

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
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan PIEDMONT HEALTHCARE, INC. CONSOLIDATED RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 004
		1c Effective date of plan 07/01/1986
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) PIEDMONT HEALTHCARE, INC. 1800 HOWELL MILL ROAD, SUITE 325 ATLANTA, GA 30318	2b Employer Identification Number (EIN) 58-1503902
		2c Plan Sponsor's telephone number 678-503-1900
		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.	04/14/2026	ALISON SMITH
	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 ☒ 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	4398
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1307
	6a(2)	0
	6b	0
	6c	63
	6d	63
	6e	20
	6f	83
	6g(1)	
	6g(2)	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

1A 1I

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) ☒ 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) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan PIEDMONT HEALTHCARE, INC. CONSOLIDATED RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 PIEDMONT HEALTHCARE, INC.	D Employer Identification Number (EIN) 58-1503902

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

☒

No
- b

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

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

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

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

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

AON CONSULTING, INC.

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50 65	CONSULTING	2672897	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON INVESTMENTS USA INC

36-3109431

(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?
16 50	CONSULTING	324375	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 50 59 62	TRUSTEE CUSTODIAN	129315	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)

CANNON FINANCIAL SERVICES

58-2608124

(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?
16 50	CONSULTING	106265	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PACIFIC INVESTMENT MANAGEMENT

33-0629048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGEMENT	102195	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEGAL AND GENERAL INVESTMENT

20-8058531

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	INVESTMENT MANAGEMENT	79152	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)

SMITH GAMBRELL & RUSSELL LLP

58-0967450

(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	LEGAL	37571	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan PIEDMONT HEALTHCARE, INC. CONSOLIDATED RETIREMENT PLAN	B Three-digit plan number (PN) ▶	004
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PIEDMONT HEALTHCARE, INC.	D Employer Identification Number (EIN) 58-1503902	

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: AON INTERMEDIATE GOVT. BOND INDEX			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-043	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: AON LONG GOVERNMENT BOND INDEX FUND			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-042	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: AON INTERMEDIATE CREDIT BOND FUND			
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC			
c EIN-PN 37-6543784-038	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 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)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan PIEDMONT HEALTHCARE, INC. CONSOLIDATED RETIREMENT PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 PIEDMONT HEALTHCARE, INC.	D Employer Identification Number (EIN) 58-1503902	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	28617720	17256
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	159978900	1251442
(2) U.S. Government securities	1c(2)	35686199	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)	56546951	0
(B) All other.....	1c(3)(B)	71299322	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	21327626	0
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	43729780	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8045396	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	12649166	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	437881060	1268698
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	38566830	13705
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	38566830	13705
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	399314230	1254993

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)	45000000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		45000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	8870455	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		8870455
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	392480	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C).....	2b(2)(D)		392480
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-186404
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		54076531

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	154032631	
(2) To insurance carriers for the provision of benefits	2e(2)	294638866	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		448671497
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	611986	
(6) Bank or trust company trustee/custodial fees	2i(6)	129315	
(7) Actuarial fees	2i(7)	2672897	
(8) Legal fees	2i(8)	37571	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	12502	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3464271
j Total expenses. Add all expense amounts in column (b) and enter total	2j		452135768

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-398059237
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **FRAZIER & DEETER**

(2) EIN: **39-4469485**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☒ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 568962.

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 07/01/2024 and ending 06/30/2025		
A Name of plan PIEDMONT HEALTHCARE, INC. CONSOLIDATED RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 PIEDMONT HEALTHCARE, INC.		D Employer Identification Number (EIN) 58-1503902
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): 13-3689044 58-1575035		
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 1583
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

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

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 0.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 0.0 %

High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 100.0 % Other: 0.0 %

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_____.

**PIEDMONT HEALTHCARE, INC.
CONSOLIDATED RETIREMENT PLAN**

FINANCIAL STATEMENTS - LIQUIDATION BASIS

JUNE 30, 2025 AND 2024

PIEDMONT HEALTHCARE, INC. CONSOLIDATED RETIREMENT PLAN

Table of Contents

June 30, 2025 and 2024

	<u>Page</u>
Independent Auditor's Report	1 - 4
Financial Statements:	
Statements of Net Assets Available for Benefits, (Liquidation Basis) June 30, 2025 and 2024	5
Statements of Changes in Net Assets Available for Benefits, (Liquidation Basis) For the Years Ended June 30, 2025 and 2024	6
Notes to Financial Statements	7 - 14
Supplemental Schedules:	
Schedule H, Line 4i - Schedule of Assets (Held at Year End), June 30, 2025	15
Schedule H, Line 4j - Schedule of Reportable Transactions, For the Year Ended June 30, 2025	16

INDEPENDENT AUDITOR'S REPORT

The Plan Administrative Committee
Piedmont Healthcare, Inc. Consolidated Retirement Plan

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

We have performed the audits of the financial statements of the Piedmont Healthcare, Inc. Consolidated Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) Audit). The financial statements comprise the statement of net assets available for benefits as of June 30, 2025 (liquidation basis) and 2024 (liquidation basis), and the related statement of changes in net assets available for benefits for the years ended June 30, 2025 (liquidation basis) and 2024 (liquidation basis), and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended June 30, 2025 and 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the Financial Statements

In our opinion, based on our audit 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 (U.S. GAAP).

- 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 on the Financial Statements

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with U.S. 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 U.S. GAAS, we:

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

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

Accordingly, the objective of an ERISA Section 103(a)(3)(C) Audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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.

Emphasis of Matter

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of June 30, 2025, and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended June 30, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Frazier & Deeter, LLC

April 15, 2026
Atlanta, Georgia

PIEDMONT HEALTHCARE, INC. CONSOLIDATED RETIREMENT PLAN

Statements of Net Assets Available for Benefits (Liquidation Basis)

	<i>June 30,</i>	
	<i>2025</i>	<i>2024</i>
Assets:		
Investments, at fair value:		
Cash and cash equivalents	\$ 1,251,442	\$ 159,978,900
Fixed income securities	-	183,702,067
Equity	-	43,729,780
Real estate	-	21,327,626
Futures contracts	-	524,967
Total investments	1,251,442	409,263,340
Broker receivable	3,531	3,005,539
Accrued income	13,725	25,612,181
Total assets	1,268,698	437,881,060
Liabilities:		
Broker payable	13,705	38,566,830
Net assets available for benefits	\$ 1,254,993	\$ 399,314,230

63.435

See notes to financial statements.

PIEDMONT HEALTHCARE, INC. CONSOLIDATED RETIREMENT PLAN

Statements of Changes in Net Assets Available for Benefits (Liquidation Basis)

	<i>For the Year Ended June 30,</i>	
	<i>2025</i>	<i>2024</i>
Additions to net assets:		
Contributions from plan sponsor	\$ 45,000,000	\$ -
Net depreciation in fair value of investments	(186,404)	(13,062,615)
Interest and dividends	9,262,935	12,451,102
Other income	-	5,294,784
Total additions	54,076,531	4,683,271
Deductions from net assets:		
Benefit payments	154,032,631	23,140,911
Administrative expenses	3,464,271	4,165,181
Benefit payments to insurance carrier	294,638,866	-
Total deductions	452,135,768	27,306,092
Net decrease	(398,059,237)	(22,622,821)
Net assets available for benefits:		
Beginning of year	399,314,230	421,937,051
End of year	\$ 1,254,993	\$ 399,314,230

See notes to financial statements.

PIEDMONT HEALTHCARE, INC. CONSOLIDATED RETIREMENT PLAN

Notes to Financial Statements

June 30, 2025 and 2024

Note 1 - Description of the plan:

The following brief description of the Piedmont Healthcare, Inc. Consolidated Retirement Plan (the "Consolidated Plan" or the "Plan") provides only general information. Effective December 31, 2019, the Piedmont Healthcare, Inc. Retirement Plan (the "PHC Plan") was merged into the Columbus Regional Healthcare Systems, Inc. Plan (the "CRHS Plan") to form the Piedmont Healthcare, Inc. Consolidated Retirement Plan. At that time, all of the assets of the PHC Plan were transferred into the Consolidated Plan. Participants should refer to the Plan document and summary plan description for a more complete description of the Plan's provisions.

General - The Consolidated Plan is a defined benefit plan that covers substantially all employees of Columbus Regional Healthcare System, Inc., its subsidiaries, and affiliates as of June 30, 2003 and certain Piedmont Healthcare, Inc. ("PHC" or the "Plan Sponsor") employees as of June 30, 2007. The Consolidated Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Consolidated Plan has been amended from time to time, most recently to allow for the merger discussed above.

Effective December 31, 2019, The Retirement Plan Committee of Piedmont Healthcare, Inc. (the "PHC Committee"), appointed by the Plan Sponsor, has sole responsibility for administration of the Consolidated Plan. Prior to December 31, 2019, the PHC Committee had sole responsibility for administration of the PHC Plan and the CRHS Plan. Effective December 31, 2019, BNY Mellon manages the assets of the Plan.

Eligibility - As of July 1, 2003, additional participants were not admitted to the CRHS Plan. As of July 1, 2008, additional participants were not admitted to the PHC Plan.

Contributions - The Plan is noncontributory whereby the Plan Sponsor makes contributions to the Plan based on the funding requirements as computed by the Plan's actuary. The Plan Sponsor's present intent is to make contributions in amounts sufficient to annually fund the Plan's current years' service cost and any unamortized past service cost to provide the Plan with assets sufficient to meet the benefits to be paid to Plan participants. The Plan has met the ERISA minimum funding requirements for the years ended June 30, 2025 and 2024. Effective June 30, 2013 and December 31, 2014, all plan benefits were frozen for participants in the CRHS Plan and the PHC Plan, respectively; however, there may still be a need for future contributions from the Plan Sponsor due to the Plan's asset values and liability position as determined by the Plan's actuary.

Benefits and Vesting - The Plan provides normal retirement benefits for its participants as of the first day of the month following the attainment of age 65. Early retirement benefits are provided to eligible participants if elected within ten years of the normal retirement date and extended retirement benefits are provided for those electing continued employment past normal retirement. Accrued benefits are fully vested upon completion of five years of service.

PIEDMONT HEALTHCARE, INC. CONSOLIDATED RETIREMENT PLAN

Notes to Financial Statements - Continued

June 30, 2025 and 2024

Note 1 - Description of the plan - continued:

Administrative Expenses - All expenses of the Plan are paid from Plan assets to the extent not paid by PHC.

Plan Termination - In connection with the anticipated termination of the Plan, the Plan offered a lump sum election period from September 3, 2024 through November 1, 2024. As a result, the Plan distributed lump sum payments totaling approximately \$133,000,000 on December 1, 2024. Effective February 18, 2025, the Plan Sponsor purchased the Plan's investment of Townsend Real Estate Fund for approximately \$19,224,000 which was the fair value of the investment at that date. On February 18, 2025, the Plan Sponsor contributed \$45,000,000 to the Plan. Effective February 19, 2025, the Plan purchased an annuity in the amount of approximately \$294,639,000 from an insurer for distribution of the remaining participant benefits. See Note 7.

Note 2 - Summary of significant accounting policies:

Basis of Presentation - The financial statements of the Plan are prepared using the liquidation basis of accounting in accordance with generally accepted accounting principles in the United States (U.S. GAAP). The Board of Directors approved a plan of liquidation in October 2023, and management determined liquidation is imminent. As a result, the Plan changed its basis of accounting from the going concern basis used in the June 30, 2023 financial statements to the liquidation basis used in presenting the June 30, 2024 and June 30, 2025 financial statements.

Valuation of Investments - The Plan follows Accounting Standards Codification ("ASC") Topic 820 which defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC Topic 820 establishes a three-level fair value hierarchy that prioritizes the inputs 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 measurement) and the lowest priority to unobservable inputs (Level 3 measurement).

Certain of the Plan's financial assets are measured at fair value on a recurring basis, including cash and cash equivalents, fixed income, and equity instruments. The three levels of the fair value hierarchy defined by ASC Topic 820 and a description of the valuation methodologies used for instruments measured at fair value are as follows:

- Level 1 - Financial assets and liabilities whose values are based on unadjusted quoted prices for identical assets or liabilities in an active market that the Plan has the ability to access. Instruments in this category include publicly traded common stock and mutual funds.

PIEDMONT HEALTHCARE, INC. CONSOLIDATED RETIREMENT PLAN

Notes to Financial Statements - Continued

June 30, 2025 and 2024

Note 2 - Summary of significant accounting policies - continued:

- Level 2 - Financial assets and liabilities whose values are based on pricing inputs that are either directly observable or that can be derived or supported from observable data as of the reporting date. Level 2 inputs may include quoted prices for similar assets or liabilities in nonactive markets or pricing models whose inputs are observable for substantially the full term of the asset or liability. Instruments in this category include certain U.S. government agency sponsored entity debt securities.
- Level 3 - Financial assets and liabilities whose values are based on prices or valuation techniques that require inputs that are both significant to the fair value of the financial asset or financial liability and are generally less observable from objective sources. These inputs may be used with internally developed methodologies that result in management's best estimate of fair value.

The Plan's investments are stated at fair value. The fair value of cash equivalents is based on quoted redemption values on the last business day of the Plan year. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the Plan year. Investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the last reported bid price as determined by the trustee.

Interest income is recorded as earned on the accrual basis. Dividend income is recorded on the ex-dividend date. Refer to Note 3 for additional information.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. There have been no significant changes in the methodology used at June 30, 2025 and 2024. There were no significant transfers between Level 1 and Level 2 investments or into or out of Level 3 investments during the years ended June 30, 2025 and 2024.

Cash Equivalents - The Company considers all highly liquid financial instruments purchased with a maturity of three months or less to be cash equivalents.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits (see Note 4) are those estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits for retired, terminated and active employees of the former CRHS Plan or their beneficiaries are

PIEDMONT HEALTHCARE, INC. CONSOLIDATED RETIREMENT PLAN

Notes to Financial Statements - Continued

June 30, 2025 and 2024

Note 2 - Summary of significant accounting policies - continued:

based on the arithmetic average of the employee's earnings for the periods beginning on or after July 1, 1986, except for the employees whose employment terminated prior to June 30, 1994, for which the average was based on the employee's earnings during the employee's last five years of employment. Benefits for retired or terminated employees of the former PHC Plan or their beneficiaries are based on employees' compensation during their last 60 highest consecutive earnings months in the last 120 complete calendar months of employment. The accumulated plan benefits for active employees of the former PHC Plan are based on each participant's salary and credited service history preceding the valuation date. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Tax Status - The Plan obtained its latest determination letter on May 7, 2025, in which the Internal Revenue Service ("IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC") and is exempt from federal and state income taxes. The Plan has not been amended since receiving this determination letter. The Plan administrator and the Plan's tax counsel believe the Plan is currently designed and operated in compliance with the applicable requirements of the IRC.

Accounting standards generally accepted in the United States of America ("GAAP") requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS or state or local taxing authorities. The Plan Sponsor believes the Plan is being operated in compliance with the applicable requirements of the Code and; therefore, believes that the Plan, as amended, is qualified and the related trust is tax-exempt.

Benefit Payments - Benefits are recorded when paid.

Use of Estimates - The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

Subsequent Events - The PHC Committee has evaluated subsequent events through April 15, 2026, which is the date the financial statements were available to be issued. All subsequent events, if any, requiring recognition as of June 30, 2025, have been incorporated into these financial statements.

PIEDMONT HEALTHCARE, INC. CONSOLIDATED RETIREMENT PLAN

Notes to Financial Statements - Continued

June 30, 2025 and 2024

Note 3 - Investments:

BNY/Mellon (the "Trustee" of the plan) holds the Plan's investment assets, and executes investment transactions. Certain information related to investments disclosed in the accompanying financial statements and supplemental schedules, including investments held at June 30, 2025 and 2024, and net appreciation/(depreciation) in fair value of investments and interest and dividends for the years ended June 30, 2025 and 2024, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Trustee.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of June 30, 2025 and 2024:

	June 30, 2025			Total
	Level 1	Level 2	Level 3	
Cash and cash equivalents ^(v)	\$ 1,251,442	\$ -	\$ -	\$ 1,251,442
Total assets in the fair value hierarchy	<u>\$ 1,251,442</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,251,442</u>
	June 30, 2024			Total
	Level 1	Level 2	Level 3	
Cash and cash equivalents ^(v)	\$ 159,978,900	\$ -	\$ -	\$ 159,978,900
Fixed income securities ⁽ⁱ⁾	-	183,702,067	-	183,702,067
Equity ⁽ⁱⁱ⁾	43,729,780	-	-	43,729,780
Real estate ⁽ⁱⁱⁱ⁾	21,327,626	-	-	21,327,626
Futures contracts ^(iv)	-	524,967	-	524,967
Total assets in the fair value hierarchy	<u>\$ 225,036,306</u>	<u>\$ 184,227,034</u>	<u>\$ -</u>	<u>\$ 409,263,340</u>

(i) Fixed Income Securities: Valued through evaluated bid prices provided by third-party pricing services where quoted market values are not available.

(ii) Equity: These are generally valued using market quotations or prices obtained from independent pricing services.

(iii) Real Estate: Valued at closing price reported on the active market on which the individual securities are traded.

(iv) Futures Contracts: These are generally valued using market quotations or prices obtained from independent pricing services.

(v) Cash and cash equivalents: Valued at cost or quoted redemption values, which approximate fair value due to short-term nature

PIEDMONT HEALTHCARE, INC. CONSOLIDATED RETIREMENT PLAN

Notes to Financial Statements - Continued

June 30, 2025 and 2024

Note 4 - Accumulated plan benefits:

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is the amount which results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the 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 expected date of payment.

The actuarial present value of accumulated plan benefits is shown as of the beginning of the plan year.

The significant assumptions used in the valuations as of July 1, 2024 and 2023 are as follows:

Actuarial cost method	2024 - Projected unit credit cost method 2023 - Projected unit credit cost method
Assumed rate of return on investments	2024 - 5.31% compounded annually 2023 - 4.25% compounded annually
Mortality rate	2024 - Pri-2012 mortality study 2023 - Pri-2012 mortality study
Retirement age	Age 65 with five years of vesting service

The foregoing actuarial assumptions at July 1, 2023 are based on the presumption that the Plan will continue, and the actuarial assumptions at July 1, 2024 are based on the plan terminating.

The present value of accumulated plan benefits as of the beginning of each Plan year, as determined by the consulting actuary, is as follows:

	July 1, 2024	July 1, 2023
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants and beneficiaries currently receiving benefits	\$ 295,582,092	\$ 334,741,329
Other participants	145,076,791	164,787,638
	440,658,883	500,528,967
Nonvested benefits	1,511,117	1,716,425
	<u>\$ 442,170,000</u>	<u>\$ 502,245,392</u>

PIEDMONT HEALTHCARE, INC. CONSOLIDATED RETIREMENT PLAN

Notes to Financial Statements - Continued

June 30, 2025 and 2024

Note 4 - Accumulated plan benefits - continued:

The changes in the actuarial present value of accumulated plan benefits are as follows:

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated plan benefits at July 1	\$ 502,245,392	\$ 515,158,277
Interest	20,853,685	20,414,752
Assumption changes	(57,788,166)	(11,817,530)
Other changes	-	892,878
Benefits paid	<u>(23,140,911)</u>	<u>(22,402,985)</u>
Actuarial present value of accumulated plan benefits at July 1	<u>\$ 442,170,000</u>	<u>\$ 502,245,392</u>

Note 5 - Parties-in-interest transactions:

Certain Plan investments are affiliated with BNY/Mellon that managed the assets of the Plan during the year; therefore, these transactions qualify as party-in-interest.

Note 6 - Plan termination:

The Plan Sponsor has elected to terminate the Plan effective October 2023, subject to provisions of ERISA. As a result of the termination, the remaining net assets of the Plan will be allocated as prescribed by ERISA and its regulations, to provide the following benefits in the order indicated below.

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- Other vested benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, up to the applicable limitations (discussed below).

PIEDMONT HEALTHCARE, INC. CONSOLIDATED RETIREMENT PLAN

Notes to Financial Statements - Continued

June 30, 2025 and 2024

- All other vested benefits.
- All other nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age 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.

Note 7 - Subsequent Events:

In August 2025, the Plan was informed by Massachusetts Mutual Life Insurance Company ("MassMutual") that, although a single premium of approximately \$294 million had been paid in February 2025 in connection with the purchase of irrevocable group annuity contracts, final settlement calculations and termination-related adjustments determined that the final premium obligation totaled approximately \$291 million.

As a result, MassMutual refunded the excess premium amount to the Plan Sponsor in August 2025 and was subsequently contributed to the Plan in October 2025. The refund and subsequent contribution relate to the Plan's termination and annuity settlement process and did not impact benefit obligations that had been transferred to the insurer.

Subsequent to June 30, 2025, in connection with the Plan's standard termination and compliance with the PBGC Missing Participants Program, the Plan determined that benefits attributable to certain missing participants were required to be transferred to the PBGC.

In December 2025, the Plan filed Form MP-100 with the PBGC. Based on the benefit determination date and applicable PBGC regulations, the aggregate amount owed to the PBGC included benefit transfer amounts, administrative fees, and late payment charges, totaling approximately \$1.9 million.

The required payment was subsequently remitted to the PBGC. The transfer represents a settlement of benefit obligations related to missing participants and is part of the Plan's overall termination and liquidation process.

The Plan made a final distribution to the Plan Sponsor of substantially all of its remaining assets in February 2026.

PIEDMONT HEALTHCARE, INC. CONSOLIDATED RETIREMENT PLAN

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

EIN #58-1503902, Plan #004

June 30, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Date of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Cash and Cash Equivalents				
*	BNY MELLON CASH RESERVE 0.100% 12/31/2049	Foreign Currency	\$ 268,019.93	\$ 268,019.93
	AUD (AUSTRALIAN DOLLARS)	Foreign Currency	36.78	37.58
	TRY (NEW TURKISH LIRA)	Foreign Currency	477.66	462.95
	GBP (GREAT BRITISH POUNDS)	Foreign Currency	1,071.06	1,071.07
	JPY (JAPANESE YEN)	Foreign Currency	0.04	0.04
	CAD (CANADIAN DOLLARS)	Foreign Currency	(0.06)	(0.06)
	EUR (EURO)	Foreign Currency	64.30	66.36
	EB TEMP. INV. FUND	Money Market Funds	981,784	981,784
Total assets (held at end of year)			<u><u>\$ 1,251,454</u></u>	<u><u>\$ 1,251,442</u></u>

*Party-in-interest

See auditor's report.

PIEDMONT HEALTHCARE, INC. RETIREMENT PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN #58-1503902, Plan #004

For the Year Ended June 30, 2025

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) – Single transaction in excess of 5% of Plan assets.						
* Aon US Long Government Index	Long term bonds	\$ -	\$ 21,421,554	\$ 26,138,426	\$ 26,138,426	\$ (4,716,873)
* Aon US Intermediate Government	Long term bonds	-	21,641,733	20,920,372	20,920,372	721,361
EB Temporary Investment Fund	1.147% 12/31/2049	-	132,694,892	132,694,892	132,694,892	-
EB Temporary Investment Fund	1.147% 12/31/2049	57,273,167	-	-	-	-
EB Temporary Investment Fund	1.147% 1/31/2049	73,677,258	-	-	-	-
EB Temporary Investment Fund	1.147% 1/31/2049	104,243,595	-	-	-	-
EB Temporary Investment Fund	1.147% 1/31/2049	221,398,482	-	-	-	-
EB Temporary Investment Fund	1.147% 1/31/2049	-	104,805,067	104,805,067	104,805,067	-
EB Temporary Investment Fund	1.147% 1/31/2049	-	70,681,143	70,681,143	70,681,143	-
EB Temporary Investment Fund	1.147% 1/31/2049	-	294,713,000	294,713,000	294,713,000	-
Category (iii) - Series of transactions in excess of 5% of Plan assets.						
* Aon US Long Government Index	Long term bonds	\$ -	\$ 21,421,554	\$ 26,138,426	\$ 21,421,554	\$ (4,716,873)
* Aon US Intermediate Government	Long term bonds	10,000,000	-	10,000,000	10,000,000	-
* Aon US Intermediate Government	Long term bonds	-	21,641,733	20,920,372	21,641,733	721,361
US Treasury Bonds	2.250% 05/15/2041	-	38,259,688	38,303,430	38,259,688	(43,742)
US Treasury Bonds	2.250% 05/15/2041	37,128,841	-	37,128,841	37,128,841	-
US Treasury Bonds	2.000% 11/15/2041	-	22,681,094	22,710,442	22,681,094	(29,348)
US Treasury Bonds	2.000% 11/15/2041	22,012,565	-	22,012,565	22,012,565	-
US Treasury Bonds	2.875% 05/15/2052	-	75,105,840	75,230,308	75,105,840	(124,468)
US Treasury Bonds	2.875% 05/15/2052	72,840,464	-	72,840,464	72,840,464	-
US Treasury Bonds	4.375% 08/15/2043	-	17,789,260	17,800,742	17,789,260	(11,482)
US Treasury Bonds	4.375% 08/15/2043	17,214,665	-	17,214,665	17,214,665	-
US Treasury Bonds	4.625% 05/15/2044	17,238,236	-	17,238,236	17,238,236	-
US Treasury Bonds	4.625% 05/15/2044	-	17,925,719	17,895,955	17,925,719	29,764
US Treasury Bonds	4.250% 08/15/2054	-	18,924,863	19,041,181	18,924,863	(116,317)
US Treasury Bonds	4.250% 08/15/2054	19,041,181	-	19,041,181	19,041,181	-
US Treasury - CPI Inflation	2.125%002/15/2054	-	14,627,417	14,653,976	14,627,417	(26,559)
US Treasury - CPI Inflation	2.125%002/15/2054	14,260,714	-	14,260,714	14,260,714	-
US Treasury - CPI Inflation	0.125%007/15/2031	23,645,474	-	23,645,474	23,645,474	-
US Treasury - CPI Inflation	0.125%007/15/2031	-	24,469,814	24,469,090	24,469,814	724
* BNY Mellon Cash Reserve	0.100% 12/31/2049	11,341,438	-	11,341,438	11,341,438	-
* BNY Mellon Cash Reserve	0.100% 12/31/2049	-	11,073,662	11,073,662	11,073,662	-
EB Temporary Investment Fund	1.147% 12/31/2049	518,232,853	-	518,232,853	518,232,853	-
EB Temporary Investment Fund	1.147% 12/31/2049	-	675,548,926	675,548,926	675,548,926	-

Notes: Columns (c) and (f) are not presented as that information is not applicable.

*Party-in-interest

See auditor's report.

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
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A	This return/report is for: ☐ a multiemployer plan☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)☒ a single-employer plan☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report☐ the final return/report☐ an amended return/report☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558☐ automatic extension☐ the DFVC program☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan PIEDMONT HEALTHCARE, INC. CONSOLIDATED RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 004
1c	Effective date of plan 07/01/1986
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) PIEDMONT HEALTHCARE, INC. 1800 HOWELL MILL ROAD, SUITE 325 ATLANTA GA 30318
2b	Employer Identification Number (EIN) 58-1503902
2c	Plan Sponsor's telephone number 678-503-1900
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	<i>Alison Smith</i>	04/14/2026	ALISON SMITH
	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

PIEDMONT HEALTHCARE, INC. RETIREMENT PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN #58-1503902, Plan #004

For the Year Ended June 30, 2025

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) – Single transaction in excess of 5% of Plan assets.						
* Aon US Long Government Index	Long term bonds	\$ -	\$ 21,421,554	\$ 26,138,426	\$ 26,138,426	\$ (4,716,873)
* Aon US Intermediate Government	Long term bonds	-	21,641,733	20,920,372	20,920,372	721,361
EB Temporary Investment Fund	1.147% 12/31/2049	-	132,694,892	132,694,892	132,694,892	-
EB Temporary Investment Fund	1.147% 12/31/2049	57,273,167	-	-	-	-
EB Temporary Investment Fund	1.147% 1/31/2049	73,677,258	-	-	-	-
EB Temporary Investment Fund	1.147% 1/31/2049	104,243,595	-	-	-	-
EB Temporary Investment Fund	1.147% 1/31/2049	221,398,482	-	-	-	-
EB Temporary Investment Fund	1.147% 1/31/2049	-	104,805,067	104,805,067	104,805,067	-
EB Temporary Investment Fund	1.147% 1/31/2049	-	70,681,143	70,681,143	70,681,143	-
EB Temporary Investment Fund	1.147% 1/31/2049	-	294,713,000	294,713,000	294,713,000	-
Category (iii) - Series of transactions in excess of 5% of Plan assets.						
* Aon US Long Government Index	Long term bonds	\$ -	\$ 21,421,554	\$ 26,138,426	\$ 21,421,554	\$ (4,716,873)
* Aon US Intermediate Government	Long term bonds	10,000,000	-	10,000,000	10,000,000	-
* Aon US Intermediate Government	Long term bonds	-	21,641,733	20,920,372	21,641,733	721,361
US Treasury Bonds	2.250% 05/15/2041	-	38,259,688	38,303,430	38,259,688	(43,742)
US Treasury Bonds	2.250% 05/15/2041	37,128,841	-	37,128,841	37,128,841	-
US Treasury Bonds	2.000% 11/15/2041	-	22,681,094	22,710,442	22,681,094	(29,348)
US Treasury Bonds	2.000% 11/15/2041	22,012,565	-	22,012,565	22,012,565	-
US Treasury Bonds	2.875% 05/15/2052	-	75,105,840	75,230,308	75,105,840	(124,468)
US Treasury Bonds	2.875% 05/15/2052	72,840,464	-	72,840,464	72,840,464	-
US Treasury Bonds	4.375% 08/15/2043	-	17,789,260	17,800,742	17,789,260	(11,482)
US Treasury Bonds	4.375% 08/15/2043	17,214,665	-	17,214,665	17,214,665	-
US Treasury Bonds	4.625% 05/15/2044	17,238,236	-	17,238,236	17,238,236	-
US Treasury Bonds	4.625% 05/15/2044	-	17,925,719	17,895,955	17,925,719	29,764
US Treasury Bonds	4.250% 08/15/2054	-	18,924,863	19,041,181	18,924,863	(116,317)
US Treasury Bonds	4.250% 08/15/2054	19,041,181	-	19,041,181	19,041,181	-
US Treasury - CPI Inflation	2.125% 002/15/2054	-	14,627,417	14,653,976	14,627,417	(26,559)
US Treasury - CPI Inflation	2.125% 002/15/2054	14,260,714	-	14,260,714	14,260,714	-
US Treasury - CPI Inflation	0.125% 007/15/2031	23,645,474	-	23,645,474	23,645,474	-
US Treasury - CPI Inflation	0.125% 007/15/2031	-	24,469,814	24,469,090	24,469,814	724
* BNY Mellon Cash Reserve	0.100% 12/31/2049	11,341,438	-	11,341,438	11,341,438	-
* BNY Mellon Cash Reserve	0.100% 12/31/2049	-	11,073,662	11,073,662	11,073,662	-
EB Temporary Investment Fund	1.147% 12/31/2049	518,232,853	-	518,232,853	518,232,853	-
EB Temporary Investment Fund	1.147% 12/31/2049	-	675,548,926	675,548,926	675,548,926	-

Notes: Columns (c) and (f) are not presented as that information is not applicable.

*Party-in-interest

See auditor's report.

PIEDMONT HEALTHCARE, INC. CONSOLIDATED RETIREMENT PLAN

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

EIN #58-1503902, Plan #004

June 30, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Date of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Cash and Cash Equivalents				
*	BNY MELLON CASH RESERVE 0.100% 12/31/2049	Foreign Currency	\$ 268,019.93	\$ 268,019.93
	AUD (AUSTRALIAN DOLLARS)	Foreign Currency	36.78	37.58
	TRY (NEW TURKISH LIRA)	Foreign Currency	477.66	462.95
	GBP (GREAT BRITISH POUNDS)	Foreign Currency	1,071.06	1,071.07
	JPY (JAPANESE YEN)	Foreign Currency	0.04	0.04
	CAD (CANADIAN DOLLARS)	Foreign Currency	(0.06)	(0.06)
	EUR (EURO)	Foreign Currency	64.30	66.36
	EB TEMP. INV. FUND	Money Market Funds	981,784	981,784
Total assets (held at end of year)			<u><u>\$ 1,251,454</u></u>	<u><u>\$ 1,251,442</u></u>

*Party-in-interest

See auditor's report.