

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 WELLSTAR HEALTH SYSTEM, INC. PENSION PLAN
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 07/01/2015
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) WELLSTAR HEALTH SYSTEM, INC. 793 SAWYER ROAD MARIETTA, GA 30062
2b	Employer Identification Number (EIN) 58-1649541
2c	Plan Sponsor's telephone number 470-644-0370
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	DAVID JONES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name <u>WELLSTAR HEALTH SYSTEM, INC.</u> c Plan Name <u>WELLSTAR HEALTH SYSTEM, INC. ACTIVE EMPLOYEES RETIREMENT PLAN A</u>	4b EIN <u>58-1649541</u>	
	4d PN <u>003</u>	
5 Total number of participants at the beginning of the plan year	5	21619
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	11455
	6a(2)	10556
	6b	5720
	6c	4513
	6d	20789
	6e	453
	6f	21242
	6g(1)	
	6g(2)	
6h	127	
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:

11

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE 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 WELLSTAR HEALTH SYSTEM, INC. PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WELLSTAR HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 58-1649541
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	1411618177	
b	Actuarial value	2b	1304178966	
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	5772	574832720	574832720
b	For terminated vested participants	4414	212320191	212320191
c	For active participants	11455	479361189	480139817
d	Total	21641	1266514100	1267292728
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	5.32 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	6043000	
c	Target normal cost	6c	6043000	

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 FRANCOIS MARTEL, FSA, EA Type or print name of actuary WILLIS TOWERS WATSON US LLC Firm name FIVE CONCOURSE PARKWAY SUITE 1800 ATLANTA, GA 30328 Address of the firm	04/02/2026 Date 26-06063 Most recent enrollment number 678-684-0511 Telephone number (including area code)
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Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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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 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

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

Part VIII	Minimum Required Contribution For Current Year
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)		31a	6043000
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		137732441	14666134
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		34	20709134
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	20709134	20709134
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)
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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 WELLSTAR HEALTH SYSTEM, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 WELLSTAR HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 58-1649541	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

AON

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15	NONE	1600961	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EAGLE CAPITAL

22-3361201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1502858	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LONDON COMPANY

56-1557450

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	904522	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WESTFIELD

80-0175963

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	735907	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIERA CAPITAL (APEX)

375 PARK AVENUE
8TH FLOOR
NEW YORK, NY 10152

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	714900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIXIS-LOOMIS

04-3274056

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15	NONE	666761	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

COMERICA

1717 MAIN ST.
DALLAS, TX 75201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	596614	Yes ☒ No ☐	Yes ☒ No ☐	28233	Yes ☐ No ☒

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15	NONE	545760	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FCI CAPITAL

43-1703335

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	489915	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

UBS

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	363258	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RICHMOND CAPITAL

54-1288566

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	304860	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HAMLIN

640 5TH AVE,
NEW YORK CITY, NY 10019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	267458	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MILLIMAN

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15	NONE	14576	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025					
A Name of plan WELLSTAR HEALTH SYSTEM, INC. PENSION PLAN				B Three-digit plan number (PN) ▶ 003	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 WELLSTAR HEALTH SYSTEM, INC.				D Employer Identification Number (EIN) 58-1649541	
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: WELLSTAR HEALTH SYSTM, INC. MSTR TR					
b Name of sponsor of entity listed in (a): WELLSTAR HEALTH SYSTEM, INC.					
c EIN-PN 58-1649541-004		d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1497356735		
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 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		

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

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

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan WELLSTAR HEALTH SYSTEM, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 WELLSTAR HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 58-1649541	

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)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	1411618176	1497356735
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	1411618176	1497356735
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	1411618176	1497356735

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)	22010	
(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)		22010
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)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		153109263
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		153131273

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	56441547	
(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)		56441547
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	1615536	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	5950439	
(6) Bank or trust company trustee/custodial fees	2i(6)	596614	
(7) Actuarial fees	2i(7)	545760	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2242818	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		10951167
j Total expenses. Add all expense amounts in column (b) and enter total	2j		67392714

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		85738559
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: **KPMG LLP**

(2) EIN: **13-5565207**

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?	☒		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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 569699.

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 WELLSTAR HEALTH SYSTEM, INC. PENSION PLAN				B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 WELLSTAR HEALTH SYSTEM, INC.				D Employer Identification Number (EIN) 58-1649541	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 38-6457728					
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	229
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 70.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 28.0 %

High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 2.0 % Other: 0.0 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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



**WELLSTAR HEALTH SYSTEM, INC.
PENSION PLAN**

Financial Statements

June 30, 2025 and 2024

(With Independent Auditors' Report Thereon)

**WELLSTAR HEALTH SYSTEM, INC.
PENSION PLAN**

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Statements of Net Assets Available for Benefits – June 30, 2025 and 2024	3
Statements of Changes in Net Assets Available for Benefits – Years ended June 30, 2025 and 2024	4
Notes to Financial Statements	5
Supplemental schedules required by the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable or not required.	



KPMG LLP
Suite 2000
303 Peachtree Street, N.E.
Atlanta, GA 30308-3210

Independent Auditors' Report

To the Plan Participants and Plan Administrator
Wellstar Health System, Inc. Pension Plan:

Opinion

We have audited the financial statements of Wellstar Health System, Inc. Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which 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 related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of June 30, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. generally accepted accounting principles, 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.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when



it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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.

KPMG LLP

Atlanta, Georgia
April 15, 2026

**WELLSTAR HEALTH SYSTEM, INC.
PENSION PLAN**

Statements of Net Assets Available for Benefits

June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets:		
Plan's interest in Wellstar Health System Inc. Retirement Plans Master Trust (Note 7)	\$ <u>1,497,356,735</u>	<u>1,411,618,176</u>
Total assets	<u>1,497,356,735</u>	<u>1,411,618,176</u>
Net assets available for plan benefits	\$ <u><u>1,497,356,735</u></u>	<u><u>1,411,618,176</u></u>

See accompanying notes to financial statements.

**WELLSTAR HEALTH SYSTEM, INC.
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, net:		
Interest in investment income of Wellstar Health System, Inc. Retirement Plans Master Trust (Note 7)	\$ 152,901,231	92,061,381
Employer contributions	<u>22,010</u>	<u>14,200,000</u>
Total additions	<u>152,923,241</u>	<u>106,261,381</u>
Deductions:		
Retirement benefit distributions	56,441,547	27,154,739
Administrative expenses	<u>10,743,135</u>	<u>6,331,978</u>
Total deductions	<u>67,184,682</u>	<u>33,486,717</u>
Net increase	85,738,559	72,774,664
Transfer from Wellstar Health System, Inc. Active Employees Retirement Plan B (Note 1(a))	—	704,023,233
Net assets available for benefits at beginning of year	<u>1,411,618,176</u>	<u>634,820,279</u>
Net assets available for benefits at end of year	<u>\$ 1,497,356,735</u>	<u>1,411,618,176</u>

See accompanying notes to financial statements.

**WELLSTAR HEALTH SYSTEM, INC.
PENSION PLAN**

Notes to Financial Statements

June 30, 2025 and 2024

(1) Description of the Plan

The following are major provisions of Wellstar Health System, Inc. Pension Plan (the Plan), formerly known as Wellstar Health System, Inc. Active Employees Retirement Plan A (Plan A) and are presented for general information purposes only. Participants should refer to the Plan agreement for more complete information.

(a) General

The Plan is a defined benefit pension plan established July 1, 2015 by Wellstar Health System, Inc. and Affiliates (the Plan Sponsor and administrator or Wellstar) covering all eligible employees of the Plan Sponsor. Wellstar Health System, Inc. Retirement Plan for Active Employees was a continuation of and successor to the Wellstar Health System, Inc. Retirement Plan (the Successor Plan) for employees in the active service of the Sponsor on or after July 1, 2015, and for participants who were continuing to accrue benefits under the Predecessor Plan on or before July 1, 2015 as disabled participants and whose Predecessor Plan benefits did not commence on or before July 1, 2015. Benefits and benefit liabilities for such employees and disabled participants were spun off from the Predecessor Plan to the Plan effective July 1, 2015. Except with respect to former employees who are reemployed by the Sponsor on or after July 1, 2015 and to such disabled participants, any person who was covered by the Predecessor Plan as in effect before July 1, 2015, and who had a termination of service before July 1, 2015, shall continue to be entitled to the retirement benefits (if any) provided under the Predecessor Plan as in effect on the termination of their service.

Effective November 1, 2020, the Plan was amended to close the Plan to new entrants and to cease the accrual of further benefits (no compensation or year of service) subsequent to October 31, 2020.

Effective June 30, 2024, the Wellstar Health System, Inc. Active Employees Retirement Plan B (Active Plan B) was amended to transfer and merge the benefits and benefit liabilities from Active Plan B to the Plan. The assets transferred into the Plan related to this amendment were \$704,023,233 and are included on the statement of changes in net assets available for benefits for the year ended June 30, 2024. The participants' benefits were unchanged as a result of the transfer and merging of the plans and are fully vested. Effective July 1, 2024, the name of the Plan was changed to Wellstar Health System, Inc. Pension Plan.

Overall responsibility for administering the Plan rests with the Plan Administrator. Comerica Bank and Trust, N. A. ("Comerica" or "Trustee") is responsible for the management and control of the Plan's assets and has certain discretionary authority over such assets.

(b) Contributions

The Sponsor makes contributions to the Plan based upon consultation with the Plan's consulting actuary. No voluntary employee contributions are permitted. The Plan is in compliance with applicable ERISA minimum funding requirements for the Plan for the years ended June 30, 2025 and 2024.

(c) Vesting

Participants vest in their accrued benefits based on years of service: 0% for less than five years and 100% for five or more years.

**WELLSTAR HEALTH SYSTEM, INC.
PENSION PLAN**

Notes to Financial Statements

June 30, 2025 and 2024

(d) Retirement Benefits

Participants may elect early retirement between the ages of 55 and 65 with 10 years of service. Normal retirement age is the latter of the date a participant has attained age 65 or the fifth anniversary of plan participation. Benefits are received at normal retirement age or, if elected, at early retirement. Benefits are determined based upon years of service and monthly salary, averaged over the highest 5 consecutive years of service during the 10 years prior to the retirement date through June 30, 2013.

The benefit formula was modified at normal retirement age, effective July 1, 2013, to incorporate accrued benefits as of June 30, 2013, based on the original formula noted above, plus an amount determined based upon years of service and career average earnings subsequent to June 30, 2013. Eligible employees who have been credited with at least 10 years of vesting service and have attained at least age 60 as of June 30, 2013, are considered grandfathered participants with respect to this amendment.

Vested participants who terminate for any reason other than retirement, disability, or death are entitled to monthly vested termination benefits beginning on the normal retirement date in the amount of accrued benefits. Participants may elect to receive their distributions, subject to certain plan provisions, in the form of 5, 10, or 15 years' certain and life annuities, joint and survivor annuities, or single life annuities. If a participant's accrued benefit is less than \$5,000, the participant is paid a lump-sum payment as soon as practicable after the termination date.

Effective March 29, 2024, the Plan was amended to add a temporary voluntary lump sum distribution option window for eligible vested Plan participants who terminated prior to January 1, 2024. The special election period was available from March 29, 2024, to May 10, 2024, to terminated vested employees who met certain qualifying terms and conditions. Voluntary lump sum distributions related to the distribution option window of \$5,610,000 were paid and are included in retirement benefit distributions in the accompanying statement of changes in net assets available for benefits for the year ended June 30, 2024.

(e) Master Trust

The Plan's assets are included in the Wellstar Health System, Inc. Retirement Plans Master Trust (the Trust). The Trust provides common and centralized custody, management and investment of assets and to share investment gains and losses of the Trust on a percentage basis with participating Plans. Participation in the Trust is limited to retirement plan assets of the Sponsor.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The accompanying financial statements of the Plan have been prepared using the accrual basis of accounting. Employer contributions are recognized when declared and approved by the Plan's Sponsor. Retirement benefit distributions are recognized when disbursed by the trustee.

**WELLSTAR HEALTH SYSTEM, INC.
PENSION PLAN**

Notes to Financial Statements

June 30, 2025 and 2024

(b) Investments and Income Recognition

For the Master Trust, investments are stated at fair value based upon market quotations obtained from national security exchanges or by independent vendors. Investments in interest-bearing cash deposits are stated at cost, which approximates fair value.

For the Master Trust, realized investment gains and losses on sales of securities and unrealized investment gains and losses due to changes in the fair value of investments are included in investment income. Securities transactions are accounted for on the trade date (the date the order to buy or sell is executed). Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

The Plan's assets are in a Master Trust which invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. 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 could occur and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

(c) Administrative Expenses

The Plan paid certain qualified administrative expenses from assets of the Plan and the Sponsor paid other administrative expenses not qualified to be paid from the Plan for the years ended June 30, 2025 and 2024.

(d) Use of Estimates

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

(3) Funding Policy

The Sponsor makes contributions to the Plan sufficient to provide the Plan with assets with which to pay benefits to Plan participants and pay qualified Plan expenses. Although the Sponsor has not expressed any intent to terminate the pension plan agreement, it may do so at any time. If at a future date the Sponsor decides to terminate the Plan, then the Sponsor would be obligated to fund any existing unfunded termination liabilities to the extent that all participants of the Plan would receive all benefits due to them under the terms of the Plan. In the unlikely event that the Sponsor would not be able to meet its unfunded obligations, then participants may be eligible for continuation of benefits under insurance provided by the Pension Benefit Guaranty Corporation (PBGC).

The annual contribution by the Sponsor is actuarially determined by consulting actuaries using the projected unit credit actuarial cost method (in accordance with the Pension Protection Act of 2006) and is designed to fund, with respect to each participating employee, the remaining unfunded cost of all benefits under the Plan. As of June 30, 2025 and 2024, the Plan met the minimum funding requirements of ERISA.

**WELLSTAR HEALTH SYSTEM, INC.
PENSION PLAN**

Notes to Financial Statements

June 30, 2025 and 2024

Plan contributions are made and the actuarial present value of accumulated plan benefits is 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.

(4) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits represent the estimated future periodic payments that are attributable under the Plan's provisions to services rendered by employees through the valuation date. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries; (b) spouses of employees who have died; and (c) present employees or their beneficiaries.

The accumulated plan benefits for eligible employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented. 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.

As of the beginning of the plan year, the actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the date of payment. Significant actuarial assumptions used in the valuations as of July 1, 2024:

Major assumptions	Plan year beginning July 1, 2024
Interest rate	6.25%
Mortality table	Pri-2012 Private Retirement Plans mortality tables with sex-distinct rates for employees, retirees, and contingent survivors, projected generationally from 2012 using Scale MP-2021.

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

**WELLSTAR HEALTH SYSTEM, INC.
PENSION PLAN**

Notes to Financial Statements

June 30, 2025 and 2024

The actuarial present values of accumulated plan benefits follow:

	<u>July 1, 2024</u>
Actuarial present value of accumulated vested plan benefits:	
Participants currently receiving payments	\$ 534,754,242
Other participants	<u>612,610,823</u>
	1,147,365,065
Actuarial present value of accumulated nonvested plan benefits	<u>666,871</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 1,148,031,936</u></u>
Net assets available for benefits	\$ 1,411,618,176

Changes in the actuarial present value of accumulated plan benefits follow:

	<u>Year ended July 1, 2024</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 658,673,406
Interest accumulation	40,251,239
Retirement benefit distributions	(29,307,162)
Benefits accumulated, including experiences gains and losses	(6,723,032)
Plan merger	<u>485,137,485</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 1,148,031,936</u></u>

(5) Plan Termination

In the event of termination of the Plan, the Plan's assets, after providing for any expenses, will first be used for the benefit of retired employees and employees who have reached their normal retirement dates and, second, for the benefit of all other employees based on their accrued retirement benefits at the date of termination of the Plan in amounts proportionate to the actuarially determined present values of their retirement benefits at the date of termination of the Plan. Any balance remaining after satisfaction of all liabilities of the Plan will be returned to the Sponsor. Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pension benefits. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

While it has not expressed any intention to do so, the Sponsor has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA.

**WELLSTAR HEALTH SYSTEM, INC.
PENSION PLAN**

Notes to Financial Statements

June 30, 2025 and 2024

(6) Income Tax Status

The Plan received a determination letter dated May 31, 2017, that the Plan qualifies under the appropriate Section of the Internal Revenue Code (IRC) and, therefore, is not subject to tax under present income tax law. Although the Plan has been restated and further amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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 if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there is currently no audit for the tax period in progress.

(7) Interest in Master Trust

The Plan's investment assets are held in a Master Trust account by the Trustee. The Master Trust contains the investment assets of Wellstar's defined benefit pension plan at June 30, 2025 and June 30, 2024. The Plan's interest in the net assets of the Master Trust is 100% at both June 30, 2025 and 2024. Total investment income, gains and losses, are allocated by the Trustee to each participating plan based on the relationship of the interest of each plan to the total of the interests of the participating plans. The fair value of investments of the Master Trust at June 30, 2025 and 2024 is summarized as follows:

	June 30, 2025	
	Master Trust Balance	Plan's Interest Master Trust Balance
Cash and cash equivalents	\$ 22,345,844	22,345,844
Short term investments	3,612,468	3,612,468
Equity securities:		
Common stocks	657,089,233	657,089,233
Foreign stocks	49,552,761	49,552,761
American depository receipt (ADR)	44,883,268	44,883,268
Real estate investment trusts	15,112,401	15,112,401
Total equity securities	766,637,663	766,637,663
U.S. government, federal, and municipal obligations:		
U.S. government obligations	148,493,735	148,493,735
Municipal obligations	1,334,403	1,334,403
Total U.S. government, federal, and municipal obligations	149,828,138	149,828,138

**WELLSTAR HEALTH SYSTEM, INC.
PENSION PLAN**

Notes to Financial Statements

June 30, 2025 and 2024

	June 30, 2025	
	Master Trust Balance	Plan's Interest Master Trust Balance
Mutual funds and other:		
Mutual funds – equity	211,491,088	211,491,088
Mutual funds – fixed income	69,503,360	69,503,360
Corporate debt	1,126,594	1,126,594
Total mutual funds and other	<u>282,121,042</u>	<u>282,121,042</u>
Mortgage-backed, collateralized mortgage, and asset-backed securities:		
Mortgage-backed securities	76,251,754	76,251,754
Collateralized mortgage obligations	16,178,322	16,178,322
Asset backed securities	10,625,713	10,625,713
Total mortgage-backed, collateralized mortgage, and asset-backed securities:	<u>103,055,789</u>	<u>103,055,789</u>
Corporate bonds and foreign bonds and notes:		
Corporate bonds	161,504,898	161,504,898
Foreign bonds and notes	4,609,230	4,609,230
Total corporate and foreign bonds and notes	<u>166,114,128</u>	<u>166,114,128</u>
Total cash and investments	1,493,715,072	1,493,715,072
Dividends and interest receivable	<u>3,641,663</u>	<u>3,641,663</u>
Total net assets available in Master Trust	<u>\$ 1,497,356,735</u>	<u>1,497,356,735</u>

**WELLSTAR HEALTH SYSTEM, INC.
PENSION PLAN**

Notes to Financial Statements

June 30, 2025 and 2024

	June 30, 2024	
	Master Trust Balance	Plan's Interest Master Trust Balance
Cash and cash equivalents	\$ 22,127,696	22,127,696
Short term investments	10,236,364	10,236,364
Equity securities:		
Common stocks	607,896,991	607,896,991
Foreign stocks	47,601,059	47,601,059
American depository receipt (ADR)	47,602,893	47,602,893
Real estate investment trusts	4,326,677	4,326,677
Total equity securities	707,427,620	707,427,620
U.S. government, federal, and municipal obligations:		
U.S. government obligations	136,191,589	136,191,589
Municipal obligations	913,984	913,984
Total U.S. government, federal, and municipal obligations	137,105,573	137,105,573
Mutual funds and other:		
Mutual funds – equity	195,631,874	195,631,874
Mutual funds – fixed income	69,089,591	69,089,591
Corporate debt	1,461,768	1,461,768
Total mutual funds and other	266,183,233	266,183,233
Mortgage-backed, collateralized mortgage, and asset-backed securities:		
Mortgage-backed securities	57,633,862	57,633,862
Collateralized mortgage obligations	16,292,314	16,292,314
Asset backed securities	20,204,740	20,204,740
Total mortgage-backed, collateralized mortgage, and asset-backed securities:	94,130,916	94,130,916
Corporate bonds and foreign bonds and notes:		
Corporate bonds	165,068,890	165,068,890
Foreign bonds and notes	5,770,919	5,770,919
Total corporate and foreign bonds and notes	170,839,809	170,839,809
Total cash and investments	1,408,051,211	1,408,051,211
Dividends and interest receivable	3,566,965	3,566,965
Total net assets available in Master Trust	\$ 1,411,618,176	1,411,618,176

**WELLSTAR HEALTH SYSTEM, INC.
PENSION PLAN**

Notes to Financial Statements

June 30, 2025 and 2024

The total investment income of the Master Trust for the years ended June 30, 2025 and 2024 is summarized as follow:

	<u>2025</u>	<u>2024</u>
Interest	\$ 17,750,899	15,619,199
Dividends	18,933,348	17,788,225
Other income, net	119,163	169,390
Net appreciation	<u>116,097,821</u>	<u>151,876,045</u>
Total	<u>\$ 152,901,231</u>	<u>185,452,859</u>

In accordance with the Financial Accounting Standards Board Accounting Standards Codification 820, *Fair Value Measurement*, the Master Trust has categorized its financial instruments, based on the priority of inputs used in related valuation techniques, into a three-level fair value hierarchy. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3). In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation.

When available, the Master Trust generally uses quoted market prices to determine fair value and classifies such items as Level 1. The Master Trust's Level 2 securities are municipal obligations, mortgage-backed securities, collateralized securities, asset-backed securities and bonds whose fair values are determined by independent vendors. The vendors compile prices from various sources and may apply matrix pricing for similar bonds or loans where no price is observable in an actively traded market. If available, the vendor may also use quoted prices for recent trading activity of assets with similar characteristics to the bond being valued. Wellstar does not consider any of its investment holdings to be Level 3 securities.

The following tables set forth by level within the fair value hierarchy the Master Trust investments measured at fair value on a recurring basis, as of June 30, 2025 and 2024.

Investments at fair value as of June 30, 2025			
	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Short term investments	\$ 3,612,468	—	3,612,468
Equity securities:			
Common stocks	657,089,233	—	657,089,233
Foreign stocks	49,552,761	—	49,552,761
American depository receipt (ADR)	44,883,268	—	44,883,268
Real estate investment trusts	<u>15,112,401</u>	<u>—</u>	<u>15,112,401</u>
Total equity securities	<u>766,637,663</u>	<u>—</u>	<u>766,637,663</u>

**WELLSTAR HEALTH SYSTEM, INC.
PENSION PLAN**

Notes to Financial Statements

June 30, 2025 and 2024

	Investments at fair value as of June 30, 2025		
	Level 1	Level 2	Total
U.S. government, federal, and municipal obligations:			
U.S. government obligations	148,493,735	—	148,493,735
Municipal obligations	—	1,334,403	1,334,403
Total U.S. government, federal, and municipal obligations	148,493,735	1,334,403	149,828,138
Mutual funds and other:			
Mutual fund – equity	211,491,088	—	211,491,088
Mutual fund – fixed income	69,503,360	—	69,503,360
Corporate debt	1,126,594	—	1,126,594
Total mutual funds and other	282,121,042	—	282,121,042
Mortgage-backed, collateralized mortgage, and asset-backed securities:			
Mortgage-backed securities	—	76,251,754	76,251,754
Collateralized mortgage obligations	—	16,178,322	16,178,322
Asset-backed securities	—	10,625,713	10,625,713
Total mortgage-backed, collateralized, and asset-backed securities	—	103,055,789	103,055,789
Corporate bonds and foreign bonds and notes:			
Corporate bonds	—	161,504,898	161,504,898
Foreign bonds and notes	—	4,609,230	4,609,230
Total corporate and foreign bonds and notes	—	166,114,128	166,114,128
Total investments at fair value	\$ 1,200,864,908	270,504,320	1,471,369,228

**WELLSTAR HEALTH SYSTEM, INC.
PENSION PLAN**

Notes to Financial Statements

June 30, 2025 and 2024

Investments at fair value as of June 30, 2024			
	Level 1	Level 2	Total
Short term investments	\$ 10,236,364	—	10,236,364
Equity securities:			
Common stocks	607,896,991	—	607,896,991
Foreign stocks	47,601,059	—	47,601,059
American depository receipt (ADR)	47,602,893	—	47,602,893
Real estate investment trusts	4,326,677	—	4,326,677
Total equity securities	707,427,620	—	707,427,620
U.S. government, federal, and municipal obligations:			
U.S. government obligations	136,191,589	—	136,191,589
Municipal obligations	—	913,984	913,984
Total U.S. government, federal, and municipal obligations	136,191,589	913,984	137,105,573
Mutual funds and other:			
Mutual fund – equity	195,631,874	—	195,631,874
Mutual fund – fixed income	69,089,591	—	69,089,591
Corporate debt	1,461,768	—	1,461,768
Total mutual funds and other	266,183,233	—	266,183,233
Mortgage-backed, collateralized mortgage, and asset-backed securities:			
Mortgage-backed securities	—	57,633,862	57,633,862
Collateralized mortgage obligations	—	16,292,314	16,292,314
Asset-backed securities	—	20,204,740	20,204,740
Total mortgage-backed, collateralized, and asset-backed securities	—	94,130,916	94,130,916
Corporate bonds and foreign bonds and notes:			
Corporate bonds	—	165,068,890	165,068,890
Foreign bonds and notes	—	5,770,919	5,770,919
Total corporate and foreign bonds and notes	—	170,839,809	170,839,809
Total investments at fair value	\$ 1,120,038,806	265,884,709	1,385,923,515

**WELLSTAR HEALTH SYSTEM, INC.
PENSION PLAN**

Notes to Financial Statements

June 30, 2025 and 2024

(8) Reconciliation of Financial Statements and Form 5500 Schedule H to Form 5500 Schedule SB

In 2024, Wellstar designated \$3,200,000 of contributions paid to the Plan in March 2024, retrospectively to the 2023 Plan Year. These contributions are recorded to the financial statements and reflected on the Form 5500 Schedule H for the year ended June 30, 2024, but were reflected on the Form 5500 Schedule SB for the year ended June 30, 2023.

(9) Related-Party and Party in Interest Transactions

The Plan holds investments in the Master Trust in collective short-term investment funds and corporate bonds that are administered by the Trustee. In addition, the Plan has several arrangements with service providers including investment management services with the Trustee as well as other investment advisors. These transactions are party-in-interest transactions under ERISA.

The percentage of the Plan's interest in the party-in-interest investment transactions of the Master Trust is 100% at both June 30, 2025 and 2024.

(10) Subsequent Events

On November 3, 2025, the Sponsor entered into an agreement with The Northern Trust Company to take over the duties of Trustee from Comerica Bank and Trust, N. A. As of this date, The Northern Trust Company assumes responsibility for the management and control of the Plan's assets and will have certain discretionary authority over such assets.

The Plan has evaluated subsequent events from the statement of net assets available for benefits date through April 15, 2026, the date on which the financial statements were available to be issued.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Frozen Plans as of July 1, 2024

Number and average annual frozen benefit distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	3	0	0	0	0	0	0	0	0	3
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	326	4	0	0	0	0	0	0	0	330
	-	762	-	-	-	-	-	-	-	-	769
30-34	0	722	149	0	0	0	0	0	0	0	871
	-	1,262	3,215	-	-	-	-	-	-	-	1,597
35-39	0	913	390	92	3	0	0	0	0	0	1,398
	-	1,779	4,331	6,024	-	-	-	-	-	-	2,781
40-44	0	882	432	186	79	6	0	0	0	0	1,585
	-	1,953	5,951	7,982	9,581	-	-	-	-	-	4,161
45-49	0	863	391	241	140	60	2	0	0	0	1,697
	-	2,068	6,806	8,983	11,880	13,237	-	-	-	-	5,358
50-54	0	827	419	312	216	112	20	2	0	0	1,908
	-	1,942	7,434	11,165	13,596	14,811	17,415	-	-	-	6,913
55-59	0	674	305	262	197	138	71	22	6	0	1,675
	-	1,923	6,263	10,174	12,477	18,265	22,219	22,104	-	-	7,808
60-64	0	594	227	213	177	124	73	53	24	3	1,488
	-	1,875	5,546	9,777	12,926	19,809	19,863	23,677	26,404	-	8,455
65-69	0	236	54	33	21	16	19	5	2	5	391
	-	1,978	5,995	8,331	13,367	-	-	-	-	-	7,206
70 & over	0	77	18	5	5	2	1	1	0	0	109
	-	1,654	-	-	-	-	-	-	-	-	4,649
Total	0	6,117	2,389	1,344	838	458	186	83	32	8	11,455
	-	1,782	5,915	9,520	12,484	17,934	21,177	23,734	26,669	-	5,534

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

Plan Name: W Wellstar Health System, Inc. Pension Plan
 EIN / PN: 58-1649541/003
 Plan Sponsor: Wellstar Health System, Inc.
 Valuation Date: July 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month March
- Interest rate basis 3-Segment Rates

Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
• First segment rate	4.75%	4.64%
• Second segment rate	5.12%	5.12%
• Third segment rate	5.59%	5.10%
• Effective interest rate	5.32%	5.09%

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

Rates not reflecting stabilization are used to determine the PBGC FTAP and the PBGC 4010 FS.

Annual rates of increase

- Compensation N/A
- Future Social Security wage bases N/A
- Expected investment return 6.25%

Plan-related expenses \$6,043,000; equal to plan-related expenses expected to be paid from the plan's assets as of July 1, 2024.

Plan Name: Wellstar Health System, Inc. Pension Plan
EIN / PN: 58-1649541/003
Plan Sponsor: Wellstar Health System, Inc.
Valuation Date: July 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Mortality

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

Termination

Rates varying by age, gender and service

Withdrawal Rates - Males

Age	Years of Service					
	0 - 1	1-2	2-3	3-4	4-5	5+
20-25	N/A	20.00%	20.00%	15.00%	15.00%	15.00%
26	N/A	20.00%	20.00%	15.00%	15.00%	14.00%
27	N/A	20.00%	20.00%	15.00%	15.00%	13.00%
28	N/A	20.00%	20.00%	15.00%	15.00%	12.00%
29	N/A	20.00%	20.00%	15.00%	15.00%	11.00%
30	N/A	20.00%	20.00%	15.00%	15.00%	10.00%
31	N/A	20.00%	20.00%	15.00%	15.00%	11.00%
32	N/A	20.00%	20.00%	15.00%	15.00%	12.00%
33	N/A	20.00%	20.00%	15.00%	15.00%	13.00%
34	N/A	20.00%	20.00%	15.00%	15.00%	14.00%
35	N/A	20.00%	20.00%	15.00%	15.00%	12.00%
36	N/A	20.00%	20.00%	15.00%	15.00%	10.00%
37-38	N/A	20.00%	20.00%	15.00%	15.00%	9.00%
39-45	N/A	20.00%	20.00%	15.00%	15.00%	8.00%
46-49	N/A	20.00%	20.00%	15.00%	15.00%	7.00%
50	N/A	20.00%	20.00%	15.00%	15.00%	10.00%
51-54	N/A	20.00%	20.00%	15.00%	15.00%	5.00%
55	N/A	20.00%	20.00%	15.00%	15.00%	10.00%
56	N/A	20.00%	20.00%	15.00%	15.00%	15.00%
57	N/A	20.00%	20.00%	15.00%	20.00%	15.00%
58+	N/A	20.00%	20.00%	20.00%	20.00%	15.00%

Withdrawal Rates - Females

Age	Years of Service					
	0 - 1	1-2	2-3	3-4	4-5	5+
20-25	N/A	25.00%	20.00%	15.00%	15.00%	15.00%
26-27	N/A	25.00%	20.00%	15.00%	15.00%	11.00%
28-30	N/A	25.00%	20.00%	15.00%	15.00%	10.00%
31-34	N/A	25.00%	20.00%	15.00%	15.00%	9.00%

Plan Name: Wellstar Health System, Inc. Pension Plan
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 Plan Sponsor: Wellstar Health System, Inc.
 Valuation Date: July 1, 2024

SCHEDULE SB ATTACHMENTS

35-38	N/A	25.00%	20.00%	15.00%	15.00%	8.00%
39-42	N/A	25.00%	20.00%	15.00%	15.00%	7.00%
43-44	N/A	25.00%	20.00%	15.00%	15.00%	6.00%
45	N/A	25.00%	20.00%	15.00%	15.00%	7.00%
46-49	N/A	25.00%	20.00%	15.00%	15.00%	8.00%
50	N/A	25.00%	20.00%	15.00%	15.00%	9.00%
51	N/A	25.00%	20.00%	15.00%	15.00%	10.00%
52	N/A	25.00%	20.00%	15.00%	15.00%	11.00%
53-54	N/A	25.00%	20.00%	15.00%	20.00%	11.00%
55	N/A	25.00%	20.00%	20.00%	20.00%	11.00%
56	N/A	25.00%	20.00%	20.00%	20.00%	12.00%
57	N/A	25.00%	20.00%	20.00%	20.00%	13.00%
58	N/A	25.00%	20.00%	20.00%	20.00%	14.00%
59	N/A	25.00%	20.00%	20.00%	20.00%	15.00%
60+	N/A	25.00%	20.00%	20.00%	20.00%	15.00%

Disability

The rates at which participants become disabled by age and gender are shown below:

Rates for Wellstar Health System, Inc. Active Employees Retirement Plan A Participants:

Age	Male	Female
20	0.04%	0.02%
25	0.07%	0.04%
30	0.10%	0.07%
35	0.15%	0.12%
40	0.21%	0.18%
45	0.34%	0.28%
50	0.56%	0.50%
55	0.90%	0.83%
60	1.42%	1.41%
65	0.00%	0.00%

Rates for West Georgia Medical Center, Inc. Retirement Plan Participants

Attained Age	Percentage
20	0.000%
25	0.075%
30	0.084%
35	0.096%
40	0.115%
45	0.162%
50	0.240%
55	0.400%
60	0.843%

Plan Name: Wellstar Health System, Inc. Pension Plan
 EIN / PN: 58-1649541/003
 Plan Sponsor: Wellstar Health System, Inc.
 Valuation Date: July 1, 2024

SCHEDULE SB ATTACHMENTS

65+

0.000%

Retirement

The rates at which participants retire by age are shown below:

Percentage retiring during the year	
Attained Age	Total
55-59	5.00%
60-61	10.00%
62	20.00%
63-64	15.00%
65	40.00%
66	35.00%
67	30.00%
68	25.00%
69	30.00%
70	100.00%

Benefit commencement date:

- Future deferred vested benefit
For Wellstar Health System, Inc. Active Employees Retirement Plan A Participants: Age 63 and 10 years of service, otherwise age 65
For West Georgia Medical Center, Inc. Retirement Plan Participants: Age 65
- Current deferred vested benefit
For Wellstar Health System, Inc. Active Employees Retirement Plan A Participants: Age 63 and 10 years of service, otherwise age 65
For West Georgia Medical Center, Inc. Retirement Plan Participants: Age 65
- Disability benefit
Upon disablement
- Retirement benefit
Upon termination of employment

Form of payment

For Wellstar Health System, Inc. Active Employees Retirement Plan A Participants: 25% of participants are assumed to elect a Five-Year Certain and Life Annuity, 25% of participants are assumed to elect a 50% Joint and Survivor Annuity, and 50% of participants are assumed to elect a Single Life Annuity

For West Georgia Medical Center, Inc. Retirement Plan Participants: 25% of participants are assumed to elect a Ten-Year Certain and Life Annuity, 25% of participants are assumed to elect a 50% Joint and Survivor Annuity, and 50% of participants are assumed to elect a Single Life Annuity

Plan Name: Wellstar Health System, Inc. Pension Plan
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SCHEDULE SB ATTACHMENTS

Percent married For Wellstar Health System, Inc. Active Employees Retirement Plan A Participants: 75% of males; 75% of females
For West Georgia Medical Center, Inc. Retirement Plan Participants: 100% of males; 100% of females

Spouse age Wife two years younger than husband

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date First day of plan year

Funding target Present value of accrued benefits as required by regulations under IRC §430.

Actuarial value of assets Average of the adjusted market value of assets for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC §430.

Decrement timing The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met, or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year

Benefits not valued WTW has reviewed the plan provisions with the plan sponsor and based on that review, is not aware of any other significant benefits required to be valued that were not.

Plan Name: Wellstar Health System, Inc. Pension Plan
EIN / PN: 58-1649541/003
Plan Sponsor: Wellstar Health System, Inc.
Valuation Date: July 1, 2024

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

Employee data was supplied by Aon Hewitt as of the census date. Wellstar Health System, Inc. is responsible for ensuring that such participant data provides an accurate description of all persons who are participants under the terms of the plan or otherwise entitled to benefits as of July 1, 2024 and that the data is sufficiently comprehensive and accurate for its intended purpose. If the data supplied is not sufficiently comprehensive and accurate for its intended purpose, the results of our calculations may differ significantly from the results that would be obtained with such data. Although WTW has reviewed the suitability of the data for its intended use in accordance with Actuarial Standard of Practice No. 23, WTW has not verified or audited any of the data or information provided.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Expected investment return	Expected rate of return on plan assets are based on assumptions set by the prior actuary. We believe the assumptions are reasonable, and we will determine if a revision is warranted once enough credible experience exists.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates are based on the experience study conducted in 2022, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Plan Name:	Wellstar Health System, Inc. Pension Plan
EIN / PN:	58-1649541/003
Plan Sponsor:	Wellstar Health System, Inc.
Valuation Date:	July 1, 2024

SCHEDULE SB ATTACHMENTS

Disability	Disability rates are based on assumptions set by the prior actuary. We believe the assumptions are reasonable, and we will determine if a revision is warranted once enough credible experience exists.
Retirement	Retirement rates are based on the experience study conducted in 2022, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Benefit commencement age	Benefit commencement age is based on assumptions set by the prior actuary. We believe the assumptions are reasonable, and we will determine if a revision is warranted once enough credible experience exists.
Form of payment	Assumed form of payment is based on the experience study conducted in 2022, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Percent married	The assumed percentage married was set by the prior actuary. We believe the assumption is reasonable, and we will determine if a revision is warranted once enough credible experience exists.
Spouse age	The assumed age difference for spouses is based on the experience study conducted in 2022, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430 or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Plan Name:	Wellstar Health System, Inc. Pension Plan
EIN / PN:	58-1649541/003
Plan Sponsor:	Wellstar Health System, Inc.
Valuation Date:	July 1, 2024

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods Since Prior Valuation

In addition to the prescribed changes in the discount rate, the other changes were:

- The assumed plan-related expenses added to the target normal cost were updated from \$6,032,000 for 2023 to \$6,043,000 for 2024.
- The mortality table used to calculate the funding target and target normal cost was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430.

Plan Name:	Wellstar Health System, Inc. Pension Plan
EIN / PN:	58-1649541/003
Plan Sponsor:	Wellstar Health System, Inc.
Valuation Date:	July 1, 2024

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 Wellstar Health System, Inc. Pension Plan	B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Wellstar Health System, Inc.	D Employer Identification Number (EIN) 58-1649541
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	1,411,618,177	
b	Actuarial value	2b	1,304,178,966	
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	5,772	574,832,720	574,832,720
b	For terminated vested participants	4,414	212,320,191	212,320,191
c	For active participants	11,455	479,361,189	480,139,817
d	Total	21,641	1,266,514,100	1,267,292,728
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	5.32%	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	6,043,000	
c	Target normal cost	6c	6,043,000	

Statement by Enrolled Actuary

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

SIGN HERE	Francois Martel, FSA, EA Signature of actuary Francois Martel, FSA, EA Type or print name of actuary Willis Towers Watson US LLC Firm name Five Concourse Parkway Suite 1800 Atlanta GA 30328 Address of the firm	F.M. 04/02/2026 Date 2606063 Most recent enrollment number 678-684-0511 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	165,766,726
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	12,193,512
9	Amount remaining (line 7 minus line 8)	0	153,573,214
10	Interest on line 9 using prior year's actual return of <u>14.71</u> %	0	21,045,465
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	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>5.31</u> %		
	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	174,618,679

Part III		Funding Percentages	
14	Funding target attainment percentage	14	89.13 %
15	Adjusted funding target attainment percentage	15	102.91 %
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	87.26 %
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
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.75 % 2nd segment: 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	64
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Demographic and benefit information		
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☒ Yes ☐ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6c).....	31a	6,043,000
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	137,732,441	14,666,134
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34 20,709,134
35	Balances elected for use to offset funding requirement	0	20,709,134
36	Additional cash requirement (line 34 minus line 35).....		36 0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37 0
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a 0
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b 0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 0
40	Unpaid minimum required contributions for all years		40 0
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☒ 2020 ☐ 2021		

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Wellstar Health System, Inc.
EIN/PN	58-1649541/003
Plan Name	Wellstar Health System, Inc. Pension Plan
Valuation Date	July 1, 2024
Enrolled Actuary	François Martel, FSA, EA
Enrollment Number	26-06063

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

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

SCHEDULE SB ATTACHMENTS

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

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name:	Wellstar Health System, Inc. Pension Plan
EIN / PN:	58-1649541/003
Plan Sponsor:	Wellstar Health System, Inc.
Valuation Date:	July 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month March
- Interest rate basis 3-Segment Rates

Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
• First segment rate	4.75%	4.64%
• Second segment rate	5.12%	5.12%
• Third segment rate	5.59%	5.10%
• Effective interest rate	5.32%	5.09%

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

Rates not reflecting stabilization are used to determine the PBGC FTAP and the PBGC 4010 FS.

Annual rates of increase

- Compensation N/A
- Future Social Security wage bases N/A
- Expected investment return 6.25%

Plan-related expenses \$6,043,000; equal to plan-related expenses expected to be paid from the plan's assets as of July 1, 2024.

Plan Name: Wellstar Health System, Inc. Pension Plan
EIN / PN: 58-1649541/003
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Valuation Date: July 1, 2024

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Demographic Assumptions

Mortality

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

Termination

Rates varying by age, gender and service

Withdrawal Rates - Males

Age	Years of Service					
	0 - 1	1-2	2-3	3-4	4-5	5+
20-25	N/A	20.00%	20.00%	15.00%	15.00%	15.00%
26	N/A	20.00%	20.00%	15.00%	15.00%	14.00%
27	N/A	20.00%	20.00%	15.00%	15.00%	13.00%
28	N/A	20.00%	20.00%	15.00%	15.00%	12.00%
29	N/A	20.00%	20.00%	15.00%	15.00%	11.00%
30	N/A	20.00%	20.00%	15.00%	15.00%	10.00%
31	N/A	20.00%	20.00%	15.00%	15.00%	11.00%
32	N/A	20.00%	20.00%	15.00%	15.00%	12.00%
33	N/A	20.00%	20.00%	15.00%	15.00%	13.00%
34	N/A	20.00%	20.00%	15.00%	15.00%	14.00%
35	N/A	20.00%	20.00%	15.00%	15.00%	12.00%
36	N/A	20.00%	20.00%	15.00%	15.00%	10.00%
37-38	N/A	20.00%	20.00%	15.00%	15.00%	9.00%
39-45	N/A	20.00%	20.00%	15.00%	15.00%	8.00%
46-49	N/A	20.00%	20.00%	15.00%	15.00%	7.00%
50	N/A	20.00%	20.00%	15.00%	15.00%	10.00%
51-54	N/A	20.00%	20.00%	15.00%	15.00%	5.00%
55	N/A	20.00%	20.00%	15.00%	15.00%	10.00%
56	N/A	20.00%	20.00%	15.00%	15.00%	15.00%
57	N/A	20.00%	20.00%	15.00%	20.00%	15.00%
58+	N/A	20.00%	20.00%	20.00%	20.00%	15.00%

Withdrawal Rates - Females

Age	Years of Service					
	0 - 1	1-2	2-3	3-4	4-5	5+
20-25	N/A	25.00%	20.00%	15.00%	15.00%	15.00%
26-27	N/A	25.00%	20.00%	15.00%	15.00%	11.00%
28-30	N/A	25.00%	20.00%	15.00%	15.00%	10.00%
31-34	N/A	25.00%	20.00%	15.00%	15.00%	9.00%

Plan Name: Wellstar Health System, Inc. Pension Plan
 EIN / PN: 58-1649541/003
 Plan Sponsor: Wellstar Health System, Inc.
 Valuation Date: July 1, 2024

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35-38	N/A	25.00%	20.00%	15.00%	15.00%	8.00%
39-42	N/A	25.00%	20.00%	15.00%	15.00%	7.00%
43-44	N/A	25.00%	20.00%	15.00%	15.00%	6.00%
45	N/A	25.00%	20.00%	15.00%	15.00%	7.00%
46-49	N/A	25.00%	20.00%	15.00%	15.00%	8.00%
50	N/A	25.00%	20.00%	15.00%	15.00%	9.00%
51	N/A	25.00%	20.00%	15.00%	15.00%	10.00%
52	N/A	25.00%	20.00%	15.00%	15.00%	11.00%
53-54	N/A	25.00%	20.00%	15.00%	20.00%	11.00%
55	N/A	25.00%	20.00%	20.00%	20.00%	11.00%
56	N/A	25.00%	20.00%	20.00%	20.00%	12.00%
57	N/A	25.00%	20.00%	20.00%	20.00%	13.00%
58	N/A	25.00%	20.00%	20.00%	20.00%	14.00%
59	N/A	25.00%	20.00%	20.00%	20.00%	15.00%
60+	N/A	25.00%	20.00%	20.00%	20.00%	15.00%

Disability

The rates at which participants become disabled by age and gender are shown below:

Rates for Wellstar Health System, Inc. Active Employees Retirement Plan A Participants:

Age	Male	Female
20	0.04%	0.02%
25	0.07%	0.04%
30	0.10%	0.07%
35	0.15%	0.12%
40	0.21%	0.18%
45	0.34%	0.28%
50	0.56%	0.50%
55	0.90%	0.83%
60	1.42%	1.41%
65	0.00%	0.00%

Rates for West Georgia Medical Center, Inc. Retirement Plan Participants

Attained Age	Percentage
20	0.000%
25	0.075%
30	0.084%
35	0.096%
40	0.115%
45	0.162%
50	0.240%
55	0.400%
60	0.843%

Plan Name: Wellstar Health System, Inc. Pension Plan
 EIN / PN: 58-1649541/003
 Plan Sponsor: Wellstar Health System, Inc.
 Valuation Date: July 1, 2024

SCHEDULE SB ATTACHMENTS

65+

0.000%

Retirement

The rates at which participants retire by age are shown below:

Percentage retiring during the year	
Attained Age	Total
55-59	5.00%
60-61	10.00%
62	20.00%
63-64	15.00%
65	40.00%
66	35.00%
67	30.00%
68	25.00%
69	30.00%
70	100.00%

Benefit commencement date:

- Future deferred vested benefit
For Wellstar Health System, Inc. Active Employees Retirement Plan A Participants: Age 63 and 10 years of service, otherwise age 65
For West Georgia Medical Center, Inc. Retirement Plan Participants: Age 65
- Current deferred vested benefit
For Wellstar Health System, Inc. Active Employees Retirement Plan A Participants: Age 63 and 10 years of service, otherwise age 65
For West Georgia Medical Center, Inc. Retirement Plan Participants: Age 65
- Disability benefit
Upon disablement
- Retirement benefit
Upon termination of employment

Form of payment

For Wellstar Health System, Inc. Active Employees Retirement Plan A Participants: 25% of participants are assumed to elect a Five-Year Certain and Life Annuity, 25% of participants are assumed to elect a 50% Joint and Survivor Annuity, and 50% of participants are assumed to elect a Single Life Annuity

For West Georgia Medical Center, Inc. Retirement Plan Participants: 25% of participants are assumed to elect a Ten-Year Certain and Life Annuity, 25% of participants are assumed to elect a 50% Joint and Survivor Annuity, and 50% of participants are assumed to elect a Single Life Annuity

Plan Name: Wellstar Health System, Inc. Pension Plan
EIN / PN: 58-1649541/003
Plan Sponsor: Wellstar Health System, Inc.
Valuation Date: July 1, 2024

SCHEDULE SB ATTACHMENTS

Percent married For Wellstar Health System, Inc. Active Employees Retirement Plan A Participants: 75% of males; 75% of females
For West Georgia Medical Center, Inc. Retirement Plan Participants: 100% of males; 100% of females

Spouse age Wife two years younger than husband

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date First day of plan year

Funding target Present value of accrued benefits as required by regulations under IRC §430.

Actuarial value of assets Average of the adjusted market value of assets for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC §430.

Decrement timing The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met, or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year

Benefits not valued WTW has reviewed the plan provisions with the plan sponsor and based on that review, is not aware of any other significant benefits required to be valued that were not.

Plan Name: Wellstar Health System, Inc. Pension Plan
EIN / PN: 58-1649541/003
Plan Sponsor: Wellstar Health System, Inc.
Valuation Date: July 1, 2024

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

Employee data was supplied by Aon Hewitt as of the census date. Wellstar Health System, Inc. is responsible for ensuring that such participant data provides an accurate description of all persons who are participants under the terms of the plan or otherwise entitled to benefits as of July 1, 2024 and that the data is sufficiently comprehensive and accurate for its intended purpose. If the data supplied is not sufficiently comprehensive and accurate for its intended purpose, the results of our calculations may differ significantly from the results that would be obtained with such data. Although WTW has reviewed the suitability of the data for its intended use in accordance with Actuarial Standard of Practice No. 23, WTW has not verified or audited any of the data or information provided.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Expected investment return	Expected rate of return on plan assets are based on assumptions set by the prior actuary. We believe the assumptions are reasonable, and we will determine if a revision is warranted once enough credible experience exists.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates are based on the experience study conducted in 2022, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Plan Name:	Wellstar Health System, Inc. Pension Plan
EIN / PN:	58-1649541/003
Plan Sponsor:	Wellstar Health System, Inc.
Valuation Date:	July 1, 2024

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Disability	Disability rates are based on assumptions set by the prior actuary. We believe the assumptions are reasonable, and we will determine if a revision is warranted once enough credible experience exists.
Retirement	Retirement rates are based on the experience study conducted in 2022, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Benefit commencement age	Benefit commencement age is based on assumptions set by the prior actuary. We believe the assumptions are reasonable, and we will determine if a revision is warranted once enough credible experience exists.
Form of payment	Assumed form of payment is based on the experience study conducted in 2022, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Percent married	The assumed percentage married was set by the prior actuary. We believe the assumption is reasonable, and we will determine if a revision is warranted once enough credible experience exists.
Spouse age	The assumed age difference for spouses is based on the experience study conducted in 2022, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430 or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Plan Name:	Wellstar Health System, Inc. Pension Plan
EIN / PN:	58-1649541/003
Plan Sponsor:	Wellstar Health System, Inc.
Valuation Date:	July 1, 2024

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods Since Prior Valuation

In addition to the prescribed changes in the discount rate, the other changes were:

- The assumed plan-related expenses added to the target normal cost were updated from \$6,032,000 for 2023 to \$6,043,000 for 2024.
- The mortality table used to calculate the funding target and target normal cost was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430.

Plan Name:	Wellstar Health System, Inc. Pension Plan
EIN / PN:	58-1649541/003
Plan Sponsor:	Wellstar Health System, Inc.
Valuation Date:	July 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The assumed plan-related expenses added to the target normal cost were updated from \$6,032,000 for 2023 to \$6,043,000 for 2024.

Plan Name:	Wellstar Health System, Inc. Pension Plan
EIN / PN:	58-1649541/003
Plan Sponsor:	Wellstar Health System, Inc.
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SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions is effective April 1, 2021.

Status of the plan The plan has been closed to new participants and benefit accruals frozen as of November 1, 2020.

Effective June 30, 2024, the Wellstar Health System, Inc. Active Employees Retirement Plan B merged into the Wellstar Health System, Inc. Active Employees Retirement Plan A. The merged plan was renamed the Wellstar Health System, Inc. Pension Plan.

Definitions

Participation All non-union employees of the employer are eligible to participate in the plan as of the first day of the month coincident with or following attainment of age 21 and completion of 1,000 hours of service in a 12-month period.

The plan has been closed to new participants effective November 1, 2020.

Vesting service Service prior to January 1, 1997 as defined and determined under the plan then in effect. For service after December 31, 1996 an employee shall receive credit for one full year of vesting service for any plan year during which the employee has at least 1,000 hours of service.

Credited service Service prior to January 1, 1997 as defined and determined under the plan then in effect. Service after December 31, 1996, defined as vesting service. During the short plan year (January 1, 2011–June 30, 2011) an employee earned 0.5 years of credited service if worked at least 500 hours during the period.

Credited service is split into past credited service (that earned prior to July 1, 2013) and future credited service (that earned after June 30, 2013).

Credited service is frozen as of November 1, 2020.

Covered compensation 35-year average of the taxable wage bases under the Social Security Act ending in the year that the participant attains the Social Security Normal Retirement Age.

Plan Name: Wellstar Health System, Inc. Pension Plan
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Plan Sponsor: Wellstar Health System, Inc.
Valuation Date: July 1, 2024

SCHEDULE SB ATTACHMENTS

Final average earnings

Average monthly earnings for the 60 consecutive full calendar months of the last 120 months which will produce the largest average monthly earnings.

Beginning on July 1, 2013, career monthly earnings is the sum of a participant's compensation divided by the complete months of service. Only years in which a year of future credited service was earned are included.

Compensation for each year shall not exceed the IRC section 401(a)(17) limit.

No Earnings for any period of employment beginning on or after November 1, 2020 shall be considered.

Monthly pension benefit

Old Benefit Formula:

The normal retirement benefit is based on service to normal retirement date and is the greatest of (1), (2) and (3) below:

- (1) 1.1% of average monthly earnings up to the participant's covered compensation, plus 1.7% of average monthly earnings in excess of the participant's covered compensation for each year of credited service to a maximum of 25 years. For those participants with an hour of service after June 30, 2001 an additional 1% of average monthly earnings for each year of credited service in excess of 25 years to a maximum of 10 years.
- (2) The accrued benefit in June 30, 1993, under the benefit formula then in effect.
- (3) The accrued benefit on December 31, 1996, under the benefit formula then in effect.

Revised Benefit Formula:

The normal retirement benefit is equal to the 1.0% of career monthly earnings up to the participant's covered compensation, plus 1.5% of career monthly earnings in excess of the participant's covered compensation for each year of future credited service to a maximum of 25 years, plus 1% of career monthly earnings for each year of future credited service in excess of 25 years to a maximum of 10 years.

The sum of a participant's past credited service and future credited service is limited to 35 years for benefit calculation purposes. Credited service shall first be applied to past credited service with the remainder, if any, applied to future credited service.

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The normal retirement benefit for a grandfathered participant is the greater of the amount determined under the old formula for all credited service and the sum of the old formula frozen as of June 30, 2013 and the revised formula.

The normal retirement benefit for a non-grandfathered participant is amount calculated under the old formula determined based on earnings, service, and covered compensation as of June 30, 2013 plus the amount calculated under the revised formula.

Accrued benefits under the plan are fully frozen as of November 1, 2020.

Eligibility for Benefits

Normal retirement	First of month coinciding with or next following the later of attainment of age 65 and the fifth anniversary of participation in the plan
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing 10 years of vesting service
Postponed retirement	Retirement after NRD
Deferred vested	Termination for reasons other than death or retirement after completing five years of vesting service
Disability	Upon completion of five years vesting service, in addition to a participant's inability to perform his or her duties with an Employer for a period up to 24 months, and after 24 months, inability to engage in any reasonable occupation in which other individuals who are on good health and who have similar educational backgrounds and trainings are engaged as their principal means of financial support.
Preretirement death benefit	Five years of vesting service

Plan Name:	Wellstar Health System, Inc. Pension Plan
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Valuation Date:	July 1, 2024

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Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD
Early retirement	Equal to the normal retirement benefit earned to the date of early retirement reduced by 6 2/3% for each year between age 60 and age 65 by which early retirement precedes age 65 and reduced by 3 1/3% for each year by which early retirement precedes age 60.
Postponed retirement	The greater of (1) and (2) below: (1) The actuarially equivalent amount using the UP 1984 Mortality Table and 7.50% interest to the accrued benefit as of the normal retirement date. (2) The benefit amount based on credited service and average earnings at the deferred retirement date.
Deferred vested	Accrued benefit can be paid at age 55 if the participant has at least 10 years of vesting service, with reduction from commencement before age 65. If the participant has at least 5 years of vesting service but less than 10 years of vesting service, then the first age that they can commence their benefit is age 65.
Disablement	The disability retirement benefit is equal to the accrued benefit earned to the date of disability. This benefit is payable at the participant's normal retirement date.
Preretirement death	In the event of an active married participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested accrued benefit as of the date of death, but payable as if the participant had separated from service on the date of death, survived to the earliest retirement age, elected a joint and 50% survivor annuity, and died on the day after the earliest retirement age. In the event of an active married participant's death after the attainment of age 55 and the completion of 10 years of credited service, but prior to the normal retirement date, it will be assumed the participant had retired on the day prior to death and elected a joint and 50% survivor benefit.

Plan Name:	Wellstar Health System, Inc. Pension Plan
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Other Plan Provisions

Form of Payment

The normal form of payment to an unmarried participant is a life annuity with five years guaranteed.

The normal form of payment to a married participant is a joint and survivor annuity actuarially equivalent to the retirement benefit payable for the employee's lifetime.

The participant receives a reduced lifetime benefit and, in the event of the participant's death, 50% of the reduced benefit continues to the surviving spouse.

All optional methods of settlement are actuarially equivalent to the normal form of payment. If a married participant does not elect the normal form of payment or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option (1) below.

The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with 1/2 of the reduced benefit to be continued to the spouse for his or her lifetime after the participant's death.
- (2) A reduced benefit to be paid during the participant's lifetime with 3/4ths of the reduced benefit to be continued to the spouse for his or her lifetime after the participant's death.
- (3) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to the spouse for his or her lifetime after the participant's death.
- (4) A reduced benefit to be paid for 120 or 180 months certain and thereafter for life.
- (5) A benefit payable during the participant's lifetime with no continuation to the spouse.

All optional methods of settlement are actuarially equivalent to the normal form of payment on a unisex basis based on the UP 1984 Mortality Table and 7.50% interest.

Pension Increases

None

Plan participants' contributions

None

Plan Name: Wellstar Health System, Inc. Pension Plan
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Plan Sponsor: Wellstar Health System, Inc.
Valuation Date: July 1, 2024

SCHEDULE SB ATTACHMENTS

Maximum limits on benefits and compensation

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

Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2020, the limit was \$285,000. No Earnings for any period of employment beginning on or after November 1, 2020 shall be considered.

Future Plan Changes

No future plan changes were recognized in determining maximum and minimum contribution.

Changes in Benefits Valued Since Prior Year

None.

Plan Name:	Wellstar Health System, Inc. Pension Plan
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Prior West Georgia Medical Center, Inc. Retirement Plan Participants

Effective December 31, 2019, a portion of the West Georgia Medical Center, Inc. Retirement Plan ("West Georgia ERISA Plan") was merged into the Wellstar Health System, Inc. Pension Plan. Please refer to further sections of this report for more detail regarding the plan provisions for the West Georgia Medical Center, Inc. Retirement Plan.

Status of the plan

The plan has been closed to new participants and benefit accruals were frozen as of November 1, 2020.

Definitions

Participation

An employee is eligible to participate in the plan if and only if they satisfy (1) or (2) below:

- (1) Grandfathered under LaGrange – Troup County Hospital Authority Pension Plan ("Authority Plan"), i.e. 40 years of age and 10 years of benefit service as of December 31, 2005.
- (2) Actively Employed by the Authority on September 30, 2009 and employed by West Georgia Medical Center ("WGMC") on October 1, 2009.

An employee is not eligible if they were terminated under Authority plan before September 30, 2009 and were rehired by WGMC after October 1, 2009, or if a break in employment occurred after December 31, 2005. Participation also terminates with change to PRN status, or if availability to work is reduced below 1800 hours per calendar year.

Vesting service

All participants are fully vested.

Credited service

A participant is credited with 1/12 of year of benefit service for completing at least one hour of the work in the month starting with employment date under the Authority Plan and ending with their termination date. Partial years are aggregated but Benefit Service is credited only in whole 12-month years; no credit for aggregated periods less than 12 months.

Credited service is frozen as of November 1, 2020

Compensation

W-2 wages, plus deferrals. Severance pay is excluded.

401(a)(17) pay limits are applied and are not prorated for partial years of partial years of participation

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Plan Sponsor:	Wellstar Health System, Inc.
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Final average earnings

The monthly average earnings is 1/60th of participant's compensation for five highest non-consecutive calendar years in the final ten consecutive calendar years, combined with compensation under the Authority Plan.

No Earnings for any period of employment beginning on or after November 1, 2020 shall be considered.

Covered compensation

Average of taxable wage basis for 35-year period ending with last day of calendar year of Social Security Retirement Age. The wage base is assumed level for determination prior to Social Security Retirement Age. For determination after SSRA Covered Compensation is equal to the covered compensation for the Plan Year during the SSRA was attained.

Accrued benefit

The Accrued Benefit for each participant is determined using the same formula which is used to compute such participant's Normal Retirement Benefit, taking into account the participant's Credited Service, Compensation and Covered Compensation as of the date of determination. This amount is then offset by the amount accrued as of the September 30, 2009 freeze date under the Authority Plan.

Accrued benefits under the plan are fully frozen as of November 1, 2020.

Eligibility for Benefits

Normal retirement

First of the month coinciding with or next following the attainment of age 65.

Early retirement

The first day of the month coincident with or next following the attainment of age 55 and completes 10 years of Credited Service.

Late retirement

Participant who continues active employment after normal retirement date.

Deferred vested

Termination for reasons other than death or retirement after completing five years of vesting service

Disability

Any participant determined by the Committee to be totally and permanently disabled, and also has qualified for Social Security disability benefits.

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Preretirement death benefit

Beneficiary of a participant with a vested Accrued Benefit who dies before commencement of payments.

Benefits Paid Upon the Following Events

Normal retirement

The monthly pension benefit determined as of Normal Retirement Date in the Normal Benefit Form in an amount equal to (i), but not less than (ii), nor greater than (iii):

- (i) 1.40% of Final Average Earnings for each year of Credited Service, not in excess of 35 years plus 0.60% of Final Average Earnings in excess of Social Security Covered Compensation for each year of Credited Service, not in excess of 35 years.
- (ii) the greater of a benefit of \$10 multiplied by Credited Service, not in excess of 35 years or the participant's accrued retirement benefit as of March 31, 1990.
- (iii) 52% Final Average Earnings.

Early retirement

Equal to Normal Retirement Benefit earned to the date of early retirement reduced by 5% per year by which early retirement precedes age 65.

Late retirement

Retirement benefit calculated on the basis of final average earnings and credited service as of the actual retirement date.

Participant who continues active employment after age 70.5 years will receive maximum of (1) and (2) below:

- (1) Continued accruals
- (2) Actuarial equivalent increase in his accrued benefit for the period between April 1 following the year in which he reaches age 70.5 and his delayed retirement age.

The plan provides for suspension of benefits notices.

Deferred vested

Accrued benefit can be paid at age 55 if the participant has at least 10 years of vesting service, with reduction from commencement before age 65.

If the participant has at least 5 years of vesting service but less than 10 years of vesting service, then the first age that they can commence their benefit is age 65.

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Disablement

A participant's Disability Retirement Benefit is equal to an amount which is based on Normal Retirement Benefit formula, unreduced for early commencement of benefits using the participant's Credited Service and Compensation through his or her Disability Retirement Date.

Preretirement death

Death benefits are paid to surviving spouse, or if not married to, designated beneficiary. Benefits payable as if participant terminated on his or her date of death retired electing a Joint and 100% survivor annuity. The benefit may commence immediately following death and is reduced for early commencement, with actuarial equivalent adjustment prior to earliest retirement date. The benefit is automatically cashed out if the present value does not exceed \$5,000.

Other Plan Provisions

Form of Payment

The normal form of payment to an unmarried participant is a life annuity with ten years guaranteed.

The normal form of payment to a married participant is a 50% joint and survivor annuity actuarially equivalent to the retirement benefit payable for the employee's lifetime.

The participant receives a reduced lifetime benefit and, in the event of the participant's death, 50% of the reduced benefit continues to the surviving spouse.

All optional methods of settlement are actuarially equivalent to the normal form of payment. If a married participant does not elect the normal form of payment or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option (1) below. The options are:

- (1) A benefit payable during the participant's lifetime with no continuation to the spouse and with no guaranteed period.
- (2) A reduced benefit to be paid during the participant's lifetime with 1/2 of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to his spouse for her lifetime after his death.
- (4) A reduced benefit to be paid during the participant's lifetime with the 3/4th of the reduced benefit to be continued to his spouse for her lifetime after his death.

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- (5) A reduced benefit to be paid for 60 months certain and thereafter for life.
- (6) A reduced benefit to be paid for 120 months certain and thereafter the participant's lifetime with one half of the reduced benefit to be continued to his spouse for lifetime after his death.
- (7) A reduced benefit to be paid for 120 months certain and thereafter the participant's lifetime with the same reduced benefit to be continued to his spouse for her lifetime after his death.
- (8) A lump sum benefit if the benefit amount is less than \$5,000.

A small lump sum is payable automatically if the actuarially equivalent present value of the vested Accrued Benefit is \$1,000 or less.

Option form conversion factors are as follows:

- (1) Annuity payments: The 1983 Group Annuity Mortality Table blended 15% male and 85% female and 8% interest.
- (2) Lump sum payments: PPA mortality table and interest rates equal to the 3-tiered minimum present value rates in effect for December preceding the payment date and reflecting the appropriate phase ins.

Pension Increases

None

Plan participants' contributions

None

Maximum limits on benefits and compensation

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

Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401 (a)(17) for the calendar year in which 12 month period begins. The limit is indexed annually. For 2020, the limit was \$285,000. No Earnings for any period of employment beginning on or after November 1, 2020 shall be considered.

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Future Plan Changes

No future plan changes were recognized in determining maximum and minimum contribution.

Changes in Benefits Valued Since Prior Year

None.

Plan Name:	Wellstar Health System, Inc. Pension Plan
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Schedule SB, Line 26a

Schedule of Active Participant Data for Frozen Plans as of July 1, 2024

Number and average annual frozen benefit distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	3	0	0	0	0	0	0	0	0	3
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	326	4	0	0	0	0	0	0	0	330
	-	762	-	-	-	-	-	-	-	-	769
30-34	0	722	149	0	0	0	0	0	0	0	871
	-	1,262	3,215	-	-	-	-	-	-	-	1,597
35-39	0	913	390	92	3	0	0	0	0	0	1,398
	-	1,779	4,331	6,024	-	-	-	-	-	-	2,781
40-44	0	882	432	186	79	6	0	0	0	0	1,585
	-	1,953	5,951	7,982	9,581	-	-	-	-	-	4,161
45-49	0	863	391	241	140	60	2	0	0	0	1,697
	-	2,068	6,806	8,983	11,880	13,237	-	-	-	-	5,358
50-54	0	827	419	312	216	112	20	2	0	0	1,908
	-	1,942	7,434	11,165	13,596	14,811	17,415	-	-	-	6,913
55-59	0	674	305	262	197	138	71	22	6	0	1,675
	-	1,923	6,263	10,174	12,477	18,265	22,219	22,104	-	-	7,808
60-64	0	594	227	213	177	124	73	53	24	3	1,488
	-	1,875	5,546	9,777	12,926	19,809	19,863	23,677	26,404	-	8,455
65-69	0	236	54	33	21	16	19	5	2	5	391
	-	1,978	5,995	8,331	13,367	-	-	-	-	-	7,206
70 & over	0	77	18	5	5	2	1	1	0	0	109
	-	1,654	-	-	-	-	-	-	-	-	4,649
Total	0	6,117	2,389	1,344	838	458	186	83	32	8	11,455
	-	1,782	5,915	9,520	12,484	17,934	21,177	23,734	26,669	-	5,534

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

Plan Name: W Wellstar Health System, Inc. Pension Plan
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 Plan Sponsor: Wellstar Health System, Inc.
 Valuation Date: July 1, 2024

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Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	2,400,166	2,602,955	52,695,926	57,699,047
2025	6,728,880	5,809,211	51,803,223	64,341,314
2026	10,498,003	7,214,805	50,816,391	68,529,199
2027	14,091,092	8,354,141	49,730,784	72,176,017
2028	17,496,201	9,299,920	48,573,064	75,369,185
2029	20,607,708	10,263,436	47,350,896	78,222,040
2030	23,460,946	11,116,856	46,044,293	80,622,095
2031	26,052,249	11,880,448	44,648,421	82,581,118
2032	28,323,652	12,750,979	43,169,611	84,244,242
2033	30,401,436	13,688,861	41,601,939	85,692,236
2034	32,393,244	14,482,602	39,956,336	86,832,182
2035	34,317,503	15,125,214	38,225,823	87,668,540
2036	36,117,935	15,608,670	36,418,152	88,144,757
2037	37,700,926	16,020,020	34,557,792	88,278,738
2038	39,030,526	16,426,512	32,630,555	88,087,593
2039	40,206,085	16,767,816	30,653,869	87,627,770
2040	41,181,054	17,031,497	28,646,762	86,859,313
2041	41,961,331	17,287,876	26,611,372	85,860,579
2042	42,567,709	17,470,104	24,561,245	84,599,058
2043	42,999,960	17,502,405	22,511,268	83,013,633
2044	43,261,443	17,486,364	20,477,720	81,225,527
2045	43,279,483	17,406,713	18,478,036	79,164,232
2046	43,078,401	17,255,157	16,530,414	76,863,972
2047	42,699,293	17,039,662	14,653,347	74,392,302
2048	42,146,984	16,726,442	12,865,049	71,738,475
2049	41,418,948	16,390,900	11,182,502	68,992,350
2050	40,520,937	15,999,595	9,620,346	66,140,878
2051	39,437,769	15,514,882	8,189,958	63,142,609
2052	38,179,035	14,971,777	6,898,905	60,049,717
2053	36,759,311	14,385,532	5,750,666	56,895,509
2054	35,236,903	13,783,090	4,744,686	53,764,679
2055	33,630,913	13,162,732	3,876,617	50,670,262

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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2056	31,938,679	12,496,775	3,138,803	47,574,257
2057	30,198,838	11,797,904	2,521,066	44,517,808
2058	28,436,816	11,085,535	2,011,479	41,533,830
2059	26,665,517	10,362,828	1,597,129	38,625,474
2060	24,902,925	9,640,268	1,264,812	35,808,005
2061	23,164,097	8,926,959	1,001,638	33,092,694
2062	21,461,760	8,234,684	795,526	30,491,970
2063	19,808,553	7,568,143	635,584	28,012,280
2064	18,218,033	6,929,433	512,326	25,659,792
2065	16,696,851	6,321,837	417,729	23,436,417
2066	15,249,475	5,746,644	345,184	21,341,303
2067	13,878,424	5,204,580	289,380	19,372,384
2068	12,584,775	4,695,867	246,152	17,526,794
2069	11,368,595	4,220,358	212,289	15,801,242
2070	10,229,265	3,777,615	185,367	14,192,247
2071	9,165,748	3,366,976	163,572	12,696,296
2072	8,176,606	2,987,630	145,562	11,309,798
2073	7,260,085	2,638,609	130,365	10,029,059

Plan Name: Wellstar Health System, Inc. Pension Plan
 EIN / PN: 58-1649541/003
 Plan Sponsor: Wellstar Health System, Inc.
 Valuation Date: July 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of July 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	07/01/2024	17,036,989	15.00000	17,036,989	1,569,697
2. Shortfall	07/01/2023	36,307,434	14.00000	34,436,427	3,325,061
3. Shortfall	07/01/2022	20,570,853	13.00000	18,694,495	1,900,983
4. Shortfall	07/01/2021	(17,959,319)	12.00000	(15,548,009)	(1,674,555)
5. Shortfall	07/01/2020	101,664,575	11.00000	83,112,539	9,544,948
Total				137,732,441	14,666,134

Plan Name: Wellstar Health System, Inc. Pension Plan
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Plan Sponsor: Wellstar Health System, Inc.
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Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Wellstar Health System, Inc.
EIN/PN	58-1649541/003
Plan Name	Wellstar Health System, Inc. Pension Plan
Valuation Date	July 1, 2024
Enrolled Actuary	François Martel, FSA, EA
Enrollment Number	26-06063

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

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

SCHEDULE SB ATTACHMENTS

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

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

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Plan Sponsor:	Wellstar Health System, Inc.
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Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	2,400,166	2,602,955	52,695,926	57,699,047
2025	6,728,880	5,809,211	51,803,223	64,341,314
2026	10,498,003	7,214,805	50,816,391	68,529,199
2027	14,091,092	8,354,141	49,730,784	72,176,017
2028	17,496,201	9,299,920	48,573,064	75,369,185
2029	20,607,708	10,263,436	47,350,896	78,222,040
2030	23,460,946	11,116,856	46,044,293	80,622,095
2031	26,052,249	11,880,448	44,648,421	82,581,118
2032	28,323,652	12,750,979	43,169,611	84,244,242
2033	30,401,436	13,688,861	41,601,939	85,692,236
2034	32,393,244	14,482,602	39,956,336	86,832,182
2035	34,317,503	15,125,214	38,225,823	87,668,540
2036	36,117,935	15,608,670	36,418,152	88,144,757
2037	37,700,926	16,020,020	34,557,792	88,278,738
2038	39,030,526	16,426,512	32,630,555	88,087,593
2039	40,206,085	16,767,816	30,653,869	87,627,770
2040	41,181,054	17,031,497	28,646,762	86,859,313
2041	41,961,331	17,287,876	26,611,372	85,860,579
2042	42,567,709	17,470,104	24,561,245	84,599,058
2043	42,999,960	17,502,405	22,511,268	83,013,633
2044	43,261,443	17,486,364	20,477,720	81,225,527
2045	43,279,483	17,406,713	18,478,036	79,164,232
2046	43,078,401	17,255,157	16,530,414	76,863,972
2047	42,699,293	17,039,662	14,653,347	74,392,302
2048	42,146,984	16,726,442	12,865,049	71,738,475
2049	41,418,948	16,390,900	11,182,502	68,992,350
2050	40,520,937	15,999,595	9,620,346	66,140,878
2051	39,437,769	15,514,882	8,189,958	63,142,609
2052	38,179,035	14,971,777	6,898,905	60,049,717
2053	36,759,311	14,385,532	5,750,666	56,895,509
2054	35,236,903	13,783,090	4,744,686	53,764,679
2055	33,630,913	13,162,732	3,876,617	50,670,262

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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2056	31,938,679	12,496,775	3,138,803	47,574,257
2057	30,198,838	11,797,904	2,521,066	44,517,808
2058	28,436,816	11,085,535	2,011,479	41,533,830
2059	26,665,517	10,362,828	1,597,129	38,625,474
2060	24,902,925	9,640,268	1,264,812	35,808,005
2061	23,164,097	8,926,959	1,001,638	33,092,694
2062	21,461,760	8,234,684	795,526	30,491,970
2063	19,808,553	7,568,143	635,584	28,012,280
2064	18,218,033	6,929,433	512,326	25,659,792
2065	16,696,851	6,321,837	417,729	23,436,417
2066	15,249,475	5,746,644	345,184	21,341,303
2067	13,878,424	5,204,580	289,380	19,372,384
2068	12,584,775	4,695,867	246,152	17,526,794
2069	11,368,595	4,220,358	212,289	15,801,242
2070	10,229,265	3,777,615	185,367	14,192,247
2071	9,165,748	3,366,976	163,572	12,696,296
2072	8,176,606	2,987,630	145,562	11,309,798
2073	7,260,085	2,638,609	130,365	10,029,059

Plan Name: Wellstar Health System, Inc. Pension Plan
 EIN / PN: 58-1649541/003
 Plan Sponsor: Wellstar Health System, Inc.
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SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions is effective April 1, 2021.

Status of the plan

The plan has been closed to new participants and benefit accruals frozen as of November 1, 2020.

Effective June 30, 2024, the Wellstar Health System, Inc. Active Employees Retirement Plan B merged into the Wellstar Health System, Inc. Active Employees Retirement Plan A. The merged plan was renamed the Wellstar Health System, Inc. Pension Plan.

Definitions

Participation

All non-union employees of the employer are eligible to participate in the plan as of the first day of the month coincident with or following attainment of age 21 and completion of 1,000 hours of service in a 12-month period.

The plan has been closed to new participants effective November 1, 2020.

Vesting service

Service prior to January 1, 1997 as defined and determined under the plan then in effect. For service after December 31, 1996 an employee shall receive credit for one full year of vesting service for any plan year during which the employee has at least 1,000 hours of service.

Credited service

Service prior to January 1, 1997 as defined and determined under the plan then in effect. Service after December 31, 1996, defined as vesting service. During the short plan year (January 1, 2011–June 30, 2011) an employee earned 0.5 years of credited service if worked at least 500 hours during the period.

Credited service is split into past credited service (that earned prior to July 1, 2013) and future credited service (that earned after June 30, 2013).

Credited service is frozen as of November 1, 2020.

Covered compensation

35-year average of the taxable wage bases under the Social Security Act ending in the year that the participant attains the Social Security Normal Retirement Age.

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Plan Sponsor:	Wellstar Health System, Inc.
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Final average earnings

Average monthly earnings for the 60 consecutive full calendar months of the last 120 months which will produce the largest average monthly earnings.

Beginning on July 1, 2013, career monthly earnings is the sum of a participant's compensation divided by the complete months of service. Only years in which a year of future credited service was earned are included.

Compensation for each year shall not exceed the IRC section 401(a)(17) limit.

No Earnings for any period of employment beginning on or after November 1, 2020 shall be considered.

Monthly pension benefit

Old Benefit Formula:

The normal retirement benefit is based on service to normal retirement date and is the greatest of (1), (2) and (3) below:

- (1) 1.1% of average monthly earnings up to the participant's covered compensation, plus 1.7% of average monthly earnings in excess of the participant's covered compensation for each year of credited service to a maximum of 25 years. For those participants with an hour of service after June 30, 2001 an additional 1% of average monthly earnings for each year of credited service in excess of 25 years to a maximum of 10 years.
- (2) The accrued benefit in June 30, 1993, under the benefit formula then in effect.
- (3) The accrued benefit on December 31, 1996, under the benefit formula then in effect.

Revised Benefit Formula:

The normal retirement benefit is equal to the 1.0% of career monthly earnings up to the participant's covered compensation, plus 1.5% of career monthly earnings in excess of the participant's covered compensation for each year of future credited service to a maximum of 25 years, plus 1% of career monthly earnings for each year of future credited service in excess of 25 years to a maximum of 10 years.

The sum of a participant's past credited service and future credited service is limited to 35 years for benefit calculation purposes. Credited service shall first be applied to past credited service with the remainder, if any, applied to future credited service.

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The normal retirement benefit for a grandfathered participant is the greater of the amount determined under the old formula for all credited service and the sum of the old formula frozen as of June 30, 2013 and the revised formula.

The normal retirement benefit for a non-grandfathered participant is amount calculated under the old formula determined based on earnings, service, and covered compensation as of June 30, 2013 plus the amount calculated under the revised formula.

Accrued benefits under the plan are fully frozen as of November 1, 2020.

Eligibility for Benefits

Normal retirement	First of month coinciding with or next following the later of attainment of age 65 and the fifth anniversary of participation in the plan
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing 10 years of vesting service
Postponed retirement	Retirement after NRD
Deferred vested	Termination for reasons other than death or retirement after completing five years of vesting service
Disability	Upon completion of five years vesting service, in addition to a participant's inability to perform his or her duties with an Employer for a period up to 24 months, and after 24 months, inability to engage in any reasonable occupation in which other individuals who are on good health and who have similar educational backgrounds and trainings are engaged as their principal means of financial support.
Preretirement death benefit	Five years of vesting service

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Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD
Early retirement	Equal to the normal retirement benefit earned to the date of early retirement reduced by 6 2/3% for each year between age 60 and age 65 by which early retirement precedes age 65 and reduced by 3 1/3% for each year by which early retirement precedes age 60.
Postponed retirement	The greater of (1) and (2) below: (1) The actuarially equivalent amount using the UP 1984 Mortality Table and 7.50% interest to the accrued benefit as of the normal retirement date. (2) The benefit amount based on credited service and average earnings at the deferred retirement date.
Deferred vested	Accrued benefit can be paid at age 55 if the participant has at least 10 years of vesting service, with reduction from commencement before age 65. If the participant has at least 5 years of vesting service but less than 10 years of vesting service, then the first age that they can commence their benefit is age 65.
Disablement	The disability retirement benefit is equal to the accrued benefit earned to the date of disability. This benefit is payable at the participant's normal retirement date.
Preretirement death	In the event of an active married participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested accrued benefit as of the date of death, but payable as if the participant had separated from service on the date of death, survived to the earliest retirement age, elected a joint and 50% survivor annuity, and died on the day after the earliest retirement age. In the event of an active married participant's death after the attainment of age 55 and the completion of 10 years of credited service, but prior to the normal retirement date, it will be assumed the participant had retired on the day prior to death and elected a joint and 50% survivor benefit.

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Other Plan Provisions

Form of Payment

The normal form of payment to an unmarried participant is a life annuity with five years guaranteed.

The normal form of payment to a married participant is a joint and survivor annuity actuarially equivalent to the retirement benefit payable for the employee's lifetime.

The participant receives a reduced lifetime benefit and, in the event of the participant's death, 50% of the reduced benefit continues to the surviving spouse.

All optional methods of settlement are actuarially equivalent to the normal form of payment. If a married participant does not elect the normal form of payment or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option (1) below.

The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with 1/2 of the reduced benefit to be continued to the spouse for his or her lifetime after the participant's death.
- (2) A reduced benefit to be paid during the participant's lifetime with 3/4ths of the reduced benefit to be continued to the spouse for his or her lifetime after the participant's death.
- (3) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to the spouse for his or her lifetime after the participant's death.
- (4) A reduced benefit to be paid for 120 or 180 months certain and thereafter for life.
- (5) A benefit payable during the participant's lifetime with no continuation to the spouse.

All optional methods of settlement are actuarially equivalent to the normal form of payment on a unisex basis based on the UP 1984 Mortality Table and 7.50% interest.

Pension Increases

None

Plan participants' contributions

None

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Maximum limits on benefits and compensation

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

Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2020, the limit was \$285,000. No Earnings for any period of employment beginning on or after November 1, 2020 shall be considered.

Future Plan Changes

No future plan changes were recognized in determining maximum and minimum contribution.

Changes in Benefits Valued Since Prior Year

None.

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Prior West Georgia Medical Center, Inc. Retirement Plan Participants

Effective December 31, 2019, a portion of the West Georgia Medical Center, Inc. Retirement Plan ("West Georgia ERISA Plan") was merged into the Wellstar Health System, Inc. Pension Plan. Please refer to further sections of this report for more detail regarding the plan provisions for the West Georgia Medical Center, Inc. Retirement Plan.

Status of the plan

The plan has been closed to new participants and benefit accruals were frozen as of November 1, 2020.

Definitions

Participation

An employee is eligible to participate in the plan if and only if they satisfy (1) or (2) below:

- (1) Grandfathered under LaGrange – Troup County Hospital Authority Pension Plan ("Authority Plan"), i.e. 40 years of age and 10 years of benefit service as of December 31, 2005.
- (2) Actively Employed by the Authority on September 30, 2009 and employed by West Georgia Medical Center ("WGMC") on October 1, 2009.

An employee is not eligible if they were terminated under Authority plan before September 30, 2009 and were rehired by WGMC after October 1, 2009, or if a break in employment occurred after December 31, 2005. Participation also terminates with change to PRN status, or if availability to work is reduced below 1800 hours per calendar year.

Vesting service

All participants are fully vested.

Credited service

A participant is credited with 1/12 of year of benefit service for completing at least one hour of the work in the month starting with employment date under the Authority Plan and ending with their termination date. Partial years are aggregated but Benefit Service is credited only in whole 12-month years; no credit for aggregated periods less than 12 months.

Credited service is frozen as of November 1, 2020

Compensation

W-2 wages, plus deferrals. Severance pay is excluded.

401(a)(17) pay limits are applied and are not prorated for partial years of partial years of participation

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Final average earnings

The monthly average earnings is 1/60th of participant's compensation for five highest non-consecutive calendar years in the final ten consecutive calendar years, combined with compensation under the Authority Plan.

No Earnings for any period of employment beginning on or after November 1, 2020 shall be considered.

Covered compensation

Average of taxable wage basis for 35-year period ending with last day of calendar year of Social Security Retirement Age. The wage base is assumed level for determination prior to Social Security Retirement Age. For determination after SSRA Covered Compensation is equal to the covered compensation for the Plan Year during the SSRA was attained.

Accrued benefit

The Accrued Benefit for each participant is determined using the same formula which is used to compute such participant's Normal Retirement Benefit, taking into account the participant's Credited Service, Compensation and Covered Compensation as of the date of determination. This amount is then offset by the amount accrued as of the September 30, 2009 freeze date under the Authority Plan.

Accrued benefits under the plan are fully frozen as of November 1, 2020.

Eligibility for Benefits

Normal retirement

First of the month coinciding with or next following the attainment of age 65.

Early retirement

The first day of the month coincident with or next following the attainment of age 55 and completes 10 years of Credited Service.

Late retirement

Participant who continues active employment after normal retirement date.

Deferred vested

Termination for reasons other than death or retirement after completing five years of vesting service

Disability

Any participant determined by the Committee to be totally and permanently disabled, and also has qualified for Social Security disability benefits.

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Preretirement death benefit

Beneficiary of a participant with a vested Accrued Benefit who dies before commencement of payments.

Benefits Paid Upon the Following Events

Normal retirement

The monthly pension benefit determined as of Normal Retirement Date in the Normal Benefit Form in an amount equal to (i), but not less than (ii), nor greater than (iii):

- (i) 1.40% of Final Average Earnings for each year of Credited Service, not in excess of 35 years plus 0.60% of Final Average Earnings in excess of Social Security Covered Compensation for each year of Credited Service, not in excess of 35 years.
- (ii) the greater of a benefit of \$10 multiplied by Credited Service, not in excess of 35 years or the participant's accrued retirement benefit as of March 31, 1990.
- (iii) 52% Final Average Earnings.

Early retirement

Equal to Normal Retirement Benefit earned to the date of early retirement reduced by 5% per year by which early retirement precedes age 65.

Late retirement

Retirement benefit calculated on the basis of final average earnings and credited service as of the actual retirement date.

Participant who continues active employment after age 70.5 years will receive maximum of (1) and (2) below:

- (1) Continued accruals
- (2) Actuarial equivalent increase in his accrued benefit for the period between April 1 following the year in which he reaches age 70.5 and his delayed retirement age.

The plan provides for suspension of benefits notices.

Deferred vested

Accrued benefit can be paid at age 55 if the participant has at least 10 years of vesting service, with reduction from commencement before age 65.

If the participant has at least 5 years of vesting service but less than 10 years of vesting service, then the first age that they can commence their benefit is age 65.

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Disablement

A participant's Disability Retirement Benefit is equal to an amount which is based on Normal Retirement Benefit formula, unreduced for early commencement of benefits using the participant's Credited Service and Compensation through his or her Disability Retirement Date.

Preretirement death

Death benefits are paid to surviving spouse, or if not married to, designated beneficiary. Benefits payable as if participant terminated on his or her date of death retired electing a Joint and 100% survivor annuity. The benefit may commence immediately following death and is reduced for early commencement, with actuarial equivalent adjustment prior to earliest retirement date. The benefit is automatically cashed out if the present value does not exceed \$5,000.

Other Plan Provisions

Form of Payment

The normal form of payment to an unmarried participant is a life annuity with ten years guaranteed.

The normal form of payment to a married participant is a 50% joint and survivor annuity actuarially equivalent to the retirement benefit payable for the employee's lifetime.

The participant receives a reduced lifetime benefit and, in the event of the participant's death, 50% of the reduced benefit continues to the surviving spouse.

All optional methods of settlement are actuarially equivalent to the normal form of payment. If a married participant does not elect the normal form of payment or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option (1) below. The options are:

- (1) A benefit payable during the participant's lifetime with no continuation to the spouse and with no guaranteed period.
- (2) A reduced benefit to be paid during the participant's lifetime with 1/2 of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to his spouse for her lifetime after his death.
- (4) A reduced benefit to be paid during the participant's lifetime with the 3/4th of the reduced benefit to be continued to his spouse for her lifetime after his death.

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- (5) A reduced benefit to be paid for 60 months certain and thereafter for life.
- (6) A reduced benefit to be paid for 120 months certain and thereafter the participant's lifetime with one half of the reduced benefit to be continued to his spouse for lifetime after his death.
- (7) A reduced benefit to be paid for 120 months certain and thereafter the participant's lifetime with the same reduced benefit to be continued to his spouse for her lifetime after his death.
- (8) A lump sum benefit if the benefit amount is less than \$5,000.

A small lump sum is payable automatically if the actuarially equivalent present value of the vested Accrued Benefit is \$1,000 or less.

Option form conversion factors are as follows:

- (1) Annuity payments: The 1983 Group Annuity Mortality Table blended 15% male and 85% female and 8% interest.
- (2) Lump sum payments: PPA mortality table and interest rates equal to the 3-tiered minimum present value rates in effect for December preceding the payment date and reflecting the appropriate phase ins.

Pension Increases

None

Plan participants' contributions

None

Maximum limits on benefits and compensation

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

Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401 (a)(17) for the calendar year in which 12 month period begins. The limit is indexed annually. For 2020, the limit was \$285,000. No Earnings for any period of employment beginning on or after November 1, 2020 shall be considered.

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Future Plan Changes

No future plan changes were recognized in determining maximum and minimum contribution.

Changes in Benefits Valued Since Prior Year

None.

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EIN / PN:	58-1649541/003
Plan Sponsor:	Wellstar Health System, Inc.
Valuation Date:	July 1, 2024

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Schedule SB, Line 32
Schedule of Amortization Bases
as of July 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	07/01/2024	17,036,989	15.00000	17,036,989	1,569,697
2. Shortfall	07/01/2023	36,307,434	14.00000	34,436,427	3,325,061
3. Shortfall	07/01/2022	20,570,853	13.00000	18,694,495	1,900,983
4. Shortfall	07/01/2021	(17,959,319)	12.00000	(15,548,009)	(1,674,555)
5. Shortfall	07/01/2020	101,664,575	11.00000	83,112,539	9,544,948
Total				137,732,441	14,666,134

Plan Name: Wellstar Health System, Inc. Pension Plan
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Plan Sponsor: Wellstar Health System, Inc.
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Schedule SB, Line 24 Change in Actuarial Assumptions

The assumed plan-related expenses added to the target normal cost were updated from \$6,032,000 for 2023 to \$6,043,000 for 2024.

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