

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 INTEGRIS HEALTH, INC. RETIREMENT PLAN A	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 01/01/1970
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) INTEGRIS HEALTH, INC. 3001 QUAIL SPRINGS PARKWAY OKLAHOMA CITY, OK 73134	2b Employer Identification Number (EIN) 73-1192764 2c Plan Sponsor's telephone number 405-949-4045 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.	05/04/2026	ALLISON PETERSEN
	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 RETIREMENT COMMITTEE INTEGRIS HEALTH, INC. 3001 QUAIL SPRINGS PARKWAY OKLAHOMA CITY, OK 73134	3b Administrator's EIN 73-1037878 3c Administrator's telephone number 405-949-4045 																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	5 5696																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;">6a(1)</td><td style="text-align: right;">1061</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">837</td></tr> <tr><td>6b</td><td style="text-align: right;">1647</td></tr> <tr><td>6c</td><td style="text-align: right;">1822</td></tr> <tr><td>6d</td><td style="text-align: right;">4306</td></tr> <tr><td>6e</td><td style="text-align: right;">102</td></tr> <tr><td>6f</td><td style="text-align: right;">4408</td></tr> <tr><td>6g(1)</td><td style="text-align: right;">0</td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)	1061	6a(2)	837	6b	1647	6c	1822	6d	4306	6e	102	6f	4408	6g(1)	0	6g(2)		6h	
6a(1)	1061																				
6a(2)	837																				
6b	1647																				
6c	1822																				
6d	4306																				
6e	102																				
6f	4408																				
6g(1)	0																				
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 1I 3H																					
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
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) ☐ DCG (Individual Plan Information) – Number Attached _____ (5) ☐ MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) – Number Attached _____ (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan INTEGRIS HEALTH, INC. RETIREMENT PLAN A	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF INTEGRIS HEALTH, INC.	D Employer Identification Number (EIN) 73-1192764
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	432145431	
b	Actuarial value	2b	424763783	
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	2244	313146215	313146215
b	For terminated vested participants	2392	129225123	129225123
c	For active participants	1061	84140095	88467247
d	Total	5697	526511433	530838585
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	5.30 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	6200000	
c	Target normal cost	6c	6200000	

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 COURTNEY MORRIS Type or print name of actuary MERCER Firm name 4400 COMERICA BANK TOWER 1717 MAIN STREET DALLAS, TX 75201 Address of the firm	03/17/2026 Date 23-08834 Most recent enrollment number 214-998-8947 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)		
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)		
10 Interest on line 9 using prior year's actual return of <u>7.14</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		10842661
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> %		575745
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		11418406
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages

14 Funding target attainment percentage	14	80.01 %
15 Adjusted funding target attainment percentage	15	80.01 %
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	80.37 %
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
10/11/2024	4500000				
01/13/2025	5000000				
04/08/2025	5000000				
07/10/2025	5000000				
Totals ▶			18(b)	19500000	18(c)

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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	18846173

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
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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 60
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	
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	6200000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	106074802	12490124	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	18690124	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			
36 Additional cash requirement (line 34 minus line 35)	36	18690124	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	18846173	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	156049	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
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 INTEGRIS HEALTH, INC. RETIREMENT PLAN A	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 INTEGRIS HEALTH, INC.	D Employer Identification Number (EIN) 73-1192764

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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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	281139	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANK OF OKLAHOMA

73-0780382

(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	NONE	79294	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KPMG LLP

13-5565207

(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?
10 50	NONE	146442	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)

MONROE VOS CONSULTING, INC

76-0505838

(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 28 57	NONE	44399	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAPTRUST FINANCIAL ADVISORS

26-0058143

(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	28937	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMERALD ADVISERS INC.

P.O. BOX 10666
LANCASTER, PA 17605

(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	35567	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)

CHICKASAW CAPITAL MANAGEMENT LLC

6075 POPLAR AVE
MEMPHIS, TN 38119

(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	370507	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER

76-0505838

(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 16 50	NONE	78206	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PIMCO

95-2632339

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	476843	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 INTEGRIS HEALTH, INC. RETIREMENT PLAN A				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 INTEGRIS HEALTH, INC.				D Employer Identification Number (EIN) 73-1192764	
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: INTEGRIS HEALTH, INC. RET MASTER					
b Name of sponsor of entity listed in (a): INTEGRIS HEALTH, INC.					
c EIN-PN 73-1192764-300		d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 418476555		
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 year (see instructions)</		

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
	For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
	A Name of plan INTEGRIS HEALTH, INC. RETIREMENT PLAN A	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 INTEGRIS HEALTH, INC.	D Employer Identification Number (EIN) 73-1192764	

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	2406645	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4300000	5000000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	697643	897643
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)	415368478	418476555
(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	422772766	424374198
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	340278	271657
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	340278	271657
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	422432488	424102541

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)	32200000	
(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)		32200000
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)		
(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)		
(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)		30717802
(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		897643
d Total income. Add all income amounts in column (b) and enter total	2d		63815445

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	28497965	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	26750206	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		55248171
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	57025	
(5) Investment advisory and investment management fees	2i(5)	1237392	
(6) Bank or trust company trustee/custodial fees	2i(6)	79296	
(7) Actuarial fees	2i(7)	29792	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	48414	
(11) Other expenses	2i(11)	5445302	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		6897221
j Total expenses. Add all expense amounts in column (b) and enter total	2j		62145392

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1670053
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?	☒		1000000
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 569618.

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 INTEGRIS HEALTH, INC. RETIREMENT PLAN A				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INTEGRIS HEALTH, INC.				D Employer Identification Number (EIN) 73-1192764	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 73-6210970					
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	8
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	0
b Enter the amount contributed by the employer to the plan for this plan year				6b	0
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

0

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: 21.5 % Private Equity: 11.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 64.1 %

High-Yield Debt: 2.8 % Real Assets: 0.6 % Cash or Cash Equivalents: _____ % Other: _____ %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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_____.

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule SB, line 26a Schedule of Active Participant Data	2024 This Form is Open to Public Inspection
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Name of Plan	INTEGRIS HEALTH, INC. RETIREMENT PLAN A						
Plan Year Begin Date	07/01/2024	Plan Year End Date	06/30/2025	EIN	73-1192764	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	INTEGRIS HEALTH, INC. RETIREMENT PLAN A						
Plan Year Begin Date	07/01/2024	Plan Year End Date	06/30/2025	EIN	73-1192764	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	INTEGRIS HEALTH, INC. RETIREMENT PLAN A						
Plan Year Begin Date	07/01/2024	Plan Year End Date	06/30/2025	EIN	73-1192764	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						



INTEGRIS *HEALTH*, INC. RETIREMENT PLAN A

Financial Statements

June 30, 2025 and 2024

(With Independent Auditors' Report Thereon)

INTEGRIS *HEALTH*, INC. RETIREMENT PLAN A

Table of Contents

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Notes to Financial Statements	6
All schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, are omitted as they are not applicable, or the required information is shown in the financial statements or notes thereto.	



KPMG LLP
811 Main Street
Houston, TX 77002

Independent Auditors' Report

To the Plan Participants and Plan Administrator
INTEGRIS Health, Inc. Retirement Plan A:

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

We have performed audits of the financial statements of INTEGRIS Health, Inc. Retirement Plan A (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the 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.

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

Management has obtained certifications from a qualified institution as of and for the years ended June 30, 2025 and 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with U.S. generally accepted accounting principles.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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



Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

In performing an audit in accordance with GAAS, we:

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

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



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

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

Houston, Texas
April 28, 2026

INTEGRIS *HEALTH*, INC. RETIREMENT PLAN A

Statements of Net Assets Available for Benefits

June 30, 2025 and 2024

	2025	2024
Assets:		
Cash	\$ —	2,406,645
Plan interest in INTEGRIS <i>Health</i> , Inc. Retirement Plans		
Master Trust	<u>418,476,555</u>	<u>415,368,478</u>
Total investments	418,476,555	417,775,123
Employer contributions receivable	5,000,000	4,300,000
Other Receivable	<u>897,643</u>	<u>697,643</u>
Total assets	<u>424,374,198</u>	<u>422,772,766</u>
Liabilities:		
Accounts payable	<u>271,657</u>	<u>340,278</u>
Total liabilities	<u>271,657</u>	<u>340,278</u>
Net assets available for benefits	<u>\$ 424,102,541</u>	<u>422,432,488</u>

See accompanying notes to financial statements.

INTEGRIS *HEALTH*, INC. RETIREMENT PLAN A

Statements of Changes in Net Assets Available for Benefits

Years ended June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Investment income:		
Change in plan interest in INTEGRIS <i>Health</i> , Inc. Retirement Plans Master Trust	\$ 30,717,802	28,323,916
Net investment income	<u>30,717,802</u>	<u>28,323,916</u>
Employer contributions	32,200,000	22,300,000
Other income	897,643	—
Deductions:		
Benefits paid directly to participants	28,497,965	29,588,967
Professional and administrative fees	6,897,221	6,029,566
Annuity Purchase	<u>26,750,206</u>	<u>—</u>
Total deductions	<u>62,145,392</u>	<u>35,618,533</u>
Net increase in net assets available for benefits	1,670,053	15,005,383
Net assets available for plan benefits:		
Beginning of year	<u>422,432,488</u>	<u>407,427,105</u>
End of year	\$ <u><u>424,102,541</u></u>	<u><u>422,432,488</u></u>

See accompanying notes to financial statements.

INTEGRIS *HEALTH*, INC. RETIREMENT PLAN A

Notes to Financial Statements

June 30, 2025 and 2024

(1) Description of the Plan

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

(a) General

The Plan is a noncontributory defined benefit pension plan covering certain eligible employees of INTEGRIS *Health*, Inc. (INTEGRIS) and its affiliates. Affiliates participating in the Plan include:

- INTEGRIS Baptist Medical Center, Inc.
- INTEGRIS *Health* Foundation, Inc.
- INTEGRIS ProHealth, Inc. and subsidiaries
- INTEGRIS Realty LLC
- INTEGRIS Ambulatory Care Corporation and subsidiaries
- INTEGRIS South Oklahoma City Hospital Corporation and subsidiary
- INTEGRIS Rural Health, Inc.
- INTEGRIS Cardiovascular Physicians, LLC
- INTEGRIS *Health* Edmond, Inc.
- INTEGRIS *Health* Partners, LLC
- INTEGRIS Hospice, Inc. (formerly Hospice of Oklahoma County, Inc.)
- INTEGRIS *Health*, Inc.
- INTEGRIS Mental Health, Inc.
- INTEGRIS Physician Services, Inc. (dissolved in 2010)
- Baptist Healthcare of Oklahoma, LLC
- Baptist Medical Plaza Associates, LP
- Great Plains Medical Foundation, LLC
- Medical Parking, Inc.
- OneCare, Inc.

Participants in the Plan include certain eligible employees of INTEGRIS or certain affiliates who, prior to July 1, 2009, are at least 21 years of age with at least 1,000 hours of credited service during the previous 12 months (a service year). Participating employees become fully vested after completing 3 years of credited service or upon reaching Normal Retirement Age (full social security retirement age), whichever comes sooner. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan was amended effective July 1, 2009 to freeze the Plan with respect to new participants. The eligible employees prior to the amendment were not impacted by the amendment. Employees rehired

INTEGRIS *HEALTH*, INC. RETIREMENT PLAN A

Notes to Financial Statements

June 30, 2025 and 2024

after July 1, 2009 will not accrue any additional benefit in the Plan. The Plan was amended effective January 1, 2013 to freeze additional benefit accruals for all Plan participants.

The Plan was amended effective June 30, 2022 to spin-off participants from the Plan to the INTEGRIS *Health*, Inc. Retirement Plan B (Plan B). The participants spun-off into Plan B ceased to be participants in the Plan and Plan B assumed all liabilities with respect to the participant group, and the accrued benefits of each member of the participant group were allocated only to Plan B. The value of the assets allocated to Plan B was equal to the sum of the present value of the accrued benefits of the participant group in the Plan immediately before the spin-off. The assets and accumulated plan benefits obligation of the Plan for the participant group were transferred into Plan B on July 1, 2022 and July 19, 2022, respectively.

In June 2025, INTEGRIS executed an annuity purchase transaction with Minnesota Life Insurance Company to provide benefits to vested participants in the Plan, whereby a portion of the Plan's benefit obligations was transferred. The transaction qualified as a settlement requiring a remeasurement of the Plan's obligations and related assets. The transaction of approximately \$26,750,000 is reflected in the Statement of Changes in Net Assets Available for Benefits.

The Plan was amended effective June 30, 2025 resulting in a spin-off of participants from the Plan to Plan B. Assets of \$13,186,000 were transferred from the Plan to Plan B effective July 1, 2025. The \$13,186,000 spin-off amount was less than 3% of the Plan's obligation and considered de minimis for purposes of Internal Revenue Code Section 414(l). The amount of the assets transferred to Plan B was based on actuarial assumptions used to account for the Plan for INTEGRIS' U.S. GAAP purposes under ASC 715. For purposes of accounting for the Plan for U.S. GAAP under ASC 960, the spin-off reduced the present value of accumulated plan benefits by approximately \$14,060,000 subsequent to 2025.

The Plan is administered by the Retirement Committee (the Committee), which is under the general supervision of INTEGRIS' board of directors. Bank of Oklahoma, N.A. (the Trustee) serves as the Trustee of the Plan. Under the terms of an agreement between the Trustee and the Plan, the Trustee manages the activities of the trust fund of the Plan, including receiving, investing, and holding the Plan's assets. The Trustee is also responsible for maintaining custody of the Plan assets and payment of benefits to participants at the direction of the Committee.

(b) Pension Benefits

Normal retirement under the Plan is defined as retirement from employment upon reaching Social Security retirement age, as defined in the agreement. Monthly retirement benefits payable to a participant who retires are calculated in accordance with the provisions provided in the Plan document. Prior to July 1, 2000, monthly retirement benefits payable to a participant who retired was based upon accrued benefits under a formula driven benefit based upon a percentage of the participant's final average pay and years of service in accordance with the provisions provided in the Plan document. Thereafter, benefits are based on the Cash Balance provisions as described in Cash Balance Account Feature.

The Plan provides that participants may receive reduced early benefits at age 55 with 10 years of vesting service or may receive early unreduced retirement benefits upon reaching age 62 with 10 years of vesting service, or if at least age 55 and age plus years of credited service is at least 85.

INTEGRIS *HEALTH*, INC. RETIREMENT PLAN A

Notes to Financial Statements

June 30, 2025 and 2024

(c) *Death and Disability Benefits*

Death benefits and vested benefits on termination are also provided under the Plan. Payments of these benefits to participants are based upon the benefit formulas defined by the Plan document. Disability benefits were frozen as of December 31, 2012.

(d) *Cash Balance Account Feature*

For each participant, interest is credited on a quarterly basis at the greater of an annual rate of 5% or the yield on the one-year Treasury bill auctioned immediately before January 1. The cash balance is at all times actuarially equivalent to a monthly annuity in the normal straight life form payable at normal retirement age.

Retiring employees or death beneficiaries of married participants receive the greater of the cash balance account or the existing benefit formula. Death beneficiaries of single participants will receive the cash balance account.

(e) *Funding Policy*

INTEGRIS and its affiliates voluntarily contribute amounts necessary to provide assets sufficient to meet the benefits estimated to be paid to the Plan's participants. Contributions are made each year to at least meet the actuarially determined minimum required contributions. The Plan has met ERISA funding requirements.

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

(2) *Summary of Accounting Policies*

The following are the significant accounting policies followed by the Plan:

(a) *Basis of Accounting*

The financial statements of the Plan have been prepared on the accrual basis of accounting in conformity with U.S. generally accepted accounting principles (U.S. GAAP).

(b) *Use of Estimates*

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

(c) *Investment Valuation and Income Recognition*

Plan assets are held in the INTEGRIS *Health*, Inc. Retirement Plans Master Trust (Master Trust), which was established by INTEGRIS for the pooled investments of assets for the defined benefit plans sponsored by INTEGRIS. Each participating retirement plan has a divided interest in the Master Trust. The assets of the Master Trust are held by Bank of Oklahoma, N.A.

INTEGRIS *HEALTH*, INC. RETIREMENT PLAN A

Notes to Financial Statements

June 30, 2025 and 2024

The Master Trust investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

(d) *Payment of Benefits*

Benefit payments to participants are recorded upon distribution.

(e) *Professional and Administrative Fees*

The Plan's expenses are paid either by the Plan or INTEGRIS, as provided by the plan document. Expenses that are paid directly by INTEGRIS are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits.

(3) Interest in INTEGRIS Health, Inc. Retirement Plans Master Trust

The value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. At June 30, 2025 and 2024, the Plan's interest in the net assets of the Master Trust was approximately 94.1 percent and 93.8 percent, respectively. Total investment income (including net appreciation (depreciation) in the fair value of investments) of the Master Trust is allocated to the individual Plans based upon the amount of time the Plan's assets were invested in the Master Trust.

The following table presents the investments and other assets and liabilities of the Master Trust as of June 30, 2025:

	June 30, 2025	
	INTEGRIS Health, Inc. Retirement Plans Master Trust	Plan's Interest in Master Trust
Money market fund	\$ 7,439,375	7,351,629
Common stocks	18,344,015	18,344,015
Mutual funds	256,032,037	229,818,634
Mortgage backed agencies and treasury bonds	48,663,431	48,663,431
Corporate bonds	46,745,699	46,745,699
Infrastructure master limited partnerships	18,654,780	18,654,780
Limited partnerships	47,764,713	47,764,713
Total investments, at fair value	443,644,050	417,342,901
Accrued income	1,222,260	1,133,654
Total	<u>\$ 444,866,310</u>	<u>418,476,555</u>

INTEGRIS *HEALTH*, INC. RETIREMENT PLAN A

Notes to Financial Statements

June 30, 2025 and 2024

The following table presents the investments and other assets and liabilities of the Master Trust as of June 30, 2024:

	June 30, 2024	
	INTEGRIS Health, Inc. Retirement Plans Master Trust	Plan's Interest in Master Trust
Money market fund	\$ 11,851,792	11,836,165
Common stocks	17,518,885	17,518,885
Mutual funds	259,606,893	232,224,763
Mortgage backed agencies and treasury bonds	57,878,652	57,878,652
Corporate bonds	35,736,589	35,736,589
Infrastructure master limited partnerships	18,540,730	18,540,730
Limited partnerships	45,396,508	45,396,508
Derivative asset	1,657,821	1,657,821
Derivative liability	(1,078,694)	(1,078,694)
Total investments, at fair value	447,109,176	419,711,419
Plus:		
Accrued income	1,019,580	1,019,561
Minus:		
Accrued liabilities	(5,362,502)	(5,362,502)
Total	\$ <u>442,766,254</u>	<u>415,368,478</u>

The net appreciation in the fair value of investments was approximately \$14,745,000 and investment income was approximately \$19,057,000 for the Master Trust for the year ended June 30, 2025.

The net appreciation in the fair value of investments was approximately \$11,323,000 and investment income was approximately \$15,405,000 for the Master Trust for the year ended June 30, 2024.

Certain investment related expenses reduce net appreciation as a result of the expenses being intrinsic to earning investment returns.

(a) Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3

INTEGRIS *HEALTH*, INC. RETIREMENT PLAN A

Notes to Financial Statements

June 30, 2025 and 2024

measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value:

- (a) *Money Market Fund, Common Stocks, Mutual Funds, Treasury Bonds, and Infrastructure Master Limited Partnerships*: Valued at the closing price reported in the active market in which the individual securities are traded.
- (b) *Limited Partnerships*: Valued based on net asset value (NAV) of the fund. NAV is based on estimated fair values of the assets owned by the fund. The Plan has utilized the NAV reported by the underlying funds as a practical expedient for estimating the fair value of the investment.
- (c) *Mortgage Backed Agencies, Corporate Bonds, and Derivative Instruments*: In the absence of market prices, investments are valued based on prices of comparable securities and similar asset activity inputs utilizing a pricing matrix. Investments valued using this methodology where the inputs are observable are categorized in Level 2 of the fair value hierarchy.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement as of the reporting date.

INTEGRIS *HEALTH*, INC. RETIREMENT PLAN A

Notes to Financial Statements

June 30, 2025 and 2024

The following table sets forth by level, within the fair value hierarchy, the assets at fair value of the Master Trust as of June 30, 2025:

Investments at fair value as of June 30, 2025				Total carrying value in the statement of net assets available for benefits
	Quoted prices in active market (Level 1)	Significant other observable inputs (Level 2)	Unobservable inputs (Level 3)	
Money market fund	\$ 7,439,375	—	—	7,439,375
Common stocks	18,344,015	—	—	18,344,015
Mutual funds	256,032,037	—	—	256,032,037
Mortgage backed agencies and treasury bonds	45,275,132	3,388,299	—	48,663,431
Corporate bonds	—	46,745,699	—	46,745,699
Infrastructure master limited partnerships	18,654,780	—	—	18,654,780
Total investments in the fair value hierarchy	345,745,339	50,133,998	—	395,879,337
Investments measured at NAV ⁽¹⁾	—	—	47,764,713	47,764,713
Total investments	\$ 345,745,339	50,133,998	47,764,713	443,644,050

INTEGRIS HEALTH, INC. RETIREMENT PLAN A

Notes to Financial Statements

June 30, 2025 and 2024

The following table sets forth by level, within the fair value hierarchy, the assets at fair value of the Master Trust as of June 30, 2024:

Investments at fair value as of June 30, 2024				Total carrying value in statement of net assets available for benefits
	Quoted prices in active market (Level 1)	Significant other observable inputs (Level 2)	Unobservable inputs (Level 3)	
Money market fund	\$ 11,851,792	—	—	11,851,792
Common stocks	17,518,885	—	—	17,518,885
Mutual funds	259,606,893	—	—	259,606,893
Mortgage backed agencies and treasury bonds	53,680,315	4,198,337	—	57,878,652
Corporate bonds	—	35,736,589	—	35,736,589
Infrastructure master limited partnerships	18,540,730	—	—	18,540,730
Derivative asset	—	1,657,821	—	1,657,821
Total investments in the fair value hierarchy	361,198,615	41,592,747	—	402,791,362
Investments measured at NAV ⁽¹⁾	—	—	—	45,396,508
Derivative liabilities	—	(1,078,694)	—	(1,078,694)
Total investments	\$ 361,198,615	40,514,053	—	447,109,176

(1) Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on NAV per share:

Instrument	Fair value at June 30, 2025	Fair value at June 30, 2024	Unfunded commitments	Redemption frequency (if currently eligible)	Redemption notice period
Limited partnerships	\$ 47,764,713	45,396,508	29,134,442	(note 1)	(note 1)

note 1 *Limited Partnerships*: The investments in these funds are nonredeemable. The Plan has utilized the net asset value reported by the underlying funds as a practical expedient for estimating the fair value of the investment. Due to the nature of the investment, changes in market conditions and the economic environment may significantly impact the NAV of the funds, and consequently, the fair value of the Plan's interest in the funds. Although a secondary market exists for investments, it is not active and individual transactions are typically not observable. Although transactions do occur in this limited secondary market,

INTEGRIS *HEALTH*, INC. RETIREMENT PLAN A

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they may occur at discounts to the reported net asset value. It is, therefore, reasonably possible that if the Plan were to sell these investments in the secondary market, a buyer may require a discount to the reported net asset value, and any discounts could be significant. Redemption of these investments is not allowed.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

(4) Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service participants have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The accumulated plan benefits are based on the beginning-of-year information date.

(a) Summary of Significant Actuarial Assumptions

The significant actuarial assumptions used in determining accumulated plan benefits as of June 30, 2024 valuation date are as follows:

Actuarial method	Projected Unit credit method
Interest rate	6.09% per annum
Mortality	Pri-2012 mortality tables, with no collar adjustment, projected generationally with scale MP-2021
Separation rates	Graduated rates
Assumed retirement age	Age-related rates based on plan experience

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

INTEGRIS *HEALTH*, INC. RETIREMENT PLAN A

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June 30, 2025 and 2024

(b) Accumulated Plan Benefits

The following table summarizes the accumulated plan benefits as of June 30, 2024:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments	\$ 295,443,118
Other vested benefits	<u>194,756,302</u>
	490,199,420

Nonvested benefits	<u>4,038,446</u>
--------------------	------------------

Total actuarial present value of accumulated plan benefits	<u>\$ 494,237,866</u>
--	-----------------------

Changes in the actuarial present value of accumulated plan benefits for the year ended June 30, 2024 are as follows:

Actuarial present value of accumulated plan benefits, beginning of year	\$ 440,842,152
Effect of:	
Benefits accumulated, including the effects of noninvestment gains and losses	1,238,698
Increase for interest due to decrease in discount period	30,418,855
Benefits paid	(29,588,967)
Change in actuarial assumptions	51,327,128
Other changes (for example, mergers and spin-offs)	<u>—</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 494,237,866</u>

The discount rate was changed from 7.16% at June 30, 2023, to 6.09% at June 30, 2024. Also, the Section 417(e) lump sum conversion basis was updated to reflect interest rates as of June 2024 and the 2024 IRS 417(e) mortality table. The prior year Section 417(e) conversion basis reflected interest rate as of June 2023 and the 2023 IRS 417(e) mortality table. The mortality assumption used for active participants and retirees was the Pri-2012 separate employee/annuitant healthy mortality tables for males and females, with no collar adjustment, projected generationally with scale MP-2021. The mortality assumption used for beneficiaries was the Pri-2012 contingent survivor mortality tables for beneficiaries in payment status, separate for males and females, with no collar adjustment, projected generationally with scale MP-2021.

(5) Income Tax Status

The Plan received an updated favorable determination letter on August 25, 2020 from the Internal Revenue Service (IRS) indicating that the Plan has qualified under the provisions of Section 401(a) of the Internal Revenue Code (IRC) of 1986, as amended and is exempt from federal income taxes under Code Section 501(a). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

INTEGRIS *HEALTH*, INC. RETIREMENT PLAN A

Notes to Financial Statements

June 30, 2025 and 2024

U.S. GAAP requires plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or the Department of Labor (DOL). The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods open for examination.

(6) Trustee Certification

Certain information related to investments disclosed in the accompanying financial statements, including plan interest in INTEGRIS *Health*, Inc. Retirement Plans Master Trust held at June 30, 2025 and 2024, and change in plan interest in INTEGRIS *Health*, Inc. Retirement Plans Master Trust for the years ended June 30, 2025 and 2024, except for cash and investments in Limited Partnerships as of and for the year ended June 30, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Bank of Oklahoma, N.A. (the trustee of the Plan).

(7) Plan Termination

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

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

If plan funds are not sufficient to provide benefits for all categories, benefits will be prorated to participants within the first group for which benefits cannot be provided in full.

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 survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

INTEGRIS *HEALTH*, INC. RETIREMENT PLAN A

Notes to Financial Statements

June 30, 2025 and 2024

Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, if benefits have been increased within the five years before plan termination, the entire amount of the Plan's vested benefits or the benefit increase may not be guaranteed. Also, there is a statutory ceiling, which is adjusted periodically, on the amount of monthly benefit the PBGC guarantees. The ceiling varies depending on the form of benefit payment elected by retired participants or active participants at plan termination.

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

(8) Plan Restrictions

Under the Pension Protection Act of 2006 (PPA), benefit restrictions apply to a plan if the Adjusted Funding Target Attainment Percentage (AFTAP) falls below certain thresholds. Based on the current and prior year AFTAPs and IRS regulations, the Plan is not subject to benefit restrictions during the 2025 or 2024 plan years.

(9) Risks and Uncertainties

Through the Master Trust, the Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

(10) Related Party and Party in Interest Transactions

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

(11) Subsequent Events

The Plan has evaluated events subsequent to June 30, 2025 and through April 28, 2026, the date on which the financial statements were available to be issued.

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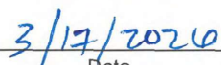
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

▶ **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 INTEGRIS HEALTH, INC. RETIREMENT PLAN A	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF INTEGRIS HEALTH, INC.	D Employer Identification Number (EIN) 73-1192764
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	432,145,431
b Actuarial value.....		2b	424,763,783
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.....	2,244	313,146,215	313,146,215
b For terminated vested participants	2,392	129,225,123	129,225,123
c For active participants.....	1,061	84,140,095	88,467,247
d Total.....	5,697	526,511,433	530,838,585
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	5.30%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	6,200,000	
c Target normal cost	6c	6,200,000	

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		
COURTNEY MORRIS		2308834
MERCER		214-998-8947
4400 COMERICA BANK TOWER 1717 MAIN STREET DALLAS TX 75201		
Signature of actuary		Date
Type or print name of actuary		Most recent enrollment number
Firm name		Telephone number (including area code)
Address of the firm		

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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>7.14</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		10,842,661
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> %		575,745
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		11,418,406
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	80.01 %
15	Adjusted funding target attainment percentage	15	80.01 %
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	80.37 %
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
10/11/2024	4,500,000				
01/13/2025	5,000,000				
04/08/2025	5,000,000				
07/10/2025	5,000,000				
Totals ▶			18(b)	19,500,000	18(c)
				0	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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	18,846,173

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 60
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	
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	6,200,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	106,074,802	12,490,124	
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	18,690,124	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	18,690,124	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	18,846,173	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36).....	38a	156,049	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
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, line 26a — Schedule of Active Participant Data**Cash Balance Participants**

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34											
35–39		1	9								10
40–44		7	84	36							127
			20,000	24,372							
45–49		6	77	91	14						188
			26,842	40,277							
50–54		10	63	100	68	6					247
			31,845	43,962	62,873						
55–59		8	65	73	64	21	5				236
			33,980	48,595	79,661	109,146					
60–64		5	39	77	39	19	13	2			194
			26,199	47,379	78,864						
65–69		2	11	23	3			1			40
				53,748							
70 & up		1	4	4	1						10
Total		40	352	404	189	46	18	3			1,052
											46,367

In each cell, the number is the count of active participants for each age/service combination with a cash balance benefit. Average cash balances are not shown for plans with less than 1,000 active participants or cells with fewer than 20 participants.

Participants who have both a cash balance and frozen accrued benefit are included in both age service charts.

Schedule SB, line 26a — Schedule of Active Participant Data**Frozen Accrued Participants**

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34											
35–39			2								2
40–44		1	18	15							34
45–49		3	23	55	14						95
			499	827							
50–54			21	72	68	6					167
			443	990	1,090						
55–59		6	27	45	65	21	5				169
			468	1,000	1,487	1,897					
60–64		4	16	51	39	19	13	2			144
				809	1,270						
65–69			2	10	3			1			16
70 & up		2		1	1						4
Total		16	109	249	190	46	18	3			631
											1,012

In each cell, the number is the count of active participants for each age/service combination with a frozen accrued benefit. Frozen Accrued Benefit is the greater of the Cash Balance accrued benefit (accrued benefit converted from a cash balance in place of a current cash balance amount) and the Traditional Benefit. Cash Balance accrued benefit is only considered for participants not reported with a current cash balance amount. Average frozen accrued benefit is not shown for plans with less than 1,000 active participants or cells with fewer than 20 participants.

Participants who have both a cash balance and frozen accrued benefit are included in both age service charts.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions for July 1, 2024 funding valuation**

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	4	
	Stabilized	Nonstabilized
• First 5 years	4.75%	4.64%
• Next 15 years	5.12%	5.12%
• Over 20 years	5.59%	5.10%
Mortality sponsor elections		
• Healthy participants	Section 430(h)(3) prescribed generational annuitant and non-annuitant mortality tables for 2024 plan year funding valuations, in accordance with IRS regulation 1.430(h)(3)-1.	
• Pre-1995 disabilities	Same as Healthy.	
• Post-1994 disabilities	Same as Healthy.	
417(e) lump sums	Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and 2024 PPA unisex mortality for minimum present values.	
Non-417(e) lump sums		
• Mortality table	N/A	
• Interest rate	N/A	
Cash balance plans		
• Interest accumulation rate	5.50% compounded quarterly	
• Whipsaw calculations	Yes	
• Annuity conversion		
— Mortality table	UP-84 mortality table	
— Interest rate basis	5.00%	
Other economic assumptions		
• Salary increases	N/A	
• Social Security taxable wage base increases	N/A	
• Inflation	N/A	
• Expected investment return	6.20% for 2022, 5.70% for 2023 and 5.40% for 2024	
• Expenses	\$6,200,000 added to current year normal cost	

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

Rationale for economic assumptions

- Cash balance interest accumulation rate – This rate is based on future expectations of the actual interest accumulation rate as defined by the plan provisions.
- Expected investment return – The expected rate of return on plan assets is based on a blend of the hypothetical past performance of the plan’s current asset mix as of July 1, 2024, and the median simulated investment return using capital market assumptions published in Mercer Investment Consulting’s *Capital Markets Outlook* for the plan’s asset mix, rounded to the nearest 10 basis points. The expected return on assets assumption is net of 8 basis points for expenses assumed to be paid from plan assets.
- Expenses – This assumption is based on expectations of the actual expenses to be paid by the plan for the upcoming year and is determined as the sum of the following (rounded to the nearest \$100,000):
 - Estimated PBGC Premiums to be paid for the current plan year
 - Actual non-PBGC expenses paid by the plan during the prior plan year.

Demographic assumptions		
• Withdrawal	Attained age	Rate
	21	20.40%
	25	15.30%
	30	10.37%
	35	7.40%
	40	6.90%
	45	6.10%
	50	5.60%
	55	5.52%
	60	5.52%
	65	5.52%
	70 and above	0.00%

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods• **Retirement age**

Attained age	Social Security Retirement Age	
	66	67
55-58	8.00%	7.00%
59-60	8.00%	8.00%
61	10.00%	10.00%
62-65	33.00%	33.00%
66	75.00%	33.00%
67	25.00%	75.00%
68	25.00%	25.00%
69	25.00%	25.00%
70	100.00%	100.00%

A separate assumption applies in year in which an individual first meets Rule of 85 eligibility:

Age in which Rule of 85 eligibility is first met	Retirement Rate
Less than 62	10.00%
Age 62 or older	74.00%

• Disability incidence	N/A	
• Benefit commencement age for		
— Future vested deferred	Social Security Retirement Age	
— Current vested deferred	Social Security Retirement Age	
• Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>
— Percentage married	60%	60%
— Spouse age difference	3 years younger	2 years older
Form of payment	<u>Single life</u>	<u>50% J&S</u>
• Active retirements*	65%	35%
• Future vested deferred*	65%	35%
• Future deaths*	0%	0%
• Current vested deferred	65%	35%
*100% Lump sum form of payment is assumed if the participant is projected to be eligible for lump sum		

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

Rationale for demographic assumptions

- **Withdrawal** – The withdrawal rates were selected based on an experience study completed in 2022 covering the period July 1, 2017 through June 30, 2021. The plan sponsor believes that this period will be representative of anticipated future experience.
- **Retirement age** – The retirement rates were selected based on an experience study completed in 2022 covering the period July 1, 2017 through June 30, 2021. The plan sponsor believes that this period will be representative of anticipated future experience.
- **Spouse assumptions** – The percentage married and spouse age assumptions were selected based on an experience study completed in 2022 covering the period July 1, 2017 through June 30, 2021. The plan sponsor believes that this period will be representative of anticipated future experience.
- **Form of payment** – The form of payment assumption was selected based on an experience study completed in 2022 covering the period July 1, 2017 through June 30, 2021. The plan sponsor believes that this period will be representative of anticipated future experience.

Actuarial methods

Asset methods

The asset valuation method is an average of the adjusted market value 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 Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Minimum funding methods**

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial Assumption changes from prior valuations

- Interest discounts and mortality rates were updated from 2023 to 2024 in accordance with PPA.
- The cash balance interest credit rate assumption increased from 5.25% for 2023 to 5.50% for 2024.
- The expected investment return assumption was updated from 5.70% per year for 2023 to 5.40% per year for 2024.
- The expected expense amount was increased from \$5,900,000 to \$6,200,000.

Schedule SB, line 19 — Discounted Employer Contributions

Date contributed	Amount contributed	Applicable effective interest rate	Discounted value on July 1, 2024
10/11/2024	\$ 4,500,000	5.30%	\$ 4,435,523
1/13/2025	5,000,000	5.30%	4,863,246
4/8/2025	5,000,000	5.30%	4,805,109
7/10/2025	5,000,000	5.30%	4,742,295
Total	\$ 19,500,000		\$ 18,846,173

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

Each employee is assumed to retire in accordance with the table of retirement rates based on their Social Security Normal Retirement Age 66 (SSNRA 66) or Social Security Normal Retirement Age 67 (SSNRA 67). Weighted by the percentage of July 1, 2024 actives who are eligible for SSNRA 66 or SSNRA 67, the weighted average retirement age is 60.44.

Social Security Normal Retirement Age 66				
(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	8.00%	10,000	800	44,000
56	8.00%	9,200	736	41,216
57	8.00%	8,464	677	38,589
58	8.00%	7,787	623	36,134
59	8.00%	7,164	573	33,807
60	8.00%	6,591	527	31,620
61	10.00%	6,064	606	36,966
62	33.00%	5,458	1,801	111,662
63	33.00%	3,657	1,207	76,041
64	33.00%	2,450	809	51,776
65	33.00%	1,641	542	35,230
66	75.00%	1,099	824	54,384
67	25.00%	275	69	4,623
68	25.00%	206	52	3,536
69	25.00%	154	39	2,691
70	100.00%	115	115	8,050
Total			10,000	610,325
Average				61.03

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

Social Security Normal Retirement Age 67				
(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	7.00%	10,000	700	38,500
56	7.00%	9,300	651	36,456
57	7.00%	8,649	605	34,485
58	7.00%	8,044	563	32,654
59	8.00%	7,481	598	35,282
60	8.00%	6,883	551	33,060
61	10.00%	6,332	633	38,613
62*	74.00%	5,699	4,217	261,454
63*	74.00%	1,482	1,097	69,111
64*	74.00%	385	285	18,240
65*	74.00%	100	74	4,810
66	33.00%	26	9	594
67	75.00%	17	13	871
68	25.00%	4	1	68
69	25.00%	3	1	69
70	100.00%	2	2	140
Total			10,000	604,407
Average				60.44

*74% retirement is assumed at the age where the participant first meets the Rule of 85 eligibility (age plus service greater than or equal to 85). 74% assumption is used at all ages 62 through 65 for individuals with Social Security Normal Retirement Age of 67 when determining the Weighted Average Retirement Age.

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	906,167	3,900,143	28,775,006	33,581,316
2025	1,714,100	1,270,456	28,225,474	31,210,030
2026	2,455,414	1,846,635	27,674,246	31,976,295
2027	3,109,668	2,563,707	27,068,767	32,742,142
2028	3,704,606	3,340,550	26,431,748	33,476,904
2029	4,263,907	4,062,344	25,725,453	34,051,704
2030	4,768,725	5,055,927	25,008,865	34,833,517
2031	5,207,709	5,874,693	24,246,191	35,328,593
2032	5,615,728	6,490,615	23,438,267	35,544,610
2033	5,935,871	7,262,606	22,587,722	35,786,199
2034	6,200,689	7,822,783	21,693,472	35,716,944
2035	6,419,043	8,499,237	20,759,529	35,677,809
2036	6,592,547	9,277,818	19,786,938	35,657,303
2037	6,749,425	9,929,027	18,779,548	35,458,000
2038	6,904,164	10,655,824	17,742,122	35,302,110
2039	7,023,597	11,208,342	16,680,223	34,912,162
2040	7,132,894	11,674,401	15,600,042	34,407,337
2041	7,266,952	12,030,859	14,508,371	33,806,182
2042	7,374,976	12,485,817	13,412,560	33,273,353
2043	7,454,799	12,764,294	12,320,330	32,539,423
2044	7,452,732	13,143,421	11,239,709	31,835,862
2045	7,495,473	13,242,524	10,179,020	30,917,017
2046	7,496,095	13,225,248	9,146,739	29,868,082
2047	7,470,959	13,215,218	8,151,356	28,837,533
2048	7,401,915	13,077,653	7,201,110	27,680,678
2049	7,304,677	12,840,712	6,303,621	26,449,010
2050	7,163,167	12,533,426	5,465,587	25,162,180
2051	6,928,864	12,115,569	4,692,405	23,736,838
2052	6,678,806	11,598,005	3,987,922	22,264,733
2053	6,368,844	11,035,373	3,354,355	20,758,572
2054	6,047,044	10,467,611	2,792,136	19,306,791
2055	5,715,921	9,873,118	2,299,963	17,889,002
2056	5,377,798	9,272,554	1,875,018	16,525,370
2057	5,035,623	8,669,983	1,513,184	15,218,790
2058	4,692,137	8,069,423	1,209,356	13,970,916
2059	4,350,153	7,474,758	957,774	12,782,685
2060	4,012,414	6,889,727	752,284	11,654,425
2061	3,681,501	6,317,823	586,651	10,585,975

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
2062	3,359,754	5,762,287	454,831	9,576,872
2063	3,049,213	5,226,062	351,154	8,626,429
2064	2,751,627	4,711,718	270,485	7,733,830
2065	2,468,458	4,221,489	208,306	6,898,253
2066	2,200,854	3,757,277	160,735	6,118,866
2067	1,949,613	3,320,664	124,522	5,394,799
2068	1,715,249	2,912,909	97,018	4,725,176
2069	1,498,031	2,534,931	76,115	4,109,077
2070	1,298,060	2,187,288	60,175	3,545,523
2071	1,115,276	1,870,263	47,941	3,033,480
2072	949,492	1,583,814	38,464	2,571,770
2073	800,402	1,327,532	31,040	2,158,974

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions**

Effective date and plan year	Original plan: January 1, 1970 Restated plan: July 1, 2019 Most recent plan amendment: June 30, 2022 Plan year: July 1 through June 30
Status of the plan	Formerly the Retirement Plan for Employees of Baptist Medical Center of Oklahoma, Inc. Renamed the Retirement Plan for Employees of Oklahoma Healthcare Corporation and its Affiliates effective November 8, 1995. The SMC Health Service Corporation Employees Pension Plan ("SMC Plan") merged into this plan effective July 1, 1995. Most recently amended and restated effective July 1, 2019. For the eligible employees hired before July 1, 2009, the INTEGRIS Health Retirement Plan was frozen as of December 31, 2012.
Significant events that occurred during the year	None

Definitions

• Covered employees	Common-law employee of the Controlled Group; Excluding the following employees: • Leased employees; employees who have not been full-time employee for at least a year and would otherwise be considered leased employees, • Collectively bargained employees, unless agreement provides otherwise, • Independent contractors, • Non-resident aliens, • For periods prior to July 1, 2000, employees at a facility not owned by a Controlled Group Member • Employees hired or rehired after June 30, 2009.
• Participation	Participation begins on the January 1 or July 1 coincident with or next following the later of age 21 and 1,000 hours of service in first 12 consecutive months of employment or any subsequent plan year.
• Cash balance account	Opening balance was established effective January 1, 1990 equal to present value of accrued benefit.
• Pay credits	For each calendar quarter with at least 250 hours of service, pay credit is equal to 3% of compensation if less than 10 years of Vesting Service and 4% otherwise. No pay credits on and after January 1, 2013 are provided.
• Interest credits	The interest credit is the greater of 5% per annum or the annual one-year Treasury constant maturity rate for the month preceding the calendar year. Interest is credited at the end of the quarter and is applied to both the beginning balance and the contributions for the quarter.

Schedule SB, Part V — Summary of Plan Provisions

• Vesting service	Vesting service is credited for each calendar years in which 1,000 or more hours are worked. Vesting service includes vesting service under the SMC Plan prior to July 1, 1995.
• Credited service	Completed calendar months of employment. No credited service is earned for any calendar month during a calendar year of less than 1,000 hours, excluding year of hire and termination. Except for Rule of 85 eligibility, credited service is frozen effective January 1, 2013. Credited service includes credited service under the SMC Plan prior to July 1, 1995.
• Rule of 85 eligibility	Sum of age and Credited service
• Pensionable earnings	Total W2 earnings excluding auto allowances and club memberships. Elective deferrals under Section 125, 402(3)(3), 403(b), 457 and 132(f) are included. Compensation is limited under Section 401(a)(17); the \$150,000 limit in effect prior to July 1, 2002 is applied retroactively.
• Final average compensation	Highest 5 consecutive calendar years of compensation out of the last 10 calendar years. Compensation on or after January 1, 2013 is ignored.
• Cash balance annuity	The cash balance account as of the end of the calendar quarter of termination, with projected interest credits to Normal Retirement Date based on the interest rate in effect for the calendar year of termination, annuitized using UP-84 Mortality Table and 5% interest.
• Covered Compensation	Covered Compensation with 35-year averaging period ending in the calendar year of Social Security Retirement Age
• Final average compensation formula	Benefit: (i) .0135 times Final average compensation times Credited service (maximum 30 years), plus (ii) .0065 times (Final average compensation less Covered compensation) times Credited service (maximum 30 years)
• In-service distributions	Participants who have reached early retirement age can elect to commence early retirement benefits on or after age 62 with continued employment.

Schedule SB, Part V — Summary of Plan Provisions**Normal retirement**

• Eligibility	First day of month coincident with or next following Social Security Retirement Age. SMC Normal Retirement Date is the first day of the month coincident with or next following age 65.
• Benefit	For Participants prior to July 1, 2000 or initially employed prior to July 1, 2000 at facility owned by Controlled Group Member, the greatest of the following benefits: (1) Final Average Compensation Formula (2) Annuitized Cash Balance Account (3) August 31, 1995 accrued benefit (5 Year certain and continuous annuity) (4) December 31, 1993 accrued benefit (5) Sum of June 30, 1989 accrued benefit, plus accruals after June 30, 1989 under the Final Average Compensation Formula (service cap based on total credited service) Otherwise, the Annuitized Cash Balance Account. The benefit accrued under the SMC Plan as of June 30, 1995 ("SMC Accrued Benefit") is a guaranteed minimum benefit.

Early retirement

• Eligibility	First day of calendar month coincident with or next following age 55 with 10 years of Vesting Service
• Benefit	If Participant prior to July 1, 2000 or initially employed prior to July 1, 2000 at facility owned by Controlled Group Member, the greatest of: (1) Final Average Compensation Formula; the 1.35% formula is reduced 6% per year for commencement prior to age 62 (unreduced if Rule of 85 applies) and the 0.65% formula is actuarially reduced for commencement prior to Social Security Retirement Age using UP-84 Mortality Table and 3% interest, (2) Actuarially equivalent of the Annuitized Cash Balance Account, (3) August 31, 1995 accrued benefit (5 Certain and continuous annuity), with same reductions as (1) above except the reduction for the 0.65% excess benefit are from age 65 rather than Social Security Retirement Age, (4) December 31, 1993 accrued benefit, with same reductions as (1) above except the reduction for the 0.65% excess benefit are from age 65 rather than Social Security Retirement Age, (5) Sum of June 30, 1989 accrued benefit, plus accruals after June 30, 1989 under the Final Average Compensation Formula (Service cap is based on total credited service), with same reductions as (1) above except the reduction for the 0.65% excess benefit are from age 65 rather than Social Security Retirement Age, Otherwise, the actuarially equivalent Annuitized Cash Balance Account. The SMC portion of the accrued benefit is reduced 1/15 for the first 5 years and 1/30 for the next 5 years that commencement precedes Normal Retirement Date (age 65). Special ER distributions were allowed effective on or after July 1, 2007 for the groups listed on Appendix D.

Schedule SB, Part V — Summary of Plan Provisions

Late retirement

• Eligibility	First of month following termination after attainment of Normal Retirement Age
• Benefit	Continued accruals to plan freeze date of December 31, 2012. Actuarial increases after age 70-1/2 are applied. The plan provides for suspension of benefits notices.

Deferred vested

• Eligibility	100% vested if the participant has earned 3 years of Vesting Service (5 years of Vesting Service is required prior to July 1, 2008) or at age 65. For former SMC participants, 100% vested if the participant has earned 5 years of Vesting Service or at age 65 applicable to June 30, 1995 guaranteed minimum benefit.
• Benefit	The Accrued benefit is payable at Normal Retirement Date. If the participant had 10 years of Vesting Service at termination, benefits may commence at age 55 and reduced for early commencement as follows: (1) Final Average Compensation Formula; the 1.35% formula is actuarially reduced for commencement prior to Normal Retirement Age using UP-84 Mortality Table and 8% interest, and the 0.65% formula is actuarially reduced for commencement prior to Normal Retirement Age using UP-84 Mortality Table and 3% interest, (2) Actuarially equivalent of the Annuitized Cash Balance Account, (3) August 31, 1995 accrued benefit (5 Certain and continuous annuity), with same reductions as (1) above except the reduction for the 0.65% excess benefit are from age 65 rather than Social Security Retirement Age, (4) December 31, 1993 accrued benefit, with same reductions as (1) above except the reduction for the 0.65% excess benefit are from age 65 rather than Social Security Retirement Age, (5) Sum of June 30, 1989 accrued benefit, plus accruals after June 30, 1989 under the Final Average Compensation Formula (service cap based on total credited service), with same reductions as (1) above except the reduction for the 0.65% excess benefit are from age 65 rather than Social Security Retirement Age. The participant may elect immediate commencement if the cash balance account is less than \$10,000, in either of the normal forms (Life annuity if single or 50% joint and survivor annuity if married), or 75% joint and survivor annuity.

Schedule SB, Part V — Summary of Plan Provisions

Disability

• Eligibility	Total and permanent disability, as determined by the Administrative Committee, prior to normal retirement date while actively employed.
• Benefit	Continued accruals assuming level pay based on rate of compensation, and the same covered compensation level, in effect immediately prior to disability. Benefits commence at Normal Retirement Date. Disability benefits were frozen effective December 31, 2012. If participant had 10 years of vesting Service at disability, benefits can commence at age 55. Effective July 1, 2010, may elect immediate commencement if the cash balance account is less than \$10,000, in either of the normal forms (Life annuity if single or 50% joint and survivor annuity if married), 75% joint and survivor annuity or lump sum.

Pre-retirement death

• Eligibility	A death benefit is payable to an active participant who is vested and has deceased or Deferred Vested participant that deceased before their annuity starting date.
• Benefit prior to early retirement	Payable to participants who die while (1) actively employed, (2) vested employees who have not commenced benefits whether actively employed or not, or (3) accruing benefits under the plan. For married participants, the death benefit payable to the surviving spouse is the greater of: (1) Actuarial equivalent of the cash balance account payable as single life annuity, or (2) Survivor portion of accrued benefit payable as 50% joint and survivor annuity assuming the participant commenced benefits on day before death. Spouse may also elect to receive the benefit above as lump sum or 5 year certain annuity. If participant designated non-spouse beneficiary (with spousal consent), or if participant is not married, the cash balance account is payable as a lump sum to the designated beneficiary, or beneficiary can elect payment as 5 year certain annuity. The death benefit is payable immediately, adjusted actuarially for payment before or after Normal Retirement Date.

Schedule SB, Part V — Summary of Plan Provisions

Form of benefits	
• Automatic form for unmarried participants	Life annuity
• Automatic form for married participants	50% joint and survivor annuity
• Optional forms	66-2/3% joint and last survivor with 10 year certain, 75% joint and survivor, 5 year certain and continuous 10 year certain and continuous. If cash balance account is less than \$10,000, participant may elect to receive actuarial equivalent of accrued benefit in single lump sum. Mandatory cash out if lump sum is less than \$5,000 For prior SMC participants, additional optional forms are available (Certain and life annuity, 100% joint and survivor annuity and unlimited lump sum).
• Optional form conversion factors	UP-84 Mortality Table and 8% interest Lump sum benefits are based on the applicable interest rates and mortality table described in Internal Revenue Code Section 417(e)(3). The applicable interest rates are those for June preceding the first day of the plan year in which the distribution is made.
Miscellaneous	
• Maximum compensation	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 2024, the limit is \$345,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through June 30, 2024, are included in this valuation:

- **Most recent plan amendments included:** None
- **Plan amendments excluded:** None
- **Late retirement increases:**
 - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70.5. This valuation applies late retirement actuarial increases for non-SMC participants over age 71.

Suspension of benefit notices are not provided to SMC participants so this valuation applies late retirement actuarial increases for these participants over age 65.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including retroactive annuity payments using a 5% interest rate.

Schedule SB, Part V — Summary of Plan Provisions

- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.
- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits for events that occurred before the valuation date but includes contingent event benefits for events that are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2023 to 2024.

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installment for each plan year since the IRC Section 430 changes made by Pension Protection Act of 2006 (PPA) took effect of the plan. Under ARPA provisions, outstanding amortization amounts prior to July 1, 2019 were eliminated. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than \$0.

Shortfall Bases			
Year Established	Outstanding Balance	Years Remaining	2024 Installment
2019	79,866,349	10	9,859,398
2020	4,930,143	11	566,197
2021	1,523,207	12	164,053
2022	5,595,392	13	568,978
2023	6,082,541	14	587,310
2024	8,077,170	15	744,188
Total	\$ 106,074,802		\$ 12,490,124

[illegible]

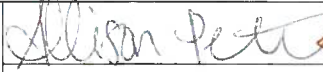
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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.)
B This return/report is:	☒ 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 INTEGRIS HEALTH, INC. RETIREMENT PLAN A	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1970
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) INTEGRIS HEALTH, INC. 3001 QUAIL SPRINGS PARKWAY OKLAHOMA CITY, OK 73134	2b Employer Identification Number (EIN) 73-1192764 2c Plan Sponsor's telephone number 405-949-4045 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			5/4/26	ALLISON PETERSEN
	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 SponsorRETIREMENT COMMITTEE
INTEGRIS HEALTH, INC.3001 QUAIL SPRINGS PARKWAY
OKLAHOMA CITY, OK 73134**3b** Administrator's EIN
73-1037878**3c** Administrator's telephone
number
405-949-4045**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:**a** Sponsor's name**c** Plan Name**4b** EIN**4d** PN**5** Total number of participants at the beginning of the plan year**5** 5696**6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).

a(1) Total number of active participants at the beginning of the plan year	6a(1)	1061
a(2) Total number of active participants at the end of the plan year	6a(2)	837
b Retired or separated participants receiving benefits	6b	1647
c Other retired or separated participants entitled to future benefits.	6c	1822
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d	4306
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	102
f Total. Add lines 6d and 6e.	6f	4408
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	0
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1C 1I 3H

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

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

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____