

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 FULTON COUNTY MEDICAL CENTER EMPLOYEES' PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 07/01/1971
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) FULTON COUNTY MEDICAL CENTER 214 PEACH ORCHARD ROAD MCCONNELLSBURG, PA 17233	2b Employer Identification Number (EIN) 23-1401561 2c Plan Sponsor's telephone number 717-485-3155 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.	04/15/2026	MACKENZIE WENTZ
	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 ADMINISTRATIVE COMMITTEE 214 PEACH ORCHARD ROAD MCCONNELLSBURG, PA 17233	3b Administrator's EIN 23-2035936 3c Administrator's telephone number 717-485-3155 																				
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	5 340																				
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.....	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;">6a(1)</td><td style="width: 90%; text-align: right;">207</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">180</td></tr> <tr><td>6b</td><td style="text-align: right;">20</td></tr> <tr><td>6c</td><td style="text-align: right;">77</td></tr> <tr><td>6d</td><td style="text-align: right;">277</td></tr> <tr><td>6e</td><td style="text-align: right;">1</td></tr> <tr><td>6f</td><td style="text-align: right;">278</td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td style="text-align: right;">1</td></tr> </table>	6a(1)	207	6a(2)	180	6b	20	6c	77	6d	277	6e	1	6f	278	6g(1)		6g(2)		6h	1
6a(1)	207																				
6a(2)	180																				
6b	20																				
6c	77																				
6d	277																				
6e	1																				
6f	278																				
6g(1)																					
6g(2)																					
6h	1																				
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

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 _____
- (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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan FULTON COUNTY MEDICAL CENTER EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF FULTON COUNTY MEDICAL CENTER	D Employer Identification Number (EIN) 23-1401561
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 07 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	18322079	
b	Actuarial value	2b	17681084	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	18	3333479	3333479
b	For terminated vested participants	115	4139095	4139095
c	For active participants	207	7168900	7195820
d	Total	340	14641474	14668394
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.37 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	411645	
b	Expected plan-related expenses	6b	136340	
c	Target normal cost	6c	547985	

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

SIGN HERE	Signature of actuary RICHARD L. GORDON Type or print name of actuary MILLIMAN Firm name 801 CASSATT ROAD, SUITE 111 BERWYN, PA 19312 Address of the firm	04/10/2026 Date 26-07018 Most recent enrollment number 610-975-8968 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	5036708
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	594409
9 Amount remaining (line 7 minus line 8)	0	4442299
10 Interest on line 9 using prior year's actual return of 9.17 %	0	407359
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.37 %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	4849658

Part III Funding Percentages

14 Funding target attainment percentage	14	87.47 %
15 Adjusted funding target attainment percentage	15	115.84 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.75 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.12 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	547985	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	1836968		171758
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	719743	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	719743	719743
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021
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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 FULTON COUNTY MEDICAL CENTER EMPLOYEES' PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FULTON COUNTY MEDICAL CENTER		D Employer Identification Number (EIN) 23-1401561

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

GREAT WEST LIFE & ANNUITY INS. CO.

84-0467907

(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?
13	CONTRACT ADMINISTRATOR	102000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ONE DIGITAL

200 GALLERIA PKWY, SUITE 1950
SUITE 1950
ATLANTA, GA 30339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY	0	Yes ☒ No ☐	Yes ☐ No ☒	27000	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025					
A Name of plan FULTON COUNTY MEDICAL CENTER EMPLOYEES' PENSION PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 FULTON COUNTY MEDICAL CENTER				D Employer Identification Number (EIN) 23-1401561	
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: BLACKROCK 1-3 YEAR GOV BD INDEX FD					
b Name of sponsor of entity listed in (a): BLACKROCK					
c EIN-PN 94-6052283-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1332967	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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	

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
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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
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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
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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
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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 FULTON COUNTY MEDICAL CENTER EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FULTON COUNTY MEDICAL CENTER	D Employer Identification Number (EIN) 23-1401561

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)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1473510	1332967
(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)	16848569	16067357
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	18322079	17400324
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	18322079	17400324

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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)	709695	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		709695
(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)		78387
(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)		955875
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1743957

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2529372	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2529372
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)	102000	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	34340	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		136340
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2665712

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-921755
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: EIDE BAILLY

(2) EIN: 45-0250958

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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 _____.

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 570090.

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 FULTON COUNTY MEDICAL CENTER EMPLOYEES' PENSION PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FULTON COUNTY MEDICAL CENTER				D Employer Identification Number (EIN) 23-1401561	
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	
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): _____ 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	61
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)..... 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)..... 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).....	14a 14b 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 b The corresponding number for the second preceding plan year	15a 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 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	16a 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
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
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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 <u>02 / 28 / 2023</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q705213A</u> .	

Financial Statements
June 30, 2025 and 2024

Fulton County Medical Center Employees' Pension Plan

Fulton County Medical Center Employees' Pension Plan

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June 30, 2025 and 2024

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Independent Auditor's Report

Board of Directors
Fulton County Medical Center Employees' Pension Plan
McConnellsburg, Pennsylvania

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

We have performed audits of the financial statements of Fulton County Medical Center Employees' Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of June 30, 2024, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended June 30, 2025 and 2024, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Fulton County Medical Center Employees' Pension 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Fulton County Medical Center Employees' Pension Plan's ability to continue as a going concern for 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matters – Supplemental Schedules Required by ERISA

The supplemental schedule H, line 4i – schedule of assets held at end of year, and schedule H, line 4j – schedule of reportable transactions as of or for the year ended June 30, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

A handwritten signature in black ink that reads "Eide Bailly LLP". The signature is written in a cursive, flowing style.

Fargo, North Dakota
April 1, 2026

Fulton County Medical Center Employees' Pension Plan
Statements of Net Assets Available for Benefits
June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments, at fair value	<u>\$ 17,400,324</u>	<u>\$ 18,322,079</u>
Net Assets Available for Benefits	<u><u>\$ 17,400,324</u></u>	<u><u>\$ 18,322,079</u></u>

Fulton County Medical Center Employees' Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions		
Investment Income		
Dividends	\$ 709,695	\$ 817,931
Net appreciation in fair value of investments	<u>1,034,263</u>	<u>1,102,518</u>
Total additions	<u>1,743,958</u>	<u>1,920,449</u>
Deductions		
Benefits paid to participants	2,529,373	692,542
Benefits paid to insurance carrier	-	4,339,455
Administrative expenses	<u>136,340</u>	<u>141,552</u>
Total deductions	<u>2,665,713</u>	<u>5,173,549</u>
Net Decrease	(921,755)	(3,253,100)
Net Assets Available for Benefits		
Beginning of year	<u>18,322,079</u>	<u>21,575,179</u>
End of year	<u><u>\$ 17,400,324</u></u>	<u><u>\$ 18,322,079</u></u>

Fulton County Medical Center Employees' Pension Plan
Statement of Accumulated Plan Benefits
June 30, 2024

Actuarial Present Value of Accumulated Plan Benefits

Vested benefits

Active participants	\$ 6,655,572
Participants currently receiving payments	3,133,135
Other participants	<u>3,843,396</u>

13,632,103

Nonvested benefits

24,755

Total actuarial present value of accumulated plan benefits	<u><u>\$ 13,656,858</u></u>
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Fulton County Medical Center Employees' Pension Plan
Statement of Changes in Accumulated Plan Benefits
June 30, 2024

Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	\$ 17,010,135
Increase (decrease) during the year attributable to	
Benefits accumulated and (gains) losses	384,462
Actuarial (gain)/loss	422,411
Increase for interest due to decrease in discount period	871,847
Benefits paid	<u>(5,031,997)</u>
Net decrease	<u>(3,353,277)</u>
Actuarial Present Value of Accumulated Plan Benefits at End of Year	<u><u>\$ 13,656,858</u></u>

Fulton County Medical Center Employees' Pension Plan

Notes to Financial Statements

June 30, 2025 and 2024

Note 1 - Description of Plan

The following brief description of the Fulton County Medical Center Employees' Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit plan that covers substantially all employees of Fulton County Medical Center (the Company) who have completed one year of service and provides for retirement, death and disability benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective November 3, 2017, the Plan was amended to freeze benefit accruals and participation in the Plan for all participants except those employees of the Company covered by a collective bargaining agreement effective December 1, 2016 through November 30, 2019, between the Company and SEIU Healthcare Pennsylvania, CTW, CLD. The amendment to freeze benefit accruals was effective as of December 31, 2017.

The Plan is administered by the Company's Retirement Committee (the Committee). The Committee has overall responsibility for the operation and administration of the Plan.

On June 10, 2024, the Plan purchased a group annuity contract to buyout retired participants, which was effective August 1, 2024. As a results of the buyout, these participants will continue to receive their benefit payments as they did under the provisions of the Plan, but they will no longer be participants in the Plan. Also, the Plan will have no further obligation to make any benefit payments to these individuals. See Note 5.

Pension Benefits

Annual benefits under the Plan are based on the product of 0.75% of an employee's average compensation and years of service.

Normal retirement age for plan benefits is 65. Participants may elect to receive reduced benefits upon early retirement at ages 62-64, provided that they have at least 15 years of credited service with the Company.

The normal form of benefit payment is a 50% joint survivor annuity for married participants and a single life annuity for participants who are not married. Participants may elect to receive their benefit payment in the form of a single annuity, a life annuity with 10 years certain, or a 50%, 66.67%, 75%, or 100% joint and survivor annuity. Participants will receive a lump sum distribution if their vested accrued benefit is valued at \$5,000 or less.

Death and Disability Benefits

If a vested participant dies prior to their annuity starting date, a death benefit equal to the value of the participant's accumulated pension benefits is paid to the participant's beneficiary.

Active participants who become totally disabled receive annual disability benefits that are equal to the equivalent normal retirement benefits they have accumulated as of the time they become disabled reduced by 1/180th for each of the first 60 months and 1/360th for each of the next 60 months by which the commencement date of the disability retirement benefit precedes the participant's normal retirement date and reduced actuarially thereafter.

Vesting

Participants become 100 percent vested in their normal monthly benefit upon completion of seven years of vesting service.

Plan Termination

Although it has not expressed any intentions to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Note 2 - Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of the financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosures of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians. See Note 7 for discussion of fair value measurements.

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

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

Fulton County Medical Center Employees' Pension Plan

Notes to Financial Statements

June 30, 2025 and 2024

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Expenses

Administrative expenses are paid by the Plan Sponsor and from Plan assets as provided in the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan are paid by the Plan and are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Note 3 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information 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.

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

The significant actuarial assumptions used in the June 30, 2024 valuation are as follows:

	June 30, 2024
Actuarial Method	Actuarial Cost Method
Mortality Basis	Adjusted Pri-2012 Mortality Table with Scale MP-2021
Annual Rate of Return on Investments	9.17% per year
Discount Rate	6% per year
Retirement Age	65 years

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

The computations of the actuarial present value of accumulated plan benefits were made as of July 1, 2024. Had the valuations been performed as of June 30, there would be no material differences.

Note 4 - Funding Policy

The Company contributes such amounts as are necessary to provide assets sufficient to meet the benefit obligations to be paid to Plan participants. Annual contributions are made based on amounts required to at least meet the minimum funding provisions of ERISA. An actuarial valuation is used to determine whether anticipated benefits may reasonably be provided from anticipated contributions when combined with existing assets of the Plan. For the years ended June 30, 2025 and 2024, the Company met the minimum funding requirements and there were no contributions attributable to 2025 or 2024 after the applicable funding balances were applied.

Note 5 - Annuity Contract from American National Insurance Company

On June 10, 2024, the Plan entered into a contract with American National Insurance Company to buyout retired participants, which effectively removed 57 retiree benefits from the Plan by transferring benefit obligations to American National Insurance Company. Benefit obligations for these retirees were transferred from the Plan to American National Insurance Company, effective August 1, 2024. The criteria for retirees to be included in the annuity buyout was as follows:

- Participant or beneficiary was required to be receiving benefits prior to September 1, 2023
- Monthly benefit payment was required to be under \$1,250 per month

Note 6 - Plan Termination

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

1. 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 the Plan provisions in effect at any time during the five years preceding the Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (the PBGC) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect at the date of the Plan's termination.

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

Note 7 - Fair Value Measurements

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2025 and 2024.

Fulton County Medical Center Employees' Pension Plan

Notes to Financial Statements

June 30, 2025 and 2024

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

Common collective trust - Valued at fair value based on the NAV of units held of the collective trust. The NAV is based on the observable market prices of the underlying investments within the fund less liabilities. The NAV for the underlying assets of the fund is a readily determinable measure of their fair value and is the basis used by the fund for current transactions.

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

	2025			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 15,244,499	\$ -	\$ -	\$ 15,244,499
Money market mutual funds	822,858	-	-	822,858
Common collective fund	-	1,332,967	-	1,332,967
Investments at fair value	<u>\$ 16,067,357</u>	<u>\$ 1,332,967</u>	<u>\$ -</u>	<u>\$ 17,400,324</u>
	2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 15,983,433	\$ -	\$ -	\$ 15,983,433
Money market mutual funds	865,136	-	-	865,136
Common collective fund	-	1,473,510	-	1,473,510
Investments at fair value	<u>\$ 16,848,569</u>	<u>\$ 1,473,510</u>	<u>\$ -</u>	<u>\$ 18,322,079</u>

Note 8 - Certified Information

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplementary information, including investments held at June 30, 2025 and 2024, and net appreciation in fair value of investments and dividends was obtained by management and agreed to or derived from information certified as complete and accurate by Matrix Trust Company (the custodian of the Plan).

Note 9 - Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated September 22, 2020 that the Plan and related trust were designed in accordance with applicable regulations of the Internal Revenue Code (IRC). Subsequent to the issuance of this determination letter, the Plan was amended. However, the Company and Plan management believe that the Plan is currently designed and operated in compliance with applicable requirements of the IRC, and the Plan and related trust continue to be tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 10 - Related Party and Party-In-Interest Transactions

As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are exempt party-in-interest transactions under ERISA.

Note 11 - Risks and Uncertainties

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

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

Note 12 - Plan Amendments

Effective May 16, 2024, the Plan was amended to provide a lump sum window for any terminated participant that had a vested accrued benefit under the Plan, terminated before December 31, 2023, had not yet reached normal retirement date as of August 1, 2024, and their annuity starting date does not occur on or before August 1, 2024.

Effective September 16, 2024, the Plan was amended to allow for an early retirement window for any participant that has attained 58 and one-half years of age and completed at least 10 years of vesting service, or normal retirement age as of July 1, 2024; is employed on October 31, 2024; has an annuity starting date that does not effectively commence before December 1, 2024; and elects to retire from employment on October 31, 2024.

Note 13 - Subsequent Events

Subsequent to year end, the Committee approved an amendment to freeze and terminate the Plan, effective December 31, 2026.

The Company has evaluated subsequent events through April 1, 2026, the date which the financial statements were available to be issued.

Supplementary Information
June 30, 2025

Fulton County Medical Center Employees' Pension Plan

Fulton County Medical Center Employees' Pension Plan

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

June 30, 2025

EIN: 23-1401561

Plan: 001

(a)	(b)	(c)	(d)	(e)
		Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	<u>Identity of issue, borrower, lessor or similar party</u>			
	<u>Common Collective Fund</u>			
	BlackRock 1-3 Year Gov Bond Index Fund	Common collective fund	\$ 1,211,069	\$ 1,332,967
	<u>Money Market Funds</u>			
	Vanguard Federal Money Market Fund	Money market fund	822,858	822,858
	<u>Mutual Funds</u>			
	American Funds EuroPacific Growth Fund	Mutual fund	1,924,340	2,238,249
	Macquarie Extended Duration Bond Fund R6	Mutual fund	2,620,944	2,499,754
	Fidelity 500 Index Fund	Mutual fund	1,276,676	1,826,605
	Fidelity Extended Market Index Fund	Mutual fund	1,436,278	1,845,991
	Neuberger Berman Strategic Income Fund	Mutual fund	2,685,523	2,724,724
	Principal Blue Chip Fund	Mutual fund	529,621	747,182
	Metropolitan West Total Return Bond Fund	Mutual fund	2,739,349	2,675,734
	Vanguard Equity Income Fund	Mutual fund	671,029	686,260
	Total mutual funds		13,883,760	15,244,499
			\$ 15,917,687	\$ 17,400,324

Fulton County Medical Center Employees' Pension Plan

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended June 30, 2025

Plan Number: 001

EIN: 23-1401561

(a)		(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Number of Transactions	Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
<i>Single transactions</i>							
Neuberger Berman Strategic Income Fund	1	Mutual Fund	\$ 1,455,774	\$ -	\$ 1,455,774	\$ 1,455,774	\$ -
Vanguard Federal Money Market Fund	1	Money market fund	1,047,695	-	1,047,695	1,047,695	-
Vanguard Federal Money Market Fund	1	Money market fund	916,261	-	916,261	916,261	-
Vanguard Federal Money Market Fund	1	Money market fund	1,084,094	-	1,084,094	1,084,094	-
Western Asset Core Plus Bond Fund	1	Mutual Fund	-	1,141,357	1,211,923	1,141,357	(70,566)
			<u>\$ 4,503,824</u>	<u>\$ 1,141,357</u>	<u>\$ 5,715,747</u>	<u>\$ 5,645,181</u>	<u>\$ (70,566)</u>
<i>Series in same security</i>							
Fidelity Extended Market Index Fund	6	Mutual Fund	\$ 363,629	\$ -	\$ 363,629	\$ 363,629	\$ -
Fidelity Extended Market Index Fund	15	Mutual Fund	-	653,654	506,627	653,654	147,027
			<u>363,629</u>	<u>653,654</u>	<u>870,256</u>	<u>1,017,283</u>	<u>147,027</u>
Neuberger Berman Strategic Income Fund	16	Mutual Fund	2,044,966	-	2,044,966	2,044,966	-
Neuberger Berman Strategic Income Fund	16	Mutual Fund	-	873,281	871,230	873,281	2,051
			<u>2,044,966</u>	<u>873,281</u>	<u>2,916,196</u>	<u>2,918,247</u>	<u>2,051</u>
Metropolitan West Total Return Bond Fund	17	Mutual Fund	647,135	-	647,135	647,135	-
Metropolitan West Total Return Bond Fund	15	Mutual Fund	-	984,345	1,012,153	984,345	(27,808)
			<u>647,135</u>	<u>984,345</u>	<u>1,659,288</u>	<u>1,631,480</u>	<u>(27,808)</u>
Vanguard Federal Money Market Fund	19	Money market fund	3,143,356	-	3,143,356	3,143,356	-
Vanguard Federal Money Market Fund	48	Money market fund	-	3,185,634	3,185,634	3,185,634	-
			<u>3,143,356</u>	<u>3,185,634</u>	<u>6,328,990</u>	<u>6,328,990</u>	<u>-</u>
Western Asset Core Plus Bond Fund	4	Mutual Fund	20,032	-	20,032	20,032	-
Western Asset Core Plus Bond Fund	38	Mutual Fund	-	1,519,893	1,611,650	1,519,893	(91,757)
			<u>20,032</u>	<u>1,519,893</u>	<u>1,631,682</u>	<u>1,539,925</u>	<u>(91,757)</u>
			<u>\$ 6,219,118</u>	<u>\$ 7,216,807</u>	<u>\$ 13,406,412</u>	<u>\$ 13,435,925</u>	<u>\$ 29,513</u>

Fulton County Medical Center Employees' Pension Plan

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended June 30, 2025

Plan Number: 001

EIN: 23-1401561

(a)		(b)	(c)	(d)	(g)	(h)	(i)
	Number of Transactions	Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
Identity of party involved							
<i>Series by broker - direct through the fund</i>							
American Funds EuroPacific Growth Fund	7	Mutual Fund	\$ 384,797	\$ -	\$ 384,797	\$ 384,797	\$ -
American Funds EuroPacific Growth Fund	16	Mutual Fund	-	491,905	431,758	491,905	60,147
BlackRock 1-3 Year Gov Bond Index Fund	3	Common collective fund	12,204	-	12,204	12,204	-
BlackRock 1-3 Year Gov Bond Index Fund	17	Common collective fund	-	231,134	215,614	231,134	15,520
Fidelity 500 Index Fund	9	Mutual Fund	247,444	-	247,444	247,444	-
Fidelity 500 Index Fund	15	Mutual Fund	-	489,040	353,844	489,040	135,196
Fidelity Extended Market Index Fund	6	Mutual Fund	363,629	-	363,629	363,629	-
Fidelity Extended Market Index Fund	15	Mutual Fund	-	653,650	506,626	653,650	147,024
Macquarie Extended Duration Bond Fund R6	17	Mutual Fund	268,074	-	268,074	268,074	-
Macquarie Extended Duration Bond Fund R6	15	Mutual Fund	-	501,649	501,657	501,649	(8)
Neuberger Berman Strategic Income Fund	16	Mutual Fund	2,044,966	-	2,044,966	2,044,966	-
Neuberger Berman Strategic Income Fund	16	Mutual Fund	-	873,281	871,230	873,281	2,051
Principal Blue Chip Fund	8	Mutual Fund	235,882	-	235,882	235,882	-
Principal Blue Chip Fund	15	Mutual Fund	-	309,403	208,907	309,403	100,496
Metropolitan West Total Return Bond Fund	17	Mutual Fund	647,135	-	647,135	647,135	-
Metropolitan West Total Return Bond Fund	15	Mutual Fund	-	984,345	1,012,153	984,345	(27,808)
Vanguard Equity Income Fund	9	Mutual Fund	230,862	-	230,862	230,862	-
Vanguard Equity Income Fund	17	Mutual Fund	-	314,459	303,839	314,459	10,620
Vanguard Federal Money Market Fund	19	Money market fund	3,143,356	-	3,143,356	3,143,356	-
Vanguard Federal Money Market Fund	48	Money market fund	-	3,185,634	3,185,634	3,185,634	-
Western Asset Core Plus Bond Fund	4	Mutual Fund	20,032	-	20,032	20,032	-
Western Asset Core Plus Bond Fund	38	Mutual Fund	-	1,519,894	1,611,650	1,519,894	(91,756)
			\$ 7,598,381	\$ 9,554,394	\$ 16,801,293	\$ 17,152,775	\$ 351,482

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

► Round off amounts to nearest dollar.
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Fulton County Medical Center Employees' Pension Plan	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Fulton County Medical Center	D Employer Identification Number (EIN) 23-1401561
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>7</u> Day <u>1</u> Year <u>2024</u>	
2 Assets:	
a Market value	2a 18,322,079
b Actuarial value	2b 17,681,084
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants 18 (2) Vested Funding Target 3,333,479 (3) Total Funding Target 3,333,479
b For terminated vested participants.....	115 4,139,095 4,139,095
c For active participants	207 7,168,900 7,195,820
d Total.....	340 14,641,474 14,668,394
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 5.37 %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a 411,645
b Expected plan-related expenses	6b 136,340
c Target normal cost	6c 547,985

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

SIGN HERE	 Signature of actuary	04/10/2026 Date
Richard L. Gordon Type or print name of actuary		26-07018 Most recent enrollment number
Milliman Firm name		(610) 975-8968 Telephone number (including area code)
801 Cassatt Road, Suite 111 Address of the firm	Berwyn PA 19312	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	5,036,708
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	594,409
9	Amount remaining (line 7 minus line 8)	0	4,442,299
10	Interest on line 9 using prior year's actual return of <u>9.17</u> %	0	407,359
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.37</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	4,849,658

Part III Funding Percentages

14	Funding target attainment percentage	14	87.47%
15	Adjusted funding target attainment percentage	15	115.84%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.75%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.12 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	547,985	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1,836,968	171,758	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	719,743	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	719,743	719,743
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021
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Fulton County Medical Center Employee's Pension Plan

EIN/PN: 231401561/001

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Weighted Average Retirement Age:

65

Fulton County Medical Center Employee's Pension Plan
EIN/PN: 23-1401561/001
Schedule SB, Line 26a – Schedule of Active Participant Data

The number of active participants, summarized by attained age and years of credited service as of July 1, 2024, is shown below.

Age	Years of Credited Service										Total
	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+	
0–24	-	-	3	-	-	-	-	-	-	-	3
25–29	2	3	6	-	-	-	-	-	-	-	11
30–34	-	8	12	8	2	-	-	-	-	-	30
35–39	1	5	4	5	2	-	-	-	-	-	17
40–44	1	3	9	1	5	4	-	-	-	-	23
45–49	-	4	5	4	9	5	2	-	-	-	29
50–54	-	5	8	8	7	2	4	3	1	-	38
55–59	-	2	4	6	9	1	2	1	1	-	26
60–64	-	1	3	7	3	2	2	2	-	3	23
65–69	-	1	2	1	-	-	-	-	-	1	5
70+	-	1	1	-	-	-	-	-	-	-	2
Total	4	33	57	40	37	14	10	6	2	4	207

Fulton County Medical Center Employee's Pension Plan
EIN/PN: 23-1401561/001
Schedule SB, Line 32 – Schedule of Amortization Bases

The amount needed to amortize the Funding Shortfall to the Applicable Funding Target, in combination with prior Shortfall Amortizations, for the plan year beginning July 1, 2024 is determined below. The net Funding Shortfall for a plan year is amortized in fifteen level payments. The present value and amortization factors shown below are based on the interest rates for determining the Applicable Funding Target for the current plan year.

1. Present value of remaining prior Shortfall Amortizations					
	<u>Date Established</u>	<u>Amortization Amount</u>	<u>Years Remaining</u>	<u>Present Value Factor</u>	<u>Present Value</u>
a.	7/1/2023	<u>\$54,792</u>	14	10.356626	<u>\$567,460</u>
b.	Total	54,792			567,460
2. Shortfall Amortization for current plan year					
a.	Applicable Funding Target				14,668,394
b.	Actuarial Value of Assets less Prefunding Balance				12,831,426
c.	Is the plan exempt from establishing a Shortfall Amortization for the current year?				No
d.	Funding Shortfall [(a) - (b), but not < \$0]				1,836,968
e.	Net Funding Shortfall [If (d) > \$0, (d) - (1b), otherwise n/a]				1,269,508
f.	Amortization factor				10.853682
g.	Shortfall Amortization for current plan year [(e) ÷ (f)]				\$116,966
3. Total Shortfall Amortizations [(1b) + (2g), but not < \$0]					
					171,758

Fulton County Medical Center Employee's Pension Plan
EIN/PN: 23-1401561/001
Schedule SB, Part V – Statement of Actuarial Assumptions & Methods

Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically funded and accounted for. Annual contributions and accounting expense are also affected by a plan's "asset valuation method" (as well as plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

Actuarial Cost Method: Unit Credit.

The actuarial cost method used in the valuation is the accrued benefit (unit credit) cost method as prescribed by PPA. In this method, the regular plan cost arises from two sources: a Normal Cost and an amortization payment for the Funding Target Shortfall.

The Funding Target is determined as the actuarial present value of benefits as of the valuation date. The Shortfall is equal to the Funding Target less the Plan Assets (with adjustments for credit balances).

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a fifteen-year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430.

The Normal Cost is the actuarial present value of benefits expected to accrue during the valuation year plus anticipated administrative expense, if any.

Actuarial Asset Valuation Method: The asset valuation technique determines valuation assets by the Asset Averaging Method as described in IRS Notice 2009-22, using 2-year (3-point) averaging period. The Actuarial Value of Assets is equal to the average of the Fair Market Value of Assets as of the valuation date and the expected Fair Market Value of Assets for each of the immediately preceding 2 years, but not less than 90% nor greater than 110% of the Fair Market Value of Assets as of the valuation date. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets (currently 6.00% per year) or the applicable statutory interest rate for the year.

Fulton County Medical Center Employee's Pension Plan
EIN/PN: 23-1401561/001
Schedule SB, Part V – Statement of Actuarial Assumptions & Methods

Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Interest Rates

The current funding and PBGC interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The PBGC interest rates are based on the Plan Sponsor's elected method for determining the premium funding target.

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0–5 years)	4.75%	4.64%	5.09%
Segment 2 (5–20 years)	5.12%	5.12%	5.28%
Segment 3 (20+ years)	5.59%	5.10%	5.52%

FASB ASC Topic 960: Discount rate of 6.00% per year. This is the assumed rate of return for the Plan's entire portfolio of assets, net of investment expenses and including inflation. This assumption represents an estimate of future experience and is based on both historical returns and projections.

Rationale: Chosen by Plan Sponsor

Compensation Increases

Assumption: Salaries are assumed to increase by 3.00% per year.

Rationale: The future expected salary increase assumption is based on client expectation of future salary increases.

Administrative Expenses

Assumption: Actual prior year expenses (net of PBGC premium paid) plus current year PBGC premium.

Rationale: This assumption is our best estimate of future administrative expenses payable from the plan's assets.

DEMOGRAPHIC ASSUMPTIONS

Mortality

ERISA minimum funding, Maximum Deductible Contribution, and PBGC premium: Statutory static tables for 2024 with separate rates for non-annuitants and annuitants.

Rationale: The mortality table above is among those mandated for use under PPA for ERISA funding valuations and is appropriate for the given purpose.

Fulton County Medical Center Employee's Pension Plan
EIN/PN: 23-1401561/001
Schedule SB, Part V – Statement of Actuarial Assumptions & Methods

FASB ASC Topic 960: PRI-2012 Private Pension Plans Mortality Tables for males and females projected forward with Scale MP-2021.

Rationale: The plan is not large enough to develop a credible mortality table based exclusively on plan experience. We have relied on the above-mentioned published mortality table in which credible mortality experience was analyzed. We believe the mortality assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative gains or losses over the measurement period.

Termination

Active employees are assumed to terminate based on sample rates from the Table shown below:

Age	Males	Female
25	18.75%	26.25%
40	9.00%	13.50%
55	0.00%	0.00%

Rationale: We believe this assumption is reasonable for the contingency being measured and is not anticipated to produce significant cumulative gains and losses over the measurement period.

Retirement

Age 65.

Rationale: This assumption was developed based on the plan's historical experience. We believe it is reasonable for the contingency being measured and is not anticipated to produce significant cumulative gains and losses over the measurement period.

Marital Characteristics

For participants not in pay status: We have assumed 100% of participants are married with spouses of opposite gender and males three years older than females.

For participants in pay status: Actual birth dates of spouses are included in the census data, where relevant.

Rationale: This assumption is based on generally accepted industry standards. We believe the assumption selected is reasonable for the contingency it is measuring and is not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

Participant Data

As of July 1, 2024.

Fulton County Medical Center Employee's Pension Plan
EIN/PN: 231401561/001
Schedule SB, Part V – Summary of Plan Provisions

The following is a summary of the major provisions included in the actuarial valuation of the Fulton County Medical Center Employees' Pension Plan. The formal plan document provides additional details regarding the administration of the plan, and the benefits, rights, and features provided. In case of any conflict between this summary and the plan document, the plan document will control.

Basic Information

Plan Name: Fulton County Medical Center Employees' Pension Plan

Effective Date of Plan: July 1, 1971.

Effective Date of Latest Amendment: April 1, 2021. Early retirement window for certain participants.

EIN/PN: 23-1401561 / 001.

Plan Year: July 1 – June 30.

Participation: Any employee who meets the eligibility requirements may participate in the Plan on the July 1 coincident or preceding completion of the eligibility requirements.

Maximum Benefit: The maximum annual benefit is limited as required by IRC Section 415(b).

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: The first day of the month coincident with or next following the later of the Participant's attainment of age 65, or the Participant's 5th anniversary of joining the Plan, if later.

Normal Retirement Benefit: Equal to 0.75% of Average Compensation times Years of Benefit Service, or a minimum benefit as defined below, if greater:

Hours of Service Within Calendar Year	Monthly Benefit Earned in that Year
1,800 or more	\$3.00
1,300 to 1,799	\$2.50
1,000 to 1,299	\$1.75

Years of Service: The computation period of twelve (12) consecutive months during which an Employee has at least 1000 Hours of Service.

Vesting Service: All Plan Years in which 1,000 hours of Service is completed.

Average Monthly Earnings: The monthly Compensation of a Participant averaged over 5 consecutive years which produce the highest monthly average within the last ten completed years of employment.

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Compensation: Total calendar year wages reportable on Federal W-2, Box 10, excluding severance payments.

Deferred Retirement

Deferred Retirement Date: The first day of any month subsequent to the Participant's Normal Retirement Date.

Deferred Retirement Benefit: The amount of the Late Retirement Benefit payable to a Participant or Former Participant who retires on their Late Retirement Date shall be equal to the greater of the Actuarial Equivalent of the Normal Retirement Benefit and their benefit based on Years of Benefit Service and Average Compensation as of the actual retirement date.

Early Retirement

Early Retirement Date: A participant may retire on the first day of any month following the attainment of age 62, and completion of 15 Years of Service.

Early Retirement Benefit: The amount of the Early Retirement Benefit payable to a Participant or Former Participant who retires on their Early Retirement Date shall equal their Accrued Benefit reduced by 1/180th for each month by which the starting date of early retirement precedes the Participant's Normal Retirement Date.

Vesting

Vesting: 7-year graded vesting. 100% vested if employed on or after Normal Retirement Age.

Forms of Payment

Normal Forms: Life Annuity. A participant that is married must take the benefit in the form of a Joint and Survivor benefit with a continuation of at least 50%, unless the spouse provides written consent to receive an alternate form of payment.

Optional Forms: Optional forms of payment include ten year certain and life annuity, 50% joint and survivor annuity, 66.67% joint and survivor, 75% joint and survivor, 100% joint and survivor annuity and a lump sum payment of the Actuarial Equivalence of the Participant's retirement benefit, provided the amount does not exceed \$5,000.

Disability Benefits: If a Participant terminates employment with the Employer because of a total and permanent disability and they qualify for and begin to receive a permanent and total disability benefit from the United States Government under the Social Security Act, they will be eligible to receive disability retirement benefits from the Plan. The Participant shall be entitled to receive their Accrued Benefit reduced by 1/180th for each of the first 60th months and 1/360th for each of the next sixty months by which the starting date of early retirement precedes the Participant's Normal Retirement Date.

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Death Benefits

Pre-retirement: If a Participant dies prior to the Participant's Retirement Date, such Participant's Beneficiary shall receive a death benefit equal to the Actuarial Equivalent of the Accrued Benefit determined as of the Anniversary Date subsequent to or coinciding with the date of death.

Post-retirement: None except as provided by the annuity form elected.

Fulton County Medical Center Employees' Pension Plan

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

June 30, 2025

EIN: 23-1401561

Plan: 001

(a)	(b)	(c)	(d)	(e)
		Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
<u>Common Collective Fund</u>				
	BlackRock 1-3 Year Gov Bond Index Fund	Common collective fund	\$ 1,211,069	\$ 1,332,967
<u>Money Market Funds</u>				
	Vanguard Federal Money Market Fund	Money market fund	822,858	822,858
<u>Mutual Funds</u>				
	American Funds EuroPacific Growth Fund	Mutual fund	1,924,340	2,238,249
	Macquarie Extended Duration Bond Fund R6	Mutual fund	2,620,944	2,499,754
	Fidelity 500 Index Fund	Mutual fund	1,276,676	1,826,605
	Fidelity Extended Market Index Fund	Mutual fund	1,436,278	1,845,991
	Neuberger Berman Strategic Income Fund	Mutual fund	2,685,523	2,724,724
	Principal Blue Chip Fund	Mutual fund	529,621	747,182
	Metropolitan West Total Return Bond Fund	Mutual fund	2,739,349	2,675,734
	Vanguard Equity Income Fund	Mutual fund	671,029	686,260
	Total mutual funds		13,883,760	15,244,499
			\$ 15,917,687	\$ 17,400,324

Fulton County Medical Center Employees' Pension Plan

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended June 30, 2025

Plan Number: 001

EIN: 23-1401561

(a)		(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Number of Transactions	Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
<i>Single transactions</i>							
Neuberger Berman Strategic Income Fund	1	Mutual Fund	\$ 1,455,774	\$ -	\$ 1,455,774	\$ 1,455,774	\$ -
Vanguard Federal Money Market Fund	1	Money market fund	1,047,695	-	1,047,695	1,047,695	-
Vanguard Federal Money Market Fund	1	Money market fund	916,261	-	916,261	916,261	-
Vanguard Federal Money Market Fund	1	Money market fund	1,084,094	-	1,084,094	1,084,094	-
Western Asset Core Plus Bond Fund	1	Mutual Fund	-	1,141,357	1,211,923	1,141,357	(70,566)
			<u>\$ 4,503,824</u>	<u>\$ 1,141,357</u>	<u>\$ 5,715,747</u>	<u>\$ 5,645,181</u>	<u>\$ (70,566)</u>
<i>Series in same security</i>							
Fidelity Extended Market Index Fund	6	Mutual Fund	\$ 363,629	\$ -	\$ 363,629	\$ 363,629	\$ -
Fidelity Extended Market Index Fund	15	Mutual Fund	-	653,654	506,627	653,654	147,027
			<u>363,629</u>	<u>653,654</u>	<u>870,256</u>	<u>1,017,283</u>	<u>147,027</u>
Neuberger Berman Strategic Income Fund	16	Mutual Fund	2,044,966	-	2,044,966	2,044,966	-
Neuberger Berman Strategic Income Fund	16	Mutual Fund	-	873,281	871,230	873,281	2,051
			<u>2,044,966</u>	<u>873,281</u>	<u>2,916,196</u>	<u>2,918,247</u>	<u>2,051</u>
Metropolitan West Total Return Bond Fund	17	Mutual Fund	647,135	-	647,135	647,135	-
Metropolitan West Total Return Bond Fund	15	Mutual Fund	-	984,345	1,012,153	984,345	(27,808)
			<u>647,135</u>	<u>984,345</u>	<u>1,659,288</u>	<u>1,631,480</u>	<u>(27,808)</u>
Vanguard Federal Money Market Fund	19	Money market fund	3,143,356	-	3,143,356	3,143,356	-
Vanguard Federal Money Market Fund	48	Money market fund	-	3,185,634	3,185,634	3,185,634	-
			<u>3,143,356</u>	<u>3,185,634</u>	<u>6,328,990</u>	<u>6,328,990</u>	<u>-</u>
Western Asset Core Plus Bond Fund	4	Mutual Fund	20,032	-	20,032	20,032	-
Western Asset Core Plus Bond Fund	38	Mutual Fund	-	1,519,893	1,611,650	1,519,893	(91,757)
			<u>20,032</u>	<u>1,519,893</u>	<u>1,631,682</u>	<u>1,539,925</u>	<u>(91,757)</u>
			<u>\$ 6,219,118</u>	<u>\$ 7,216,807</u>	<u>\$ 13,406,412</u>	<u>\$ 13,435,925</u>	<u>\$ 29,513</u>

Fulton County Medical Center Employees' Pension Plan

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended June 30, 2025

Plan Number: 001

EIN: 23-1401561

(a)		(b)	(c)	(d)	(g)	(h)	(i)
	Number of Transactions	Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
Identity of party involved							
<i>Series by broker - direct through the fund</i>							
American Funds EuroPacific Growth Fund	7	Mutual Fund	\$ 384,797	\$ -	\$ 384,797	\$ 384,797	\$ -
American Funds EuroPacific Growth Fund	16	Mutual Fund	-	491,905	431,758	491,905	60,147
BlackRock 1-3 Year Gov Bond Index Fund	3	Common collective fund	12,204	-	12,204	12,204	-
BlackRock 1-3 Year Gov Bond Index Fund	17	Common collective fund	-	231,134	215,614	231,134	15,520
Fidelity 500 Index Fund	9	Mutual Fund	247,444	-	247,444	247,444	-
Fidelity 500 Index Fund	15	Mutual Fund	-	489,040	353,844	489,040	135,196
Fidelity Extended Market Index Fund	6	Mutual Fund	363,629	-	363,629	363,629	-
Fidelity Extended Market Index Fund	15	Mutual Fund	-	653,650	506,626	653,650	147,024
Macquarie Extended Duration Bond Fund R6	17	Mutual Fund	268,074	-	268,074	268,074	-
Macquarie Extended Duration Bond Fund R6	15	Mutual Fund	-	501,649	501,657	501,649	(8)
Neuberger Berman Strategic Income Fund	16	Mutual Fund	2,044,966	-	2,044,966	2,044,966	-
Neuberger Berman Strategic Income Fund	16	Mutual Fund	-	873,281	871,230	873,281	2,051
Principal Blue Chip Fund	8	Mutual Fund	235,882	-	235,882	235,882	-
Principal Blue Chip Fund	15	Mutual Fund	-	309,403	208,907	309,403	100,496
Metropolitan West Total Return Bond Fund	17	Mutual Fund	647,135	-	647,135	647,135	-
Metropolitan West Total Return Bond Fund	15	Mutual Fund	-	984,345	1,012,153	984,345	(27,808)
Vanguard Equity Income Fund	9	Mutual Fund	230,862	-	230,862	230,862	-
Vanguard Equity Income Fund	17	Mutual Fund	-	314,459	303,839	314,459	10,620
Vanguard Federal Money Market Fund	19	Money market fund	3,143,356	-	3,143,356	3,143,356	-
Vanguard Federal Money Market Fund	48	Money market fund	-	3,185,634	3,185,634	3,185,634	-
Western Asset Core Plus Bond Fund	4	Mutual Fund	20,032	-	20,032	20,032	-
Western Asset Core Plus Bond Fund	38	Mutual Fund	-	1,519,894	1,611,650	1,519,894	(91,756)
			\$ 7,598,381	\$ 9,554,394	\$ 16,801,293	\$ 17,152,775	\$ 351,482