment company. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	2024 (In Liquidation)			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 33,065,387	$ -	$ -	$ 33,065,387
Money market mutual funds	7,136,830	-	-	7,136,830
Total investments at fair value hierarchy	$ 40,202,217	$ -	$ -	40,202,217
Investments at net asset value (a)				62,099,511
Total investments at fair value				$ 102,301,728

	2023 (Ongoing)			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 10,121,881	$ -	$ -	$ 10,121,881
Money market mutual funds	3,063,973	-	-	3,063,973
Total investments at fair value hierarchy	$ 13,185,854	$ -	$ -	13,185,854
Investments at net asset value (a)				90,867,880
Total investments at fair value				$ 104,053,734

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

The following tables set forth the disclosure for the fair value measurement of investments that are measured at NAV per share (or its equivalent) as a practical expedient as of December 31, 2024 and 2023:

	2024			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Private Equity Funds/Partnerships				
Brandywine	$ 4,666,136	$ -	Daily	10 Days
Kohinoor Series Fund	1,925,623	-	Monthly	3 Days
1798 Bear Convexity Fund LTD	1,943,801	-	Monthly	28 Days
First Eagle Institutional Gold Fund	993,976	-	Monthly	3 Days
Abs Direct Equity EM Xc Direct Portfolio	1,301,633	-	Monthly	10 Days
First Eagle Global Equity Fund	2,011,549	-	Monthly	3 Days
J. Stern & Co World Star Ge Fund	1,133,559	-	Daily	2 Days
Portfolio Advisors Private Equity VIII L.P.	3,455,206	601,509	N/A	N/A
Lexington Capital Partners VIII L.P.	4,312,808	1,761,005	N/A	N/A
White Oak Summit Fund	2,438,577	72,991	N/A	N/A
Collective Investment Funds				
Artisan Global Opportunities Fund	2,166,236	-	Monthly	15 Days
Kopernik Global All -Cap CIT	970,844	-	Monthly	15 Days
SSGA Russell 3000 Index fund	4,892,837	-	Daily	1 Day
Wellington Core Bond Fund	22,880,883	-	Daily	1 Day
SSGA Russell 1000 Index Value Fund	743,640	-	Daily	1 Day
SSGA Daily MSCI Emerging Markets Index	1,147,261	-	Daily	1 Day
SSGA MSCI EAFE Index NI Fund	2,682,000	-	Daily	1 Day
SSGA US Reit Index NI Fund	1,197,592	-	Daily	1 Day
SSGA S&P Global Largemidcap Nat RE	1,235,350	-	Daily	1 Day

	2023			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Private Equity Funds/Partnerships				
Brandywine	$ 5,568,509	$ -	Daily	10 Day
Kohinoor Series Fund	1,909,666	-	Monthly	3 Days
1798 Bear Convexity Fund LTD	1,894,768	-	Monthly	28 Days
First Eagle Institutional Gold Fund	2,268,006	-	Monthly	3 Days
Bh-Dg SYS Trading ER Fund LTD	2,110,480	-	Monthly	3 Days
Abs Direct Equity EM Xc Direct Portfolio	1,210,963	-	Monthly	10 Days
Abs Direct Equity China Direct Portfolio	321,616	-	Monthly	10 Days
First Eagle Global Equity Fund	5,128,653	-	Monthly	3 Days
Portfolio Advisors Private Equity VIII L.P.	3,975,961	1,023,509	N/A	N/A
Lexington Capital Partners VIII L.P.	5,350,515	1,821,631	N/A	N/A
White Oak Summit Fund	2,696,345	72,991	N/A	N/A
Collective Investment Funds				
SSGA US Aggregate Bond Index NI Fund	3,094,216	-	Daily	1 Day
Artisan Global Opportunities Fund	7,560,705	-	Monthly	15 Days
Kopernik Global All -Cap CIT	2,105,089	-	Monthly	15 Days
AB Global Core	4,242,209	-	Monthly	10 Days
SSGA Russell 3000 Index fund	9,078,764	-	Daily	1 Day
Wellington Core Bond Fund	14,909,301	-	Daily	1 Day
SSGA Russell 1000 Index Value Fund	3,535,443	-	Daily	1 Day
SSGA Daily MSCI Emerging Markets Index	2,928,764	-	Daily	1 Day
SSGA MSCI EAFE Index NI Fund	5,803,023	-	Daily	1 Day
SSGA US Reit Index NI Fund	2,682,107	-	Daily	1 Day
SSGA S&P Global Largemidcap Nat RE	2,492,777	-	Daily	1 Day

Brandywine US Fixed Income Fund seeks total return by actively investing in US investment grade securities, most typically U.S. government and corporate bonds, with a focus on duration management.

Kohinoor Series Fund is a global-macro absolute-return fund, which will first identify global macro-opportunities and secondly identify the right instrument to garner the most profit for the least risk.

1798 Bear Convexity Fund Ltd invests substantially all of its capital through a "master-feeder" structure in the 1798 Bear Convexity Master Fund LTD, which is a Cayman Islands exempted corporation. The investment objective of the Fund is to invest in the Master Fund which seeks to generate absolute risk-adjusted returns particularly in periods of market stress.

First Eagle Institutional Gold Fund, LP's investment objective is to seek to provide exposure to the investment characteristics of gold, and to a limited extent, other precious metals by investing primarily in gold, gold-related securities and issuers principally engaged in the gold industry.

Bh-Dg Systematic Trading Fund seeks to provide investors with absolute returns in the medium and long term from the application of systematic trading strategies across a large number of liquid markets.

ABS Direct Equity EM XC Direct Portfolio and China Direct Portfolio – the objective of the EM XC Direct Portfolio is to achieve attractive returns relative to the MSCI Emerging Markets ex-China Index, through investment primarily in equity securities of companies listed in developing markets other than China; the objective of the China Direct Portfolio is to achieve high returns relative to the MSCI All China Index through investment in equity securities of companies listed in the Greater China Region.

First Eagle Global Equity Fund, LP seeks to offer investors long-term capital growth by primarily investing in public equity securities of U.S. and non-U.S. companies.

J. Stern & Co. World Star GE Fund seeks to active capital growth over the long-term by investing in shares of global companies.

Portfolio Advisors Private Equity VIII L.P.'s and Lexington Capital Partners VII L.P.'s – One fund invests in a diversified portfolio of secondary (previously issued) private equity funds, and the second fund is a diversified fund of private equity and venture capital funds. There are no withdrawals available to limited partners.

Lexington Capital Partners VIII L.P. seeks returns through investing in global private equity and alternative investments through a full range of negotiated secondary market transactions.

White Oak Summit Fund's objective is to earn substantial income by lending and investing in a diversified portfolio of corporate credit and senior secured asset-based loans and debt instruments issued by small to middle market companies in the United States. There are no withdrawals available to limited partners.

SSGA US Aggregate Bond index NI Fund seeks to provide investment results that, before fees and expenses, correspond generally to the price and yield performance of an index that tracks the U.S. dollar denominated investment grade bond market over the long term.

Artisan Global Opportunities Fund seeks to achieve maximum long-term capital growth by employing a fundamental investment process to construct a diversified portfolio of U.S. and non-U.S. growth companies across a broad capitalization range.

Kopernick Global All Cap CIT seeks to primarily invest in equity shares (domestic common, foreign ordinary and depository receipts) of companies located across the globe and of all market capitalizations.

AB Global Core Equity Trust seeks to achieve the long-term growth of capital by investing in a portfolio of equity securities of issuers from markets around the world.

SSGA Russell 3000 Index Fund seeks investment return that approximates as closely as practicable, before expenses, the performance of the Russell 3000 Index over the long term.

Wellington Trust Company Core Bond Fund seeks to provide a long-term total return in excess of the US bond market as represented by the Barclays US Aggregate Bond Index by investing in a broad range of high-quality US fixed income securities.

SSGA Russell 1000 Index Value Fund seeks investment return that approximates as closely as practicable, before expenses, the performance of the Russell 1000 Value Index over the long term.

SSGA MSCI Emerging Markets Index fund seeks an investment return that approximates as closely as practicable, before expenses, the performance of the MSCI Emerging Markets Index over the long term.

SSGA MSCI EAFE Index fund seeks an investment return that approximates as closely as practicable, before expenses, the performance of the MSCI EAFE Index over the long term.

SSGA US REIT Index fund seeks an investment return that approximates as closely as practicable, before expenses, the performance of the S&P US REIT Index over the long term.

SSGA S&P Global LargeMidcap Natural Resources Index fund seeks an investment return that approximates as closely as practicable, before expenses, the performance of the S&P Global LargeMidcap Natural Resources Index over the long term.

Note 5 - Certified Investments

Certain information related to investments disclosed in the accompanying financial statements and ERISA required supplemental schedule, including investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends for the years ended December 31, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by U.S. Bank National Association (the trustee of the plan).

Note 6 - Capital Commitments

At December 31, 2024 and 2023, the Plan had remaining capital commitments for contributions to three limited partnership and private equity funds totaling $2,435,505 and $2,918,131, respectively. The funds are described in Note 4. The investment period for the funds (the period over which capital is called) is expected to extend through 2025. The life cycle of these investments tends to be 8 to 10 years.

Note 7 - Tax Status

The Plan obtained its latest determination letter on September 25, 2017, in which the Internal Revenue Service stated that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax. Subsequent to this issuance of the determination letter, the Plan has been amended, however the Plan Administrator believes the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code, and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions. The Plan is currently under an examination from the Department of Labor.

Note 8 - Related Party and Party-in-Interest Transactions

Certain Plan investments are managed by US Bank National Association, the trustee as defined by the Plan. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are exempt party-in-interest transactions under ERISA.

Note 9 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that 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 processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Note 10 - Subsequent Event

Subsequent to year end, the Plan was amended with a termination date effective March 31, 2025, subject to PBGC approval, and all accrued benefits under the Plan not previously forfeited are considered fully vested.

The Plan sponsor has evaluated subsequent events through October 15, 2025, the date which the financial statements were available to be issued.

Supplementary Information
December 31, 2024

Monument Health, Inc. Pension Plan

Monument Health, Inc. Pension Plan
EIN #20-1487506
Plan #001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

ASSET DETAIL

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE
Cash And Equivalents			
Money Markets			
First Am Govt Ob Fd Cl Z 31846V567 Asset Minor Code 1 *ACCOUNT 10128630*	450,055.080	450,055.08 1.0000	450,055.08
First Am Govt Ob Fd Cl Z 31846V567 Asset Minor Code 1 *ACCOUNT 21707230*	6,686,774.670	6,686,774.67 1.0000	6,686,774.67
Total First Am Govt Ob Fd Cl Z	**7,136,829.750**	**7,136,829.75**	**7,136,829.75**
Total Money Markets	**7,136,829.750**	**7,136,829.75**	**7,136,829.75**
Cash			
Cash		1,557,297.00	1,557,297.00
Pending Cash		30,000.00	30,000.00
Total Cash	**.000**	**1,587,297.00**	**1,587,297.00**
Total Cash And Equivalents	**7,136,829.750**	**8,724,126.75**	**8,724,126.75**
Mutual Funds			
Mutual Funds-Equity			

Monument Health, Inc. Pension Plan
EIN #20-1487506
Plan #001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE
Fidelity Small Cap Index 316146182 Asset Minor Code 98 *ACCOUNT 10128630*	.000	.00 27.6800	.00
Total Mutual Funds-Equity	**.000**	**.00**	**.00**
Mutual Funds-Fixed Income			
Brigade High Income Fndrs 02110A456 Asset Minor Code 99 *ACCOUNT 10128630*	838,729.325	8,479,553.48 10.1100	8,593,284.28
Pimco Long-Term Credit Bd Fd Inst 72201P647 Asset Minor Code 99 *ACCOUNT 10128630*	2,685,447.422	23,309,683.62 8.6800	24,062,777.63
Templeton Global Bond R6 880208772 Asset Minor Code 99 *ACCOUNT 10128630*	3.472	22.39 6.4500	24.80
Vanguard Shrt Term Infl Prot Sec Idx 922020607 Asset Minor Code 99 *ACCOUNT 10128630*	52,515.554	1,276,127.96 24.3000	1,246,926.50
Total Mutual Funds-Fixed Income	**3,576,695.773**	**33,065,387.45**	**33,903,013.21**
Total Mutual Funds	**3,576,695.773**	**33,065,387.45**	**33,903,013.21**

Miscellaneous

Monument Health, Inc. Pension Plan
EIN #20-1487506
Plan #001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE
Partnerships/Joint Ventures			
Brandywine 95MSCLF00 Asset Minor Code 77 *ACCOUNT 10128630*	401,058.187	4,666,135.94 11.6346	4,639,759.35
Kohinoor Series (Cayman) Fund 95MSC60J8 Asset Minor Code 77 *ACCOUNT 10128630*	1,947.786	1,925,622.54 988.6210	1,996,126.13
1798 Bear Convexity Fund Ltd Inv 95MSC60K5 Asset Minor Code 77 *ACCOUNT 10128630*	1,989.636	1,943,800.94 976.9627	1,989,636.80
First Eagle Institutional Gold Fund 95MSC60L3 Asset Minor Code 77 *ACCOUNT 10128630*	770.134	993,976.49 1,290.6540	670,678.61
Bh-Dg Sys Trading Er Fund Ltd 95MSC65E4 Asset Minor Code 77 *ACCOUNT 10128630*	.000	.00 133.1712	.00
Abs Direct Eq Em Xc Direct Portfolio 95MSC7A48 Asset Minor Code 77 *ACCOUNT 10128630*	1,301,633.110	1,301,633.11 1.0000	902,935.86
Abs Direct Eq China Direct Portfolio 95MSC7A55 Asset Minor Code 77 *ACCOUNT 10128630*	.000	.00 1.0000	.00
First Eagle Global Equity Fund LP 95MSC7G42 Asset Minor Code 77 *ACCOUNT 10128630*	1,409.153	2,011,549.30 1,427.4882	1,485,515.03

Monument Health, Inc. Pension Plan
EIN #20-1487506
Plan #001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE
J.Stern & Co. World Stars Ge Fund 95MSD4EJ7 Asset Minor Code 77 *ACCOUNT 10128630*	40,973.517	1,133,556.82 27.6656	1,024,337.93
White Oak Summit Fd. L.P. 97MSCB764 Asset Minor Code 77 *ACCOUNT 10128630*	.991	2,438,576.81 2,438,576.8100 @	1,491,329.87
Papef VIII Offshore, L.P. 97MSC5AU0 Asset Minor Code 77 *ACCOUNT 10128630*	1.000	3,455,206.00 3,455,206.0000 @	1.00
Lcp VIII (Offshore), L.P. 97MSC5AV8 Asset Minor Code 77 *ACCOUNT 10128630*	1.000	4,312,808.00 4,312,808.0000 @	1.00
Total Partnerships/Joint Ventures	**1,749,784.514**	**24,182,865.95**	**14,200,321.58**
Collective Investment Funds			
Ssga U.S. Aggregate Bond Indx Nl Fd 95MSCEU33 Asset Minor Code 17 *ACCOUNT 10128630*	.000	.00 31.6560	.00
Artisan Global Opportunities Trust 95MSC4FV0 Asset Minor Code 17 *ACCOUNT 10128630*	51,174.964	2,166,236.23 42.3300	1,660,688.92

Monument Health, Inc. Pension Plan
EIN #20-1487506
Plan #001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE
Kopernik Global All-Cap Cit 95MSC4FW8 Asset Minor Code 17 *ACCOUNT 10128630*	53,372.420	970,844.32 18.1900	807,524.72
Ab Global Core 95MSC4F08 Asset Minor Code 17 *ACCOUNT 10128630*	.000	.00 32.7885	.00
Ssga Russell 3000 Index Fund 95MSC5ML1 Asset Minor Code 17 *ACCOUNT 10128630*	70,869.602	4,892,837.32 69.0400	3,315,615.76
Wellington Core Bond 95MSC65F1 Asset Minor Code 17 *ACCOUNT 10128630*	2,780,180.206	22,880,883.10 8.2300	22,922,473.82
Ssga Russell 1000 R Value Indx Fd 95MSC65P9 Asset Minor Code 17 *ACCOUNT 10128630*	4,434.720	743,640.46 167.6860	634,090.41
Ssga Daily Msci Emg Mkts Indx Fund 95MSC65Q7 Asset Minor Code 17 *ACCOUNT 10128630*	27,737.086	1,147,261.35 41.3620	993,332.57
Ssga Msci Eafe Index Nl Fund 95MSC65R5 Asset Minor Code 17 *ACCOUNT 10128630*	19,733.795	2,682,000.34 135.9090	1,924,205.64
Ssga US Reit Index Nl Fund 95MSC65S3 Asset Minor Code 17 *ACCOUNT 10128630*	16,086.504	1,197,591.96 74.4470	942,079.09

Monument Health, Inc. Pension Plan
EIN #20-1487506
Plan #001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE
Ssga S&p Global Largemidcap Nat Re 95MSC65T1 Asset Minor Code 17 *ACCOUNT 10128630*	75,741.855	1,235,349.66 16.3100	1,237,318.54
Total Collective Investment Funds	**3,099,331.152**	**37,916,644.74**	**34,437,329.47**
Total Miscellaneous	**4,849,115.666**	**62,099,510.69**	**48,637,651.05**
Total Assets	**15,562,641.189**	**103,889,024.89**	**91,264,791.01**
Accrued Income	**.000**	**839,165.14**	**839,165.14**
Grand Total	**15,562,641.189**	**104.728.190.03**	**92,103,956.15**

Monument Health, Inc. Pension Plan
EIN #20-1487506
Plan #001
Schedule H, Line 4j - Schedule of Reportable Transactions
December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	BEGINNING MARKET VALUE				**104,337,209.49**		
	COMPARATIVE VALUE (5%)				**5,216,860.47**		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
Issue: 31846V567 - First Am Govt Ob Fd Cl Z							
06/21/2024 10128630	B	9,500,000.000	1.0000		- 9,500,000 *	9,500,000	
06/26/2024 10128630	S	- 11,000,000.000	1.0000		11,000,000 *	11,000,000	
07/19/2024 10128630	B	6,600,000.000	1.0000		- 6,600,000 *	6,600,000	
07/24/2024 10128630	S	- 6,801,798.670	1.0000		6,801,799 *	6,801,799	
07/29/2024 10128630	S	- 6,500,000.000	1.0000		6,500,000 *	6,500,000	
12/30/2024 10128630	S	- 6,500,000.000	1.0000		6,500,000 *	6,500,000	
12/30/2024 21707230	B	6,500,000.000	1.0000		- 6,500,000 *	6,500,000	
Issue: 72201P647 - Pimco Long-Term Credit Bd Fd Inst							
06/25/2024 10128630	B	1,233,183.857	8.9200		- 11,000,000 *	11,000,000	
07/23/2024 10128630	B	1,014,656.144	8.8700		- 9,000,000 *	9,000,000	
	GRAND TOTAL			**0**	**73,401,799**	**73,401,799**	**0**

Monument Health, Inc. Pension Plan
EIN #20-1487506
Plan #001
Schedule H, Line 4j - Schedule of Reportable Transactions
December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE							
Broker: Direct From Issuer							
Issue: 95MSC4F08 - Ab Global Core							
01/31/2024 10128630	S	- 107.012	32.2095		3,447	2,886	561
Issue: 95MSC4F08 - Ab Global Core							
01/31/2024 10128630	S	- 129,273.975	32.4539		4,195,447	3,485,819	709,628
Issue: 95MSC65F1 - Wellington Core Bond							
01/31/2024 10128630	B	71,942.446	8.3400		- 600,000	600,000	
Issue: 95MSC65F1 - Wellington Core Bond							
01/31/2024 10128630	B	6,789.470	8.3700		- 56,828	56,828	
Issue: 95MSC60L3 - First Eagle Institutional Gold Fund							
02/01/2024 10128630	S	- 549.845	1,091.2166		600,000	478,838	121,162
Issue: 95MSC65F1 - Wellington Core Bond							
02/29/2024 10128630	B	6,416.770	8.2500		- 52,938	52,938	
Issue: 95MSC65F1 - Wellington Core Bond							
03/29/2024 10128630	B	6,922.805	8.3000		- 57,459	57,459	
Issue: 95MSC65F1 - Wellington Core Bond							
03/29/2024 10128630	B	120,481.928	8.3000		- 1,000,000	1,000,000	
Issue: 95MSC5ML1 - Ssga Russell 3000 Index Fund							
03/31/2024 10128630	S	- 7.611	59.9566		456	356	100
Issue: 95MSC65P9 - Ssga Russell 1000 R Value Indx Fd							
03/31/2024 10128630	S	- 1.378	154.6952		213	170	43

Monument Health, Inc. Pension Plan
EIN #20-1487506
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Schedule H, Line 4j - Schedule of Reportable Transactions
December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Issue: 95MSC65Q7 - Ssga Daily Msci Emg Mkts Indx Fund							
03/31/2024 10128630	S	- 9.373	39.3535		369	336	33
Issue: 95MSC65R5 - Ssga Msci Eafe Index Nl Fund							
03/31/2024 10128630	S	- 4.431	136.8314		606	432	174
Issue: 95MSC65S3 - Ssga US Reit Index Nl Fund							
03/31/2024 10128630	S	- 5.532	66.9920		371	324	47
Issue: 95MSC65T1 - Ssga S&p Global Largemidcap Nat Re							
03/31/2024 10128630	S	- 35.616	16.9528		604	582	22
Issue: 95MSCEU33 - Ssga U.S. Aggregate Bond Indx Nl Fd							
03/31/2024 10128630	S	- 5.939	31.3049		186	183	3
Issue: 95MSCEU33 - Ssga U.S. Aggregate Bond Indx Nl Fd							
04/02/2024 10128630	B	15,954.052	31.3400		- 500,000	500,000	
Issue: 95MSCLF00 - Brandywine							
04/30/2024 10128630	S	- 68,716.413	10.9144		750,000	765,167	- 15,167
Issue: 95MSD4EJ7 - J.Stern & Co. World Stars Ge Fund							
04/30/2024 10128630	B	170,000.000	25.0000		- 4,250,000	4,250,000	
Issue: 95MSC65F1 - Wellington Core Bond							
04/30/2024 10128630	B	7,853.831	8.0700		- 63,380	63,380	
Issue: 95MSCEU33 - Ssga U.S. Aggregate Bond Indx Nl Fd							
04/30/2024 10128630	S	- 15,954.052	31.3400		500,000	493,645	6,355
Issue: 95MSCEU33 - Ssga U.S. Aggregate Bond Indx Nl Fd							
04/30/2024 10128630	B	15,930.417	31.3865		- 500,000	500,000	

Monument Health, Inc. Pension Plan
EIN #20-1487506
Plan #001
Schedule H, Line 4j - Schedule of Reportable Transactions
December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Issue: 95MSCEU33 - Ssga U.S. Aggregate Bond Indx Nl Fd							
04/30/2024 10128630	S	- 16,150.914	30.9580		500,000	499,841	159
Issue: 95MSCLF00 - Brandywine							
05/01/2024 10128630	S	- 254.971	10.8344		2,762	2,839	- 77
Issue: 95MSCLF00 - Brandywine							
05/01/2024 10128630	S	- 35.073	10.8345		380	391	- 11
Issue: 95MSC65F1 - Wellington Core Bond							
05/31/2024 10128630	B	7,677.004	8.1900		- 62,875	62,875	
Issue: 95MSC65P9 - Ssga Russell 1000 R Value Indx Fd							
06/18/2024 10128630	S	- 6,404.550	156.1390		1,000,000	792,335	207,665
Issue: 95MSC5ML1 - Ssga Russell 3000 Index Fund							
06/20/2024 10128630	S	- 70,869.386	63.4971		4,500,000	3,315,606	1,184,394
Issue: 95MSC65R5 - Ssga Msci Eafe Index Nl Fund							
06/20/2024 10128630	S	- 9,420.017	138.0040		1,300,000	918,528	381,472
Issue: 95MSC65Q7 - Ssga Daily Msci Emg Mkts Indx Fund							
06/24/2024 10128630	S	- 24,235.961	41.2610		1,000,000	867,949	132,051
Issue: 95MSC5ML1 - Ssga Russell 3000 Index Fund							
06/30/2024 10128630	S	- 7.588	63.3474		481	355	126
Issue: 95MSC65F1 - Wellington Core Bond							
06/30/2024 10128630	S	- 479,616.307	8.3400		4,000,000	3,914,041	85,959
Issue: 95MSC65F1 - Wellington Core Bond							
06/30/2024 10128630	B	5,990.808	8.2300		- 49,304	49,304	

Monument Health, Inc. Pension Plan
EIN #20-1487506
Plan #001
Schedule H, Line 4j - Schedule of Reportable Transactions
December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Issue: 95MSC65P9 - Ssga Russell 1000 R Value Indx Fd							
06/30/2024 10128630	S	- 1.185	155.5865		184	147	38
Issue: 95MSC65Q7 - Ssga Daily Msci Emg Mkts Indx Fund							
06/30/2024 10128630	S	- 14.086	41.1856		580	504	76
Issue: 95MSC65R5 - Ssga Msci Eafe Index Nl Fund							
06/30/2024 10128630	S	- 4.364	136.8378		597	426	172
Issue: 95MSC65S3 - Ssga US Reit Index Nl Fund							
06/30/2024 10128630	S	- 5.828	67.4846		393	341	52
Issue: 95MSC65T1 - Ssga S&p Global Largemidcap Nat Re							
06/30/2024 10128630	S	- 35.165	17.0442		599	574	25
Issue: 95MSCEU33 - Ssga U.S. Aggregate Bond Indx Nl Fd							
06/30/2024 10128630	S	- 6.027	31.7986		192	187	5
Issue: 95MSC65R5 - Ssga Msci Eafe Index Nl Fund							
07/17/2024 10128630	S	- 10,493.767	142.9420		1,500,000	1,023,228	476,772
Issue: 95MSC4FV0 - Artisan Global Opportunities Trust							
07/25/2024 10128630	S	- 69,965.017	40.0200		2,800,000	2,270,449	529,551
Issue: 95MSCLF00 - Brandywine							
07/31/2024 10128630	B	304,994.494	11.4756		- 3,500,000	3,500,000	
Issue: 95MSC4FW8 - Kopernik Global All-Cap Cit							
07/31/2024 10128630	S	- 37,115.589	18.8600		700,000	561,559	138,441
Issue: 95MSC5ML1 - Ssga Russell 3000 Index Fund							
07/31/2024 10128630	S	- 15,355.322	65.1240		1,000,000	718,395	281,605

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Issue: 95MSC65F1 - Wellington Core Bond							
07/31/2024 10128630	B	358,851.675	8.3600		- 3,000,000	3,000,000	
Issue: 95MSC65F1 - Wellington Core Bond							
07/31/2024 10128630	B	6,794.920	8.4000		- 57,077	57,077	
Issue: 95MSC65P9 - Ssga Russell 1000 R Value Indx Fd							
07/31/2024 10128630	S	- 9,774.216	163.6960		1,600,000	1,209,211	390,789
Issue: 95MSC65Q7 - Ssga Daily Msci Emg Mkts Indx Fund							
07/31/2024 10128630	S	- 23,694.437	42.2040		1,000,000	848,555	151,445
Issue: 95MSC65S3 - Ssga US Reit Index Nl Fund							
07/31/2024 10128630	S	- 17,857.857	72.7971		1,300,000	1,045,815	254,185
Issue: 95MSC65T1 - Ssga S&p Global Largemidcap Nat Re							
07/31/2024 10128630	S	- 66,718.559	17.9860		1,200,000	1,089,914	110,086
Issue: 95MSCEU33 - Ssga U.S. Aggregate Bond Indx Nl Fd							
07/31/2024 10128630	S	- 1.586	32.0050		51	49	2
Issue: 95MSCEU33 - Ssga U.S. Aggregate Bond Indx Nl Fd							
07/31/2024 10128630	S	- 5.919	32.0088		189	183	6
Issue: 95MSCEU33 - Ssga U.S. Aggregate Bond Indx Nl Fd							
07/31/2024 10128630	S	- 96,927.986	32.0144		3,103,095	2,999,741	103,354
Issue: 95MSCLF00 - Brandywine							
08/30/2024 10128630	B	127,455.526	11.7688		- 1,500,000	1,500,000	
Issue: 95MSCLF00 - Brandywine							
08/31/2024 10128630	S	- 225.266	11.6132		2,616	2,532	84

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Issue: 95MSC65F1 - Wellington Core Bond							
08/31/2024 10128630	B	7,140.748	8.4800		- 60,554	60,554	
Issue: 95MSC7G42 - First Eagle Global Equity Fund LP							
09/01/2024 10128630	S	- 697.603	1,433.4801		1,000,000	735,406	264,594
Issue: 95MSC60L3 - First Eagle Institutional Gold Fund							
09/01/2024 10128630	S	- 388.837	1,285.8859		500,000	338,622	161,378
Issue: 95MSCLF00 - Brandywine							
09/30/2024 10128630	S	- 256,208.447	12.0995		3,100,000	2,879,776	220,224
Issue: 95MSC4FW8 - Kopernik Global All-Cap Cit							
09/30/2024 10128630	S	- 25,176.234	19.8600		500,000	380,916	119,084
Issue: 95MSC5ML1 - Ssga Russell 3000 Index Fund							
09/30/2024 10128630	S	- 6.704	63.0564		423	314	109
Issue: 95MSD4EJ7 - J.Stern & Co. World Stars Ge Fund							
09/30/2024 10128630	S	- 71,969.650	27.7895		2,000,000	1,799,241	200,759
Issue: 95MSC65F1 - Wellington Core Bond							
09/30/2024 10128630	B	7,057.956	8.5800		- 60,557	60,557	
Issue: 95MSC65P9 - Ssga Russell 1000 R Value Indx Fd							
09/30/2024 10128630	B	5,925.013	168.7760		- 1,000,000	1,000,000	
Issue: 95MSC65P9 - Ssga Russell 1000 R Value Indx Fd							
09/30/2024 10128630	S	- 1.046	163.5182		171	129	42
Issue: 95MSC65Q7 - Ssga Daily Msci Emg Mkts Indx Fund							
09/30/2024 10128630	S	- 13.409	40.5563		544	480	64

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Issue: 95MSC65R5 - Ssga Msci Eafe Index Nl Fund							
09/30/2024 10128630	S	- 3.992	142.3146		568	389	179
Issue: 95MSC65S3 - Ssga US Reit Index Nl Fund							
09/30/2024 10128630	S	- 5.050	76.6020		387	296	91
Issue: 95MSC65T1 - Ssga S&p Global Largemidcap Nat Re							
09/30/2024 10128630	S	- 38.214	16.8669		645	624	20
Issue: 95MSC65F1 - Wellington Core Bond							
10/31/2024 10128630	B	7,361.514	8.3200		- 61,248	61,248	
Issue: 95MSC7A55 - Abs Direct Eq China Direct Portfolio							
11/01/2024 10128630	S	- 313,739.000	.9500		298,052	340,000	- 41,948
Issue: 95MSC7G42 - First Eagle Global Equity Fund LP							
11/01/2024 10128630	S	- 329.991	1,515.1928		500,000	347,873	152,127
Issue: 95MSC5ML1 - Ssga Russell 3000 Index Fund							
11/25/2024 10128630	S	- 2,824.659	70.8050		200,000	132,151	67,849
Issue: 95MSC65T1 - Ssga S&p Global Largemidcap Nat Re							
11/25/2024 10128630	S	- 2,288.591	17.4780		40,000	37,386	2,614
Issue: 95MSCLF00 - Brandywine							
11/30/2024 10128630	S	- 328.792	11.7317		3,857	3,696	162
Issue: 95MSCLF00 - Brandywine							
11/30/2024 10128630	S	- 89,160.661	11.6643		1,040,000	973,733	66,267
Issue: 95MSC4FV0 - Artisan Global Opportunities Trust							
11/30/2024 10128630	S	- 28,492.670	43.5200		1,240,000	924,621	315,379

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Issue: 95MSD4EJ7 - J.Stern & Co. World Stars Ge Fund							
11/30/2024 10128630	S	- 19,579.787	28.0902		550,000	489,495	60,505
Issue: 95MSC65F1 - Wellington Core Bond							
11/30/2024 10128630	B	425,837.321	8.3600		- 3,560,000	3,560,000	
Issue: 95MSC65F1 - Wellington Core Bond							
11/30/2024 10128630	B	8,789.944	8.3800		- 73,660	73,660	
Issue: 95MSC65P9 - Ssga Russell 1000 R Value Indx Fd							
11/30/2024 10128630	S	- 4,567.633	179.5241		820,000	653,095	166,905
Issue: 95MSC65R5 - Ssga Msci Eafe Index Nl Fund							
11/30/2024 10128630	S	- 2,686.830	137.7087		370,000	261,988	108,012
Issue: 95MSC65S3 - Ssga US Reit Index Nl Fund							
11/30/2024 10128630	S	- 2,505.934	79.8106		200,000	146,756	53,244
Issue: 95MSC5ML1 - Ssga Russell 3000 Index Fund							
12/13/2024 10128630	S	- 2,806.978	71.2510		200,000	131,324	68,676
Issue: 95MSC65P9 - Ssga Russell 1000 R Value Indx Fd							
12/13/2024 10128630	S	- 4,853.247	173.0800		840,000	693,933	146,067
Issue: 95MSC65R5 - Ssga Msci Eafe Index Nl Fund							
12/13/2024 10128630	S	- 2,081.808	139.3020		290,000	202,993	87,007
Issue: 95MSC65S3 - Ssga US Reit Index Nl Fund							
12/13/2024 10128630	S	- 2,462.831	77.1470		190,000	144,232	45,768
Issue: 95MSCLF00 - Brandywine							
12/31/2024 10128630	S	- 101,413.387	11.7342		1,190,000	1,118,238	71,762

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Issue: 95MSC7G42 - First Eagle Global Equity Fund LP							
12/31/2024 10128630	S	- 1,576.528	1,490.6174		2,350,000	1,661,960	688,040
Issue: 95MSC4FV0 - Artisan Global Opportunities Trust							
12/31/2024 10128630	S	- 27,537.551	43.9400		1,210,000	893,627	316,373
Issue: 95MSC4FV0 - Artisan Global Opportunities Trust							
12/31/2024 10128630	S	- 29,293.645	42.3300		1,240,000	950,614	289,386
Issue: 95MSC5ML1 - Ssga Russell 3000 Index Fund							
12/31/2024 10128630	S	- 1.175	70.0170		82	55	27
Issue: 95MSC5ML1 - Ssga Russell 3000 Index Fund							
12/31/2024 10128630	S	- 2.425	70.0454		170	113	56
Issue: 95MSD4EJ7 - J.Stern & Co. World Stars Ge Fund							
12/31/2024 10128630	S	- 37,477.047	28.2840		1,060,000	936,926	123,074
Issue: 95MSC60L3 - First Eagle Institutional Gold Fund							
12/31/2024 10128630	S	- 369.605	1,352.7956		500,000	321,874	178,126
Issue: 95MSC65E4 - Bh-Dg Sys Trading Er Fund Ltd							
12/31/2024 10128630	S	- 13,797.654	133.8890		1,847,355	2,348,787	- 501,433
Issue: 95MSC65F1 - Wellington Core Bond							
12/31/2024 10128630	B	418,269.231	8.3200		- 3,480,000	3,480,000	
Issue: 95MSC65F1 - Wellington Core Bond							
12/31/2024 10128630	B	10,701.361	8.2300		- 88,072	88,072	
Issue: 95MSC65P9 - Ssga Russell 1000 R Value Indx Fd							
12/31/2024 10128630	S	-.234	168.8462		40	33	6

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Issue: 95MSC65P9 - Ssga Russell 1000 R Value Indx Fd							
12/31/2024 10128630	S	-.261	168.6973		44	37	7
Issue: 95MSC65Q7 - Ssga Daily Msci Emg Mkts Indx Fund							
12/31/2024 10128630	S	- 5.609	42.4265		238	201	37
Issue: 95MSC65R5 - Ssga Msci Eafe Index Nl Fund							
12/31/2024 10128630	S	- 2.519	141.4609		356	246	111
Issue: 95MSC65S3 - Ssga US Reit Index Nl Fund							
12/31/2024 10128630	S	- 3.080	78.2175		241	180	61
Issue: 95MSC65T1 - Ssga S&p Global Largemidcap Nat Re							
12/31/2024 10128630	S	- 20.331	17.1900		349	332	17
Total For Direct From Issuer				**0**	**79,481,292**	**70,799,077**	**8,682,215**
GRAND TOTAL				**0**	**79,481,292**	**70,799,077**	**8,682,215**

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

Issue: 31846V567 - First Am Govt Ob Fd Cl Z							
01/02/2024 10128630	B	13,022.680	1.0000		- 13,023	13,023	
01/03/2024 10128630	B	8,263.360	1.0000		- 8,263	8,263	
01/03/2024 21707230	B	23,460.660	1.0000		- 23,461	23,461	
01/05/2024 10128630	B	600,000.000	1.0000		- 600,000	600,000	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/24/2024 10128630	B	110.320	1.0000		- 110	110	
01/31/2024 10128630	B	107,467.000	1.0000		- 107,467	107,467	
02/02/2024 10128630	B	4,198,534.530	1.0000		- 4,198,535	4,198,535	
02/02/2024 21707230	B	10,037.170	1.0000		- 10,037	10,037	
02/05/2024 10128630	B	85,960.690	1.0000		- 85,961	85,961	
02/05/2024 21707230	B	16,995.040	1.0000		- 16,995	16,995	
02/08/2024 10128630	B	2,467.380	1.0000		- 2,467	2,467	
02/21/2024 21707230	B	1,936.070	1.0000		- 1,936	1,936	
02/22/2024 21707230	B	2,000,000.000	1.0000		- 2,000,000	2,000,000	
03/01/2024 10128630	B	82,066.000	1.0000		- 82,066	82,066	
03/01/2024 21707230	B	247.770	1.0000		- 248	248	
03/04/2024 10128630	B	3,092.110	1.0000		- 3,092	3,092	
03/04/2024 21707230	B	9,786.830	1.0000		- 9,787	9,787	
03/13/2024 21707230	B	62.460	1.0000		- 62	62	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/18/2024 21707230	B	82.890	1.0000		- 83	83	
03/21/2024 10128630	B	77,011.000	1.0000		- 77,011	77,011	
03/28/2024 10128630	B	577,000.000	1.0000		- 577,000	577,000	
04/01/2024 10128630	B	42,933.000	1.0000		- 42,933	42,933	
04/02/2024 10128630	B	4,174.530	1.0000		- 4,175	4,175	
04/02/2024 21707230	B	10,388.400	1.0000		- 10,388	10,388	
04/02/2024 21707230	B	247.720	1.0000		- 248	248	
04/10/2024 10128630	B	52,887.000	1.0000		- 52,887	52,887	
04/24/2024 10128630	B	750,000.000	1.0000		- 750,000	750,000	
04/25/2024 10128630	B	500,000.000	1.0000		- 500,000	500,000	
04/30/2024 21707230	B	1,250,000.000	1.0000		- 1,250,000	1,250,000	
05/02/2024 10128630	B	1,259.470	1.0000		- 1,259	1,259	
05/02/2024 21707230	B	1,544.670	1.0000		- 1,545	1,545	
05/09/2024 21707230	B	5,768.920	1.0000		- 5,769	5,769	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/14/2024 21707230	B	4,150.500	1.0000		- 4,151	4,151	
05/16/2024 10128630	B	64,098.000	1.0000		- 64,098	64,098	
05/22/2024 10128630	B	43,964.000	1.0000		- 43,964	43,964	
05/30/2024 10128630	B	.130	1.0000				
06/04/2024 10128630	B	80,425.660	1.0000		- 80,426	80,426	
06/04/2024 21707230	B	3,524.010	1.0000		- 3,524	3,524	
06/12/2024 21707230	B	290,000.000	1.0000		- 290,000	290,000	
06/20/2024 10128630	B	1,300,000.000	1.0000		- 1,300,000	1,300,000	
06/21/2024 10128630	B	9,500,000.000	1.0000		- 9,500,000 *	9,500,000	
06/24/2024 10128630	B	1,000,000.000	1.0000		- 1,000,000	1,000,000	
06/26/2024 10128630	B	73,273.000	1.0000		- 73,273	73,273	
06/27/2024 10128630	B	.110	1.0000				
06/27/2024 10128630	B	192,388.000	1.0000		- 192,388	192,388	
07/02/2024 10128630	B	9,317.110	1.0000		- 9,317	9,317	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/02/2024 21707230	B	1,035,139.650	1.0000		- 1,035,140	1,035,140	
07/10/2024 21707230	B	7,609.390	1.0000		- 7,609	7,609	
07/17/2024 21707230	B	104.070	1.0000		- 104	104	
07/19/2024 10128630	B	6,600,000.000	1.0000		- 6,600,000 *	6,600,000	
07/22/2024 10128630	B	1,000,000.000	1.0000		- 1,000,000	1,000,000	
07/26/2024 10128630	B	3,500,000.000	1.0000		- 3,500,000	3,500,000	
07/29/2024 10128630	B	3,103,095.010	1.0000		- 3,103,095	3,103,095	
07/30/2024 10128630	B	.110	1.0000				
07/31/2024 21707230	B	500.760	1.0000		- 501	501	
08/01/2024 10128630	B	142,404.000	1.0000		- 142,404	142,404	
08/02/2024 10128630	B	7,574.060	1.0000		- 7,574	7,574	
08/02/2024 21707230	B	3,663.960	1.0000		- 3,664	3,664	
08/07/2024 10128630	B	1,500,000.000	1.0000		- 1,500,000	1,500,000	
08/08/2024 21707230	B	9,789.410	1.0000		- 9,789	9,789	

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08/27/2024 21707230	B	1,266.750	1.0000		- 1,267	1,267	
08/29/2024 10128630	B	.120	1.0000				
08/30/2024 10128630	B	49,826.000	1.0000		- 49,826	49,826	
08/30/2024 21707230	B	30,777.280	1.0000		- 30,777	30,777	
09/04/2024 10128630	B	4,851.360	1.0000		- 4,851	4,851	
09/04/2024 21707230	B	2,001.800	1.0000		- 2,002	2,002	
09/05/2024 21707230	B	1,000,000.000	1.0000		- 1,000,000	1,000,000	
09/13/2024 10128630	B	144,093.000	1.0000		- 144,093	144,093	
09/20/2024 10128630	B	298,052.180	1.0000		- 298,052	298,052	
09/25/2024 10128630	B	4,100,000.000	1.0000		- 4,100,000	4,100,000	
09/26/2024 10128630	B	500,000.000	1.0000		- 500,000	500,000	
09/26/2024 21707230	B	10,782.660	1.0000		- 10,783	10,783	
09/27/2024 10128630	B	67,436.000	1.0000		- 67,436	67,436	
09/30/2024 21707230	B	28.210	1.0000		- 28	28	

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10/02/2024 10128630	B	3,014.720	1.0000		- 3,015	3,015	
10/02/2024 21707230	B	2,864.650	1.0000		- 2,865	2,865	
10/08/2024 10128630	B	500,000.000	1.0000		- 500,000	500,000	
10/15/2024 21707230	B	693,865.000	1.0000		- 693,865	693,865	
10/28/2024 21707230	B	10,782.660	1.0000		- 10,783	10,783	
10/30/2024 10128630	B	.130	1.0000				
10/30/2024 10128630	B	66,929.000	1.0000		- 66,929	66,929	
10/31/2024 21707230	B	36.820	1.0000		- 37	37	
11/04/2024 10128630	B	1,829.760	1.0000		- 1,830	1,830	
11/04/2024 21707230	B	2,867.700	1.0000		- 2,868	2,868	
11/25/2024 10128630	B	1,040,000.000	1.0000		- 1,040,000	1,040,000	
11/26/2024 10128630	B	40,000.000	1.0000		- 40,000	40,000	
11/26/2024 10128630	B	2,516,951.000	1.0000		- 2,516,951	2,516,951	
11/26/2024 21707230	B	372,359.080	1.0000		- 372,359	372,359	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/27/2024 10128630	B	40,000.120	1.0000		- 40,000	40,000	
12/02/2024 10128630	B	550,000.000	1.0000		- 550,000	550,000	
12/03/2024 10128630	B	948.240	1.0000		- 948	948	
12/03/2024 21707230	B	2,086.550	1.0000		- 2,087	2,087	
12/05/2024 10128630	B	2,850,000.000	1.0000		- 2,850,000	2,850,000	
12/06/2024 21707230	B	7,530.910	1.0000		- 7,531	7,531	
12/16/2024 10128630	B	50,000.000	1.0000		- 50,000	50,000	
12/16/2024 10128630	B	3,920,000.000	1.0000		- 3,920,000	3,920,000	
12/17/2024 10128630	B	530,000.000	1.0000		- 530,000	530,000	
12/17/2024 21707230	B	48,279.930	1.0000		- 48,280	48,280	
12/20/2024 10128630	B	212,731.960	1.0000		- 212,732	212,732	
12/20/2024 10128630	B	295,746.000	1.0000		- 295,746	295,746	
12/20/2024 21707230	B	.930	1.0000		- 1	1	
12/27/2024 10128630	B	6,827.000	1.0000		- 6,827	6,827	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/30/2024 10128630	B	.130	1.0000				
12/30/2024 21707230	B	6,500,000.000	1.0000		- 6,500,000 *	6,500,000	
12/31/2024 21707230	B	95,539.100	1.0000		- 95,539	95,539	
Total For Buys				**0**	**66,478,137**	**66,478,137**	**0**
01/02/2024 21707230	S	- 104,618.560	1.0000		104,619	104,619	
01/02/2024 21707230	S	- 55,418.670	1.0000		55,419	55,419	
01/03/2024 21707230	S	- 32,500.000	1.0000		32,500	32,500	
01/09/2024 10128630	S	- 600,000.000	1.0000		600,000	600,000	
01/24/2024 21707230	S	- 9,441.670	1.0000		9,442	9,442	
01/26/2024 21707230	S	- 182,953.390	1.0000		182,953	182,953	
01/29/2024 21707230	S	- 8,883.380	1.0000		8,883	8,883	
02/01/2024 21707230	S	- 104,205.060	1.0000		104,205	104,205	
02/02/2024 10128630	S	- 4,250,000.000	1.0000		4,250,000	4,250,000	
02/05/2024 21707230	S	- 16,995.040	1.0000		16,995	16,995	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/09/2024 21707230	S	- 52,116.510	1.0000		52,117	52,117	
02/20/2024 21707230	S	- 9,555.940	1.0000		9,556	9,556	
02/23/2024 21707230	S	- 572,833.850	1.0000		572,834	572,834	
03/01/2024 21707230	S	- 106,810.390	1.0000		106,810	106,810	
03/08/2024 21707230	S	- 691,367.480	1.0000		691,367	691,367	
03/13/2024 21707230	S	- 62.460	1.0000		62	62	
03/20/2024 21707230	S	- 14,298.420	1.0000		14,298	14,298	
03/22/2024 21707230	S	- 919,634.740	1.0000		919,635	919,635	
03/28/2024 21707230	S	- 577,000.000	1.0000		577,000	577,000	
04/01/2024 10128630	S	- 1,000,000.000	1.0000		1,000,000	1,000,000	
04/01/2024 21707230	S	- 106,135.670	1.0000		106,136	106,136	
04/01/2024 21707230	S	- 32,500.000	1.0000		32,500	32,500	
04/02/2024 10128630	S	- 499,998.270	1.0000		499,998	499,998	
04/03/2024 21707230	S	- 13,923.000	1.0000		13,923	13,923	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/05/2024 21707230	S	- 551,566.570	1.0000		551,567	551,567	
04/08/2024 10128630	S	- 32,049.000	1.0000		32,049	32,049	
04/19/2024 21707230	S	- 300,275.180	1.0000		300,275	300,275	
04/22/2024 10128630	S	- 60,000.000	1.0000		60,000	60,000	
04/22/2024 21707230	S	- 32,699.920	1.0000		32,700	32,700	
04/26/2024 21707230	S	- 9,321.990	1.0000		9,322	9,322	
04/30/2024 10128630	S	- 1,151,326.000	1.0000		1,151,326	1,151,326	
05/01/2024 21707230	S	- 123,911.170	1.0000		123,911	123,911	
05/03/2024 21707230	S	- 222,235.180	1.0000		222,235	222,235	
05/09/2024 21707230	S	- 5,768.920	1.0000		5,769	5,769	
05/13/2024 21707230	S	- 11,074.080	1.0000		11,074	11,074	
05/17/2024 21707230	S	- 297,481.470	1.0000		297,481	297,481	
05/28/2024 21707230	S	- 28,849.000	1.0000		28,849	28,849	
05/31/2024 21707230	S	- 95,025.010	1.0000		95,025	95,025	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/03/2024 21707230	S	- 116,957.070	1.0000		116,957	116,957	
06/12/2024 10128630	S	- 290,000.000	1.0000		290,000	290,000	
06/14/2024 21707230	S	- 432,588.670	1.0000		432,589	432,589	
06/26/2024 10128630	S	- 11,000,000.000	1.0000		11,000,000 *	11,000,000	
06/28/2024 21707230	S	- 154,543.320	1.0000		154,543	154,543	
07/01/2024 21707230	S	- 102,807.070	1.0000		102,807	102,807	
07/02/2024 10128630	S	- 1,080,000.000	1.0000		1,080,000	1,080,000	
07/09/2024 21707230	S	- 9,724.920	1.0000		9,725	9,725	
07/12/2024 21707230	S	- 236,693.090	1.0000		236,693	236,693	
07/17/2024 21707230	S	- 104.070	1.0000		104	104	
07/24/2024 10128630	S	- 6,801,798.670	1.0000		6,801,799 *	6,801,799	
07/24/2024 21707230	S	- 34,162.740	1.0000		34,163	34,163	
07/26/2024 21707230	S	- 29,997.300	1.0000		29,997	29,997	
07/29/2024 10128630	S	- 6,500,000.000	1.0000		6,500,000 *	6,500,000	

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08/01/2024 21707230	S	- 116,640.600	1.0000		116,641	116,641	
08/08/2024 10128630	S	- 1,500,000.000	1.0000		1,500,000	1,500,000	
08/08/2024 21707230	S	- 9,789.410	1.0000		9,789	9,789	
08/09/2024 21707230	S	- 87,528.300	1.0000		87,528	87,528	
08/20/2024 21707230	S	- 1,866.750	1.0000		1,867	1,867	
08/20/2024 21707230	S	- 7,858.170	1.0000		7,858	7,858	
08/23/2024 21707230	S	- 333,025.980	1.0000		333,026	333,026	
08/26/2024 21707230	S	- 1,266.750	1.0000		1,267	1,267	
08/28/2024 21707230	S	- 1,266.750	1.0000		1,267	1,267	
09/03/2024 21707230	S	- 115,478.810	1.0000		115,479	115,479	
09/05/2024 10128630	S	- 1,000,000.000	1.0000		1,000,000	1,000,000	
09/06/2024 21707230	S	- 251,163.310	1.0000		251,163	251,163	
09/16/2024 21707230	S	- 8,072.130	1.0000		8,072	8,072	
09/17/2024 21707230	S	- 27,124.920	1.0000		27,125	27,125	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/20/2024 21707230	S	- 158,815.380	1.0000		158,815	158,815	
09/26/2024 21707230	S	- 10,782.660	1.0000		10,783	10,783	
09/27/2024 10128630	S	- 4,499,999.880	1.0000		4,500,000	4,500,000	
10/01/2024 21707230	S	- 118,384.340	1.0000		118,384	118,384	
10/02/2024 21707230	S	- 32,500.000	1.0000		32,500	32,500	
10/04/2024 21707230	S	- 96,702.710	1.0000		96,703	96,703	
10/15/2024 10128630	S	- 1,200,000.000	1.0000		1,200,000	1,200,000	
10/18/2024 21707230	S	- 210,069.480	1.0000		210,069	210,069	
10/28/2024 21707230	S	- 9,156.940	1.0000		9,157	9,157	
10/29/2024 21707230	S	- 1,350.000	1.0000		1,350	1,350	
11/01/2024 21707230	S	- 361,508.080	1.0000		361,508	361,508	
11/15/2024 21707230	S	- 23,417.120	1.0000		23,417	23,417	
11/27/2024 10128630	S	- 3,560,000.000	1.0000		3,560,000	3,560,000	
11/29/2024 21707230	S	- 522,269.710	1.0000		522,270	522,270	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/02/2024 21707230	S	- 118,275.980	1.0000		118,276	118,276	
12/06/2024 21707230	S	- 6,816.230	1.0000		6,816	6,816	
12/13/2024 21707230	S	- 44,711.020	1.0000		44,711	44,711	
12/17/2024 10128630	S	- 1,632,645.430	1.0000		1,632,645	1,632,645	
12/17/2024 21707230	S	- 48,279.930	1.0000		48,280	48,280	
12/24/2024 21707230	S	- 46,735.920	1.0000		46,736	46,736	
12/26/2024 21707230	S	- 5,941.000	1.0000		5,941	5,941	
12/27/2024 21707230	S	- 63,622.100	1.0000		63,622	63,622	
12/30/2024 10128630	S	- 6,500,000.000	1.0000		6,500,000 *	6,500,000	
	Total For Sells			**0**	**62,405,277**	**62,405,277**	**0**
	Total First Am Govt Ob Fd Cl Z			**0**	**128,883,414**	**128,883,414**	**0**
Issue: 72201P647 - Pimco Long-Term Credit Bd Fd Inst							
06/25/2024 10128630	B	1,233,183.857	8.9200		- 11,000,000 *	11,000,000	
07/23/2024 10128630	B	1,014,656.144	8.8700		- 9,000,000 *	9,000,000	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/26/2024 10128630	B	375,133.976	9.3300		- 3,500,000	3,500,000	
Total For Buys				**0**	**23,500,000**	**23,500,000**	**0**
06/28/2024 10128630	R	900.437	8.7500		- 7,879	7,879	
07/31/2024 10128630	R	6,278.361	9.0000		- 56,505	56,505	
08/30/2024 10128630	R	9,943.314	9.1500		- 90,981	90,981	
09/30/2024 10128630	R	8,895.044	9.3400		- 83,080	83,080	
10/31/2024 10128630	R	11,609.418	8.9200		- 103,556	103,556	
11/29/2024 10128630	R	12,156.371	9.1000		- 110,623	110,623	
12/01/2024 10128630	R	12,690.500	8.6800		- 110,154	110,154	
Total For Reinvestments				**0**	**562,778**	**562,778**	**0**
Total Pimco Long-Term Credit Bd Fd Inst				**0**	**24,062,778**	**24,062,778**	**0**
Issue: 95MSCLF00 - Brandywine							
07/31/2024 10128630	B	304,994.494	11.4756		- 3,500,000	3,500,000	
08/30/2024 10128630	B	127,455.526	11.7688		- 1,500,000	1,500,000	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
	Total For Buys			**0**	**5,000,000**	**5,000,000**	**0**
04/30/2024 10128630	S	- 68,716.413	10.9144		750,000	765,167	- 15,167
05/01/2024 10128630	S	- 254.971	10.8344		2,762	2,839	- 77
05/01/2024 10128630	S	- 35.073	10.8345		380	391	- 11
08/31/2024 10128630	S	- 225.266	11.6132		2,616	2,532	84
09/30/2024 10128630	S	- 256,208.447	12.0995		3,100,000	2,879,776	220,224
11/30/2024 10128630	S	- 328.792	11.7317		3,857	3,696	162
11/30/2024 10128630	S	- 89,160.661	11.6643		1,040,000	973,733	66,267
12/31/2024 10128630	S	- 101,413.387	11.7342		1,190,000	1,118,238	71,762
	Total For Sells			**0**	**6,089,615**	**5,746,372**	**343,244**
	Total Brandywine			**0**	**11,089,615**	**10,746,372**	**343,244**
Issue: 95MSC4FV0 - Artisan Global Opportunities Trust							
07/25/2024 10128630	S	- 69,965.017	40.0200		2,800,000	2,270,449	529,551
11/30/2024 10128630	S	- 28,492.670	43.5200		1,240,000	924,621	315,379

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12/31/2024 10128630	S	- 27,537.551	43.9400		1,210,000	893,627	316,373
12/31/2024 10128630	S	- 29,293.645	42.3300		1,240,000	950,614	289,386
Total For Sells				**0**	**6,490,000**	**5,039,311**	**1,450,689**
Total Artisan Global Opportunities Trust				**0**	**6,490,000**	**5,039,311**	**1,450,689**
Issue: 95MSC5ML1 - Ssga Russell 3000 Index Fund							
03/31/2024 10128630	S	- 7.611	59.9566		456	356	100
06/20/2024 10128630	S	- 70,869.386	63.4971		4,500,000	3,315,606	1,184,394
06/30/2024 10128630	S	- 7.588	63.3474		481	355	126
07/31/2024 10128630	S	- 15,355.322	65.1240		1,000,000	718,395	281,605
09/30/2024 10128630	S	- 6.704	63.0564		423	314	109
11/25/2024 10128630	S	- 2,824.659	70.8050		200,000	132,151	67,849
12/13/2024 10128630	S	- 2,806.978	71.2510		200,000	131,324	68,676
12/31/2024 10128630	S	- 1.175	70.0170		82	55	27
12/31/2024 10128630	S	- 2.425	70.0454		170	113	56

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Total For Sells				**0**	**5,901,612**	**4,298,669**	**1,602,942**
Total Ssga Russell 3000 Index Fund				**0**	**5,901,612**	**4,298,669**	**1,602,942**
Issue: 95MSC65F1 - Wellington Core Bond							
01/31/2024 10128630	B	71,942.446	8.3400		- 600,000	600,000	
01/31/2024 10128630	B	6,789.470	8.3700		- 56,828	56,828	
02/29/2024 10128630	B	6,416.770	8.2500		- 52,938	52,938	
03/29/2024 10128630	B	6,922.805	8.3000		- 57,459	57,459	
03/29/2024 10128630	B	120,481.928	8.3000		- 1,000,000	1,000,000	
04/30/2024 10128630	B	7,853.831	8.0700		- 63,380	63,380	
05/31/2024 10128630	B	7,677.004	8.1900		- 62,875	62,875	
06/30/2024 10128630	B	5,990.808	8.2300		- 49,304	49,304	
07/31/2024 10128630	B	358,851.675	8.3600		- 3,000,000	3,000,000	
07/31/2024 10128630	B	6,794.920	8.4000		- 57,077	57,077	
08/31/2024 10128630	B	7,140.748	8.4800		- 60,554	60,554	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/30/2024 10128630	B	7,057.956	8.5800		- 60,557	60,557	
10/31/2024 10128630	B	7,361.514	8.3200		- 61,248	61,248	
11/30/2024 10128630	B	425,837.321	8.3600		- 3,560,000	3,560,000	
11/30/2024 10128630	B	8,789.944	8.3800		- 73,660	73,660	
12/31/2024 10128630	B	418,269.231	8.3200		- 3,480,000	3,480,000	
12/31/2024 10128630	B	10,701.361	8.2300		- 88,072	88,072	
	Total For Buys			**0**	**12,383,952**	**12,383,952**	**0**
06/30/2024 10128630	S	- 479,616.307	8.3400		4,000,000	3,914,041	85,959
	Total For Sells			**0**	**4,000,000**	**3,914,041**	**85,959**
	Total Wellington Core Bond			**0**	**16,383,952**	**16,297,993**	**85,959**
Issue: 95MSC65P9 - Ssga Russell 1000 R Value Indx Fd							
09/30/2024 10128630	B	5,925.013	168.7760		- 1,000,000	1,000,000	
	Total For Buys			**0**	**1,000,000**	**1,000,000**	**0**

Monument Health, Inc. Pension Plan
EIN #20-1487506
Plan #001
Schedule H, Line 4j - Schedule of Reportable Transactions
December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/31/2024 10128630	S	- 1.378	154.6952		213	170	43
06/18/2024 10128630	S	- 6,404.550	156.1390		1,000,000	792,335	207,665
06/30/2024 10128630	S	- 1.185	155.5865		184	147	38
07/31/2024 10128630	S	- 9,774.216	163.6960		1,600,000	1,209,211	390,789
09/30/2024 10128630	S	- 1.046	163.5182		171	129	42
11/30/2024 10128630	S	- 4,567.633	179.5241		820,000	653,095	166,905
12/13/2024 10128630	S	- 4,853.247	173.0800		840,000	693,933	146,067
12/31/2024 10128630	S	-.234	168.8462		40	33	6
12/31/2024 10128630	S	-.261	168.6973		44	37	7
	Total For Sells			**0**	**4,260,652**	**3,349,090**	**911,562**
	Total Ssga Russell 1000 R Value Indx Fd			**0**	**5,260,652**	**4,349,090**	**911,562**
Issue: 95MSD4EJ7 - J.Stern & Co. World Stars Ge Fund							
04/30/2024 10128630	B	170,000.000	25.0000		- 4,250,000	4,250,000	
	Total For Buys			**0**	**4,250,000**	**4,250,000**	**0**

Monument Health, Inc. Pension Plan
EIN #20-1487506
Plan #001
Schedule H, Line 4j - Schedule of Reportable Transactions
December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/30/2024 10128630	S	- 71,969.650	27.7895		2,000,000	1,799,241	200,759
11/30/2024 10128630	S	- 19,579.787	28.0902		550,000	489,495	60,505
12/31/2024 10128630	S	- 37,477.047	28.2840		1,060,000	936,926	123,074
	Total For Sells			**0**	**3,610,000**	**3,225,662**	**384,338**
	Total J.Stern & Co. World Stars Ge Fund			**0**	**7,860,000**	**7,475,662**	**384,338**
	GRAND TOTAL			**0**	**205,932,023**	**201,153,289**	**4,778,734**

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE
NO TRANSACTIONS QUALIFIED FOR THIS SECTION

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2024

Number and average account balance distributed by attained age and attained years of credited service

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	10	0	0	0	0	0	0	0	0	10
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	130	14	0	0	0	0	0	0	0	144
	-	3,430	-	-	-	-	-	-	-	-	3,833
30-34	0	166	146	9	0	0	0	0	0	0	321
	-	4,581	10,950	-	-	-	-	-	-	-	7,876
35-39	0	157	179	87	6	0	0	0	0	0	429
	-	7,019	15,386	25,232	-	-	-	-	-	-	14,509
40-44	0	118	122	87	50	8	0	0	0	0	385
	-	8,031	17,848	28,889	43,406	-	-	-	-	-	21,247
45-49	0	90	90	67	57	35	1	0	0	0	340
	-	7,049	18,012	33,375	52,703	67,701	-	-	-	-	29,280
50-54	0	67	65	50	53	48	18	4	0	0	305
	-	6,184	18,011	43,024	62,531	80,458	-	-	-	-	41,789
55-59	0	91	54	64	33	33	21	12	2	0	310
	-	7,175	17,722	38,081	51,737	76,484	101,873	-	-	-	39,444
60-64	0	60	54	49	43	28	38	20	14	1	307
	-	6,897	18,849	43,262	42,783	56,582	100,069	120,791	-	-	50,036
65-69	0	24	19	29	23	17	11	6	1	4	134
	-	6,823	-	45,811	68,293	-	-	-	-	-	49,745
70 & over	0	5	7	7	6	4	3	6	3	0	41
	-	-	-	-	-	-	-	-	-	-	46,013
Total	0	918	750	449	271	173	92	48	20	5	2,726
	-	6,057	16,009	34,285	52,566	69,561	92,047	112,475	129,112	-	28,005

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

Plan Name: Monument Health, Inc. Pension Plan
EIN / PN: 20-1487506/001
Plan Sponsor: Monument Health, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

Applicable month	September
Interest rate basis	3-Segment Rates

Interest rates	**Reflecting Corridors**	**Not Reflecting Corridors**
First segment rate	4.75%	3.62%
Second segment rate	4.87%	4.46%
Third segment rate	5.59%	4.52%
Effective interest rate	5.13%	4.44%

Annual rates of increase

Compensation:	N/A
Cash balance interest crediting rate	4.66% for 2024, 4.75% for 2025 and all years after

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

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS. Monument Health, Inc. elected to use the Standard method for PBGC variable rate premium purposes starting in 2023.

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.

SCHEDULE SB ATTACHMENTS

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality

Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Representative termination rates not due to disability, retirement or mortality

Participants are assumed to terminate at a rate corresponding to the following tables based on age and service:

For First Five Years of Service		
Years of Service	**Males**	**Females**
0	25%	25%
1	25%	25%
2	20%	20%
3	20%	20%
4	15%	15%

After Completion of Five Years of Service		
Attained Age	**Males**	**Females**
21	12.2%	12.2%
25	10.4%	10.4%
30	7.9%	7.9%
35	5.9%	5.9%
40	4.3%	4.3%
45	2.9%	2.9%
50	1.7%	1.7%
55	0.0%	0.0%

Disability

None assumed

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), participants are assumed to retire upon attainment of age 65 or immediately if age 65 has already been attained. Current terminated vested participants eligible for lump sum distributions are assumed to receive benefits at age 65.

SCHEDULE SB ATTACHMENTS

Form of payment	Participants are assumed to elect a lump sum form of payment. Minimum lump sums were valued using the general rule under IRS Regulations §1.430(d)-1(f)(4) without application of generational mortality and without recognition of the phase-in of IRC §417(e)(3) assumptions. For the purposes of determining obligations under ASC 960, the assumed lump sum interest rate is 6.00% per annum.
Percent married	100% of eligible participants are assumed to be married.
Spouse age	Male spouses are assumed to be 3 years older than female spouses.
Plan-related expenses	$750,000
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement. Current terminated vested participants eligible for lump sum distributions are assumed to receive benefits at age 65.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The assumptions used are collectively called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

SCHEDULE SB ATTACHMENTS

Actuarial value of assets

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued including based on discussions with Monument Health, Inc. regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with Monument Health, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2024 via the *eepoint*® administration system. Information on assets, contributions, and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

SCHEDULE SB ATTACHMENTS

Expected return on plan assets	We understand that the expected return on assets assumption reflects the plan sponsor's estimate of future experience for trust asset returns, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions. WTW's determination that this assumption does not significantly conflict with what would be reasonable is informed by WTW's Expected Return Estimator model, by analysis of recent and historical data, including the variability thereof, for CPI, GDP growth, real returns on the various classes of assets held by the trust.
Cash balance interest crediting rate	The plan credits interest to cash balance accounts using the 30-year Treasury rate as of November of the proceeding plan year, but with a minimum interest credit rate of 1.75% and a maximum interest credit rate of 6.00%. Monument Health has selected an expected future 30-year Treasury rate of 4.66% for 2024 and 4.75% thereafter. After examining historical variability in this rate, and considering the reduction in interest crediting expected to be caused by the maximum interest credit, we believe that the selected assumption does not significantly conflict with what would be reasonable based on a combination of market conditions at the measurement date and future expectations consistent with other economic assumptions used.
Lump sum conversion rate	For grandfathered participants, lump sum benefits are valued using IRC 417(e)(3) rates for the plan's lump sum conversion rate. After examining historical variability in this rate, we believe that the selected assumption does not significantly conflict with market conditions at the measurement date.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust), rounded to the nearest $50,000. We believe that this approach to setting assumed future plan-related expenses does not significantly conflict with what would be reasonable because it considers both historical and expected future changes in the level of expenses.

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Demographic Assumptions

Healthy mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Assumed termination rates differ by age and service because of expected differences in termination rates by service. We believe the assumptions selected do not significantly conflict with what would be reasonable.
Retirement	Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed. We believe the assumptions selected do not significantly conflict with what would be reasonable.

Source of Prescribed Methods

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

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target was changed from using static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430.
- The assumed plan-related expenses added to the target normal cost were changed from $1,200,000 for the prior valuation to $750,000 for the current valuation to account for lower expected expenses to be paid from the trust.
- The cash balance interest crediting rate assumption was changed from 3.99% in 2023 and 4.25% thereafter to 4.66% in 2024 and 4.75% thereafter.

Plan Name	**MONUMENT HEALTH, INC. PENSION PLAN**
Plan Sponsor EIN	**20-1487506**
ERISA Plan #	**001**
Plan Year Ending	**12/31/2024**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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
MONUMENT HEALTH, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
20-1487506

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	106,039,597
b Actuarial value	**2b**	109,671,468

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	162	12,511,158	12,511,158
b For terminated vested participants	1,491	20,392,062	20,392,062
c For active participants	2,726	74,438,168	75,293,332
d Total	4,379	107,341,388	108,196,552

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.13%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	750,000
c Target normal cost	**6c**	750,000

Statement by Enrolled Actuary

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

SIGN HERE

Charles Wenner, ASA, EA — Signature of actuary

CW

10/11/2025 — Date

Charles J Wenner, ASA, EA — Type or print name of actuary

2308571 — Most recent enrollment number

Willis Towers Watson US LLC — Firm name

952-842-7000 — Telephone number (including area code)

8400 Normandale Lake Boulevard
Suite 1700
Minneapolis MN 55437-3837
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	759,686
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	759,686
10	Interest on line 9 using prior year's actual return of 9.71 %	0	73,766
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		7,559,662
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.24 %		396,126
	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		7,955,788
	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	833,452

Part III Funding Percentages

14	Funding target attainment percentage	14	100.59 %
15	Adjusted funding target attainment percentage	15	101.36 %
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	101.07 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	750,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	641,464

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	108,536

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	108,536	108,536

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Monument Health, Inc.
EIN/PN	20-1487506/001
Plan Name	Monument Health, Inc. Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Charles Wenner, ASA, EA
Enrollment Number	23-08571

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2024

Each participant is assumed to retire at a single retirement age which is entered on Line 22.

Plan Name:	Monument Health, Inc. Pension Plan
EIN / PN:	20-1487506/001
Plan Sponsor:	Monument Health, Inc.
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

Applicable month	September
Interest rate basis	3-Segment Rates

Interest rates	**Reflecting Corridors**	**Not Reflecting Corridors**
First segment rate	4.75%	3.62%
Second segment rate	4.87%	4.46%
Third segment rate	5.59%	4.52%
Effective interest rate	5.13%	4.44%

Annual rates of increase

Compensation:	N/A
Cash balance interest crediting rate	4.66% for 2024, 4.75% for 2025 and all years after

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

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS. Monument Health, Inc. elected to use the Standard method for PBGC variable rate premium purposes starting in 2023.

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.

SCHEDULE SB ATTACHMENTS

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality

Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Representative termination rates not due to disability, retirement or mortality

Participants are assumed to terminate at a rate corresponding to the following tables based on age and service:

For First Five Years of Service		
Years of Service	**Males**	**Females**
0	25%	25%
1	25%	25%
2	20%	20%
3	20%	20%
4	15%	15%

After Completion of Five Years of Service		
Attained Age	**Males**	**Females**
21	12.2%	12.2%
25	10.4%	10.4%
30	7.9%	7.9%
35	5.9%	5.9%
40	4.3%	4.3%
45	2.9%	2.9%
50	1.7%	1.7%
55	0.0%	0.0%

Disability

None assumed

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), participants are assumed to retire upon attainment of age 65 or immediately if age 65 has already been attained. Current terminated vested participants eligible for lump sum distributions are assumed to receive benefits at age 65.

SCHEDULE SB ATTACHMENTS

Form of payment	Participants are assumed to elect a lump sum form of payment. Minimum lump sums were valued using the general rule under IRS Regulations §1.430(d)-1(f)(4) without application of generational mortality and without recognition of the phase-in of IRC §417(e)(3) assumptions. For the purposes of determining obligations under ASC 960, the assumed lump sum interest rate is 6.00% per annum.
Percent married	100% of eligible participants are assumed to be married.
Spouse age	Male spouses are assumed to be 3 years older than female spouses.
Plan-related expenses	$750,000
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement. Current terminated vested participants eligible for lump sum distributions are assumed to receive benefits at age 65.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The assumptions used are collectively called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

SCHEDULE SB ATTACHMENTS

Actuarial value of assets

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued including based on discussions with Monument Health, Inc. regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with Monument Health, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2024 via the *eepoint*® administration system. Information on assets, contributions, and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

SCHEDULE SB ATTACHMENTS

Expected return on plan assets	We understand that the expected return on assets assumption reflects the plan sponsor's estimate of future experience for trust asset returns, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions. WTW's determination that this assumption does not significantly conflict with what would be reasonable is informed by WTW's Expected Return Estimator model, by analysis of recent and historical data, including the variability thereof, for CPI, GDP growth, real returns on the various classes of assets held by the trust.
Cash balance interest crediting rate	The plan credits interest to cash balance accounts using the 30-year Treasury rate as of November of the proceeding plan year, but with a minimum interest credit rate of 1.75% and a maximum interest credit rate of 6.00%. Monument Health has selected an expected future 30-year Treasury rate of 4.66% for 2024 and 4.75% thereafter. After examining historical variability in this rate, and considering the reduction in interest crediting expected to be caused by the maximum interest credit, we believe that the selected assumption does not significantly conflict with what would be reasonable based on a combination of market conditions at the measurement date and future expectations consistent with other economic assumptions used.
Lump sum conversion rate	For grandfathered participants, lump sum benefits are valued using IRC 417(e)(3) rates for the plan's lump sum conversion rate. After examining historical variability in this rate, we believe that the selected assumption does not significantly conflict with market conditions at the measurement date.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust), rounded to the nearest $50,000. We believe that this approach to setting assumed future plan-related expenses does not significantly conflict with what would be reasonable because it considers both historical and expected future changes in the level of expenses.

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Demographic Assumptions

Healthy mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Assumed termination rates differ by age and service because of expected differences in termination rates by service. We believe the assumptions selected do not significantly conflict with what would be reasonable.
Retirement	Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed. We believe the assumptions selected do not significantly conflict with what would be reasonable.

Source of Prescribed Methods

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

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target was changed from using static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430.
- The assumed plan-related expenses added to the target normal cost were changed from $1,200,000 for the prior valuation to $750,000 for the current valuation to account for lower expected expenses to be paid from the trust.
- The cash balance interest crediting rate assumption was changed from 3.99% in 2023 and 4.25% thereafter to 4.66% in 2024 and 4.75% thereafter.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The cash balance interest crediting rate assumption was changed from 3.99% in 2023 and 4.25% thereafter to 4.66% in 2024 and 4.75% thereafter.

Plan Name:	Monument Health, Inc. Pension Plan
EIN / PN:	20-1487506/001
Plan Sponsor:	Monument Health, Inc.
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The plan was originally effective February 15, 1975. The last amendment reflected herein was adopted December 2020.

Coverage and participation	Each eligible employee shall become a participant on the January 1 or the July 1 coincident with or next following the attainment of age 20 ½ and the completion of one year of eligibility service. Participation is closed to new entrants after December 31, 2020.

Definitions

Plan year	The twelve-month period ending December 31
Credited service	One full year is granted for each plan year which a participant completes 1,000 hours. Credited service is frozen as of December 31, 2020.
Vesting service	One full year is granted for each plan year which a participant completes 1,000 hours. 100% vested after three years of service.
Final average compensation/salary	Average Compensation during five consecutive years of credited service in which the participant earns the highest aggregate compensation. Compensation after December 31, 2017 is not taken into consideration.
Normal retirement date (NRD)	Age 65

SCHEDULE SB ATTACHMENTS

Accrued benefit

Benefit Formula: The single life annuity actuarial equivalent of a lump sum amount of the greatest of (1), (2), (3) and (4) below:

1. Cash balance account with 3% of compensation annual allocation for each of the first seven Years of Credited Service plus 4% of pay for each Year of Credited Service thereafter up to 20 Years of Credited Service plus 5% of pay for each Year of Credited Service thereafter with an annual interest credit equal to the lesser of 6% and the 30-year U.S. Treasury rate for the second month preceding the plan year, with a minimum of 1.75%.
2. Participants whose age plus service as of 12/31/1988 exceeds 40 will be guaranteed that their cash balance account not be less than the present value of a single life annuity payable at their normal retirement date equal to (a) plus (b):
    a. 0.85% of final 5-year average salary (not in excess of "Covered compensation") times all Years of Credited Service,
    b. 1.5% of final 5-year average salary in excess of "Covered compensation" times Years of Credited Service up to 35. "Covered compensation" means the average of the Social Security covered wage bases for the 35-year period ending with Social Security Normal Retirement Age.
3. The actuarial equivalent lump sum of the cash balance account as of July 4, 1998, using the UP-84 mortality and the January 1, 1998 rates published by the PBGC.
4. Participants who were former participants in the Northern Hills General Hospital Pension Plan will be guaranteed that their cash balance account not be less than the present value of a life annuity payable at age 65 equal to the sum of (a) through (c) below:
    a. 0.5% of the participant's monthly compensation in effect on September 2, 1974, multiplied by the number of years of benefit service earned prior to the effective date of the NHGH plan.
    b. 1.0% of the participant's compensation received in each compensation period for each year of benefit service

earned after the effective date of the NHGH plan to September 1, 1992

c. 1.25% of the participant's compensation for each year of benefit service earned after September 1, 1992

Benefits determined under (2), (3) and (4) above were frozen as of December 31, 2017. Accruals between December 31, 2017 and December 31, 2020 are determined under (1) above. All benefits are frozen as of December 31, 2020.

Eligibility for Benefits

Normal retirement	Age 65
Early retirement	Age 55 and five years of vesting service
Deferred vested termination	100% vested after three years of vesting service
Disability	Termination prior to Normal Retirement due to total and permanent disability. Waiting Period: None
Preretirement death benefit	Death of participant after three years of vesting service

Benefits Paid Upon the Following Events

Normal retirement	The accrued benefit paid at the normal retirement date
Early retirement	Actuarial equivalent of the accrued benefit payable at the early retirement date
Deferred vested termination	Actuarial equivalent of the accrued benefit
Disablement	Actuarial Equivalent of the accrued benefit payable at date of disability
Preretirement death	The amount that would be payable if the participant terminated on date of death and survived to commencement date

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	Normal form Single Life Annuity Optional forms of retirement income in lieu of normal form Joint and 50%, 66%, 75%, or 100% Survivor Annuity; 60-, 120-, or 180-months certain and life annuity; lump sum. Actuarial Equivalence For determining optional forms of retirement income, other than lump sum payments, actuarial equivalence is based on 6% interest and the mortality table as described in IRS Revenue Ruling 2007-67. For determining lump sum payments, the interest rate is based on 417(e) interest rates in the second full calendar month prior to plan year of payment.
Pension Increases	None
Plan participants' contributions	None
Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

None.

Changes in Benefits Valued Since Prior Year

None.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2024

Number and average account balance distributed by attained age and attained years of credited service

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	10	0	0	0	0	0	0	0	0	10
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	130	14	0	0	0	0	0	0	0	144
	-	3,430	-	-	-	-	-	-	-	-	3,833
30-34	0	166	146	9	0	0	0	0	0	0	321
	-	4,581	10,950	-	-	-	-	-	-	-	7,876
35-39	0	157	179	87	6	0	0	0	0	0	429
	-	7,019	15,386	25,232	-	-	-	-	-	-	14,509
40-44	0	118	122	87	50	8	0	0	0	0	385
	-	8,031	17,848	28,889	43,406	-	-	-	-	-	21,247
45-49	0	90	90	67	57	35	1	0	0	0	340
	-	7,049	18,012	33,375	52,703	67,701	-	-	-	-	29,280
50-54	0	67	65	50	53	48	18	4	0	0	305
	-	6,184	18,011	43,024	62,531	80,458	-	-	-	-	41,789
55-59	0	91	54	64	33	33	21	12	2	0	310
	-	7,175	17,722	38,081	51,737	76,484	101,873	-	-	-	39,444
60-64	0	60	54	49	43	28	38	20	14	1	307
	-	6,897	18,849	43,262	42,783	56,582	100,069	120,791	-	-	50,036
65-69	0	24	19	29	23	17	11	6	1	4	134
	-	6,823	-	45,811	68,293	-	-	-	-	-	49,745
70 & over	0	5	7	7	6	4	3	6	3	0	41
	-	-	-	-	-	-	-	-	-	-	46,013
Total	0	918	750	449	271	173	92	48	20	5	2,726
	-	6,057	16,009	34,285	52,566	69,561	92,047	112,475	129,112	-	28,005

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

Plan Name: Monument Health, Inc. Pension Plan
EIN / PN: 20-1487506/001
Plan Sponsor: Monument Health, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments as of January 1, 2024

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	14,208,460	5,905,414	1,146,609	21,260,484
2025	4,663,132	1,081,696	1,125,767	6,870,595
2026	4,820,109	352,127	1,106,109	6,278,345
2027	4,773,374	415,027	1,081,543	6,269,945
2028	3,984,403	423,308	1,055,230	5,462,942
2029	3,652,567	1,073,229	1,030,137	5,755,933
2030	3,360,187	727,158	1,003,127	5,090,473
2031	4,665,414	972,907	973,667	6,611,989
2032	3,148,550	634,033	941,838	4,724,421
2033	5,466,689	1,032,992	906,329	7,406,010
2034	5,652,026	1,236,502	865,117	7,753,646
2035	4,082,302	1,208,685	817,984	6,108,971
2036	4,030,270	853,243	771,098	5,654,611
2037	5,029,921	615,493	727,770	6,373,184
2038	4,808,345	1,418,225	683,117	6,909,687
2039	4,896,640	1,013,002	637,326	6,546,968
2040	4,446,817	1,458,862	590,925	6,496,605
2041	4,673,060	1,248,420	544,130	6,465,610
2042	3,710,228	728,101	497,377	4,935,706
2043	2,484,864	994,957	451,144	3,930,966
2044	4,544,865	1,009,485	405,948	5,960,299
2045	3,709,045	1,231,643	362,334	5,303,022
2046	3,566,826	1,121,158	320,810	5,008,794
2047	3,456,733	1,603,796	281,819	5,342,348
2048	2,342,660	1,425,975	245,724	4,014,360
2049	2,969,486	840,784	212,787	4,023,057
2050	2,561,405	897,795	183,165	3,642,366
2051	3,247,887	1,213,684	156,906	4,618,477
2052	3,035,264	1,721,299	133,949	4,890,512
2053	1,626,591	1,328,095	114,153	3,068,839
2054	1,533,266	1,066,682	97,308	2,697,255

Plan Name: Monument Health, Inc. Pension Plan
EIN / PN: 20-1487506/001
Plan Sponsor: Monument Health, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2055	1,197,608	1,181,934	83,158	2,462,699
2056	892,018	606,040	71,418	1,569,476
2057	842,008	789,923	61,785	1,693,716
2058	640,088	651,721	53,955	1,345,765
2059	448,869	369,105	47,640	865,614
2060	193,591	432,045	42,568	668,204
2061	180,293	282,962	38,498	501,753
2062	88,516	152,103	35,214	275,833
2063	45,635	67,533	32,533	145,702
2064	20,461	42,571	30,302	93,335
2065	0	36,492	28,400	64,891
2066	0	1,844	26,730	28,573
2067	0	1,627	25,219	26,846
2068	0	1,433	23,813	25,246
2069	0	1,262	22,469	23,731
2070	0	1,112	21,159	22,271
2071	0	981	19,862	20,843
2072	0	868	18,560	19,429
2073	0	772	17,237	18,009

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Monument Health, Inc.
EIN/PN	20-1487506/001
Plan Name	Monument Health, Inc. Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Charles Wenner, ASA, EA
Enrollment Number	23-08571

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments as of January 1, 2024

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	14,208,460	5,905,414	1,146,609	21,260,484
2025	4,663,132	1,081,696	1,125,767	6,870,595
2026	4,820,109	352,127	1,106,109	6,278,345
2027	4,773,374	415,027	1,081,543	6,269,945
2028	3,984,403	423,308	1,055,230	5,462,942
2029	3,652,567	1,073,229	1,030,137	5,755,933
2030	3,360,187	727,158	1,003,127	5,090,473
2031	4,665,414	972,907	973,667	6,611,989
2032	3,148,550	634,033	941,838	4,724,421
2033	5,466,689	1,032,992	906,329	7,406,010
2034	5,652,026	1,236,502	865,117	7,753,646
2035	4,082,302	1,208,685	817,984	6,108,971
2036	4,030,270	853,243	771,098	5,654,611
2037	5,029,921	615,493	727,770	6,373,184
2038	4,808,345	1,418,225	683,117	6,909,687
2039	4,896,640	1,013,002	637,326	6,546,968
2040	4,446,817	1,458,862	590,925	6,496,605
2041	4,673,060	1,248,420	544,130	6,465,610
2042	3,710,228	728,101	497,377	4,935,706
2043	2,484,864	994,957	451,144	3,930,966
2044	4,544,865	1,009,485	405,948	5,960,299
2045	3,709,045	1,231,643	362,334	5,303,022
2046	3,566,826	1,121,158	320,810	5,008,794
2047	3,456,733	1,603,796	281,819	5,342,348
2048	2,342,660	1,425,975	245,724	4,014,360
2049	2,969,486	840,784	212,787	4,023,057
2050	2,561,405	897,795	183,165	3,642,366
2051	3,247,887	1,213,684	156,906	4,618,477
2052	3,035,264	1,721,299	133,949	4,890,512
2053	1,626,591	1,328,095	114,153	3,068,839
2054	1,533,266	1,066,682	97,308	2,697,255

Plan Name: Monument Health, Inc. Pension Plan
EIN / PN: 20-1487506/001
Plan Sponsor: Monument Health, Inc.
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2055	1,197,608	1,181,934	83,158	2,462,699
2056	892,018	606,040	71,418	1,569,476
2057	842,008	789,923	61,785	1,693,716
2058	640,088	651,721	53,955	1,345,765
2059	448,869	369,105	47,640	865,614
2060	193,591	432,045	42,568	668,204
2061	180,293	282,962	38,498	501,753
2062	88,516	152,103	35,214	275,833
2063	45,635	67,533	32,533	145,702
2064	20,461	42,571	30,302	93,335
2065	0	36,492	28,400	64,891
2066	0	1,844	26,730	28,573
2067	0	1,627	25,219	26,846
2068	0	1,433	23,813	25,246
2069	0	1,262	22,469	23,731
2070	0	1,112	21,159	22,271
2071	0	981	19,862	20,843
2072	0	868	18,560	19,429
2073	0	772	17,237	18,009

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2024

Each participant is assumed to retire at a single retirement age which is entered on Line 22.

Plan Name:	Monument Health, Inc. Pension Plan
EIN / PN:	20-1487506/001
Plan Sponsor:	Monument Health, Inc.
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The plan was originally effective February 15, 1975. The last amendment reflected herein was adopted December 2020.

Coverage and participation	Each eligible employee shall become a participant on the January 1 or the July 1 coincident with or next following the attainment of age 20 ½ and the completion of one year of eligibility service. Participation is closed to new entrants after December 31, 2020.

Definitions

Plan year	The twelve-month period ending December 31
Credited service	One full year is granted for each plan year which a participant completes 1,000 hours. Credited service is frozen as of December 31, 2020.
Vesting service	One full year is granted for each plan year which a participant completes 1,000 hours. 100% vested after three years of service.
Final average compensation/salary	Average Compensation during five consecutive years of credited service in which the participant earns the highest aggregate compensation. Compensation after December 31, 2017 is not taken into consideration.
Normal retirement date (NRD)	Age 65

SCHEDULE SB ATTACHMENTS

Accrued benefit

Benefit Formula: The single life annuity actuarial equivalent of a lump sum amount of the greatest of (1), (2), (3) and (4) below:

1. Cash balance account with 3% of compensation annual allocation for each of the first seven Years of Credited Service plus 4% of pay for each Year of Credited Service thereafter up to 20 Years of Credited Service plus 5% of pay for each Year of Credited Service thereafter with an annual interest credit equal to the lesser of 6% and the 30-year U.S. Treasury rate for the second month preceding the plan year, with a minimum of 1.75%.
2. Participants whose age plus service as of 12/31/1988 exceeds 40 will be guaranteed that their cash balance account not be less than the present value of a single life annuity payable at their normal retirement date equal to (a) plus (b):
    a. 0.85% of final 5-year average salary (not in excess of "Covered compensation") times all Years of Credited Service,
    b. 1.5% of final 5-year average salary in excess of "Covered compensation" times Years of Credited Service up to 35. "Covered compensation" means the average of the Social Security covered wage bases for the 35-year period ending with Social Security Normal Retirement Age.
3. The actuarial equivalent lump sum of the cash balance account as of July 4, 1998, using the UP-84 mortality and the January 1, 1998 rates published by the PBGC.
4. Participants who were former participants in the Northern Hills General Hospital Pension Plan will be guaranteed that their cash balance account not be less than the present value of a life annuity payable at age 65 equal to the sum of (a) through (c) below:
    a. 0.5% of the participant's monthly compensation in effect on September 2, 1974, multiplied by the number of years of benefit service earned prior to the effective date of the NHGH plan.
    b. 1.0% of the participant's compensation received in each compensation period for each year of benefit service

earned after the effective date of the NHGH plan to September 1, 1992

c. 1.25% of the participant's compensation for each year of benefit service earned after September 1, 1992

Benefits determined under (2), (3) and (4) above were frozen as of December 31, 2017. Accruals between December 31, 2017 and December 31, 2020 are determined under (1) above. All benefits are frozen as of December 31, 2020.

Eligibility for Benefits

Normal retirement	Age 65
Early retirement	Age 55 and five years of vesting service
Deferred vested termination	100% vested after three years of vesting service
Disability	Termination prior to Normal Retirement due to total and permanent disability. Waiting Period: None
Preretirement death benefit	Death of participant after three years of vesting service

Benefits Paid Upon the Following Events

Normal retirement	The accrued benefit paid at the normal retirement date
Early retirement	Actuarial equivalent of the accrued benefit payable at the early retirement date
Deferred vested termination	Actuarial equivalent of the accrued benefit
Disablement	Actuarial Equivalent of the accrued benefit payable at date of disability
Preretirement death	The amount that would be payable if the participant terminated on date of death and survived to commencement date

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	Normal form Single Life Annuity Optional forms of retirement income in lieu of normal form Joint and 50%, 66%, 75%, or 100% Survivor Annuity; 60-, 120-, or 180-months certain and life annuity; lump sum. Actuarial Equivalence For determining optional forms of retirement income, other than lump sum payments, actuarial equivalence is based on 6% interest and the mortality table as described in IRS Revenue Ruling 2007-67. For determining lump sum payments, the interest rate is based on 417(e) interest rates in the second full calendar month prior to plan year of payment.
Pension Increases	None
Plan participants' contributions	None
Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

None.

Changes in Benefits Valued Since Prior Year

None.

Plan Name	**MONUMENT HEALTH, INC. PENSION PLAN**
Plan Sponsor EIN	**20-1487506**
ERISA Plan #	**001**
Plan Year Ending	**12/31/2024**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The cash balance interest crediting rate assumption was changed from 3.99% in 2023 and 4.25% thereafter to 4.66% in 2024 and 4.75% thereafter.

Plan Name:	Monument Health, Inc. Pension Plan
EIN / PN:	20-1487506/001
Plan Sponsor:	Monument Health, Inc.
Valuation Date:	January 1, 2024