

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 09/01/2024 and ending 08/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan LEGACY GHS/TUOMEY PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1968
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) PRISMA HEALTH 300 E. MCBEE AVE. SUITE 500 GREENVILLE, SC 29601
2b	Employer Identification Number (EIN) 82-2595551
2c	Plan Sponsor's telephone number 864-455-7000
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.	06/15/2026	MELVIN DIXON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/15/2026	MELVIN DIXON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 6249
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 2307 6a(2) 2304 6b 2312 6c 1469 6d 6085 6e 96 6f 6181 6g(1) 0 6g(2) 0 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:

11

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

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached 0
- (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 09/01/2024 and ending 08/31/2025	
▶ 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 LEGACY GHS/TUOMEY PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PRISMA HEALTH	D Employer Identification Number (EIN) 82-2595551
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 09 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	418253433	
b	Actuarial value	2b	401264287	
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	2395	322747153	322747153
b	For terminated vested participants	1210	52070269	52070269
c	For active participants	2609	123980709	126358501
d	Total	6214	498798131	501175923
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.32 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	5380418	
c	Target normal cost	6c	5380418	

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 MITZI M. SILVERSTEIN Type or print name of actuary AON CONSULTING, INC. Firm name MSC# 17848 PO BOX 551343 ATLANTA, GA 30355 Address of the firm	05/29/2026 Date 26-07184 Most recent enrollment number 336-728-2190 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>14.11</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)		11551777
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>5.22</u> %		603003
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		12154780
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	80.06 %
15 Adjusted funding target attainment percentage	15	80.06 %
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	80.00 %
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
12/12/2024	3993408	0			
03/12/2025	3993408	0			
05/13/2025	1812559	0			
06/11/2025	1924415	0			
09/11/2025	3736974	0			
05/04/2026	1798480	0			
Totals ▶			18(b)	17259244	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	16611348

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: 4.84 %	2nd segment: 5.24 %	3rd segment: 5.59 %
				☐ N/A, full yield curve used
b	Applicable month (enter code)			21b 4
22	Weighted average retirement age			22 62
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

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

Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years
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28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII	Minimum Required Contribution For Current Year
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31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6c)	31a	5380418
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	99911636	11228356
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		34 16608774
35	Balances elected for use to offset funding requirement	Carryover balance 0	Prefunding balance 0
36	Additional cash requirement (line 34 minus line 35)		36 16608774
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37 16611348
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a 2574
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b 0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 0
40	Unpaid minimum required contributions for all years		40 0

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021		
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025		
A Name of plan LEGACY GHS/TUOMEY PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PRISMA HEALTH	D Employer Identification Number (EIN) 82-2595551	

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
PRINCIPAL LIFE INSURANCE COMPANY
42-0127290

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

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARY	85679	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIAM BLAIR

47-2614791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGEMENT	123229	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGEMENT	31222	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)

METLIFE INVESTMENT MANAGEMENT LLC

82-2405817

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGEMENT	298724	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 64	CONTRACT ADMINISTRATOR	98658	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	MITZI SILVERSTEIN	b EIN:	22-2232264
c Position:	ENROLLED ACTUARY		
d Address:	PO BOX 551343 ATLANTA, GA 30355	e Telephone:	336-728-2190

Explanation: MARGO BURDETTE IS NO LONGER THE ENROLLED ACTUARY FOR THE PLAN, DUE TO AN INTERNAL CHANGE OF ASSIGNMENTS AT AON

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 09/01/2024 and ending 08/31/2025		
A Name of plan LEGACY GHS/TUOMEY PENSION PLAN	B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PRISMA HEALTH	D Employer Identification Number (EIN) 82-2595551	

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: ARROWSTREET GLOBAL EQUITY ACWI			
b Name of sponsor of entity listed in (a): ARROWSTREET			
c EIN-PN 37-6607043-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46948649	
a Name of MTIA, CCT, PSA, or 103-12 IE: S&P 500 R FLAGSHIP CLASS N			
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS			
c EIN-PN 90-0337987-306	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62433570	
a Name of MTIA, CCT, PSA, or 103-12 IE: 20 PLUS YEAR US TREASURY STRIPS			
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS			
c EIN-PN 90-0337987-169	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28156440	
a Name of MTIA, CCT, PSA, or 103-12 IE: BOSTON TR WALDEN COLLECTIVE INVT TR			
b Name of sponsor of entity listed in (a): BOSTON TRUST			
c EIN-PN 85-6529039-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14584878	
a Name of MTIA, CCT, PSA, or 103-12 IE: WILLIAM BLAIR CIT			
b Name of sponsor of entity listed in (a): WILLIAM BLAIR			
c EIN-PN 27-6331814-012	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL ALPHA INTL SMALL CAP F			
b Name of sponsor of entity listed in (a): GLOBAL ALPHA			
c EIN-PN 30-0958532-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7360828	
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS INTERNATIONAL EQUITY			
b Name of sponsor of entity listed in (a): MFS HERITAGE TRUST COMPANY			
c EIN-PN 57-1187281-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20903904	

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 09/01/2024 and ending 08/31/2025

A Name of plan LEGACY GHS/TUOMEY PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PRISMA HEALTH	D Employer Identification Number (EIN) 82-2595551

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	17594130	5535454
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	2133486	4777798
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	12684002	8251483
(2) U.S. Government securities	1c(2)	43069962	65405296
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	109841842	105856591
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	35434416	39516569
(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)	193152692	173027442
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	9151978	7360828
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		18536629
(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	423062508	428268090
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	4637225	6798580
k Total liabilities (add all amounts in lines 1g through 1j)	1k	4637225	6798580
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	418425283	421469510

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)	17259244	
(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)		17259244
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	295191	
(B) U.S. Government securities	2b(1)(B)	2235036	
(C) Corporate debt instruments	2b(1)(C)	5980621	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	433823	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8944671
(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)	69932	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		69932
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	220928475	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	227110020	
(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)	1806092	
(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)		15405972
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		708850
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2954430
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		40967646

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	32395489	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		32395489
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	453175	
(6) Bank or trust company trustee/custodial fees	2i(6)	98658	
(7) Actuarial fees	2i(7)	85679	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	4890418	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		5527930
j Total expenses. Add all expense amounts in column (b) and enter total	2j		37923419

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3044227
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: **ELLIOT DAVIS, LLC**

(2) EIN: **57-0381582**

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?	☒		10000000
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 574416.

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 09/01/2024 and ending 08/31/2025					
A Name of plan LEGACY GHS/TUOMEY PENSION PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 PRISMA HEALTH				D Employer Identification Number (EIN) 82-2595551	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1 0	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 42-0127290					
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 27	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 41.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 46.6 %

High-Yield Debt: 2.1 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.8 % Other: 9.5 %

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_____.

Legacy GHS/Tuomey Pension Plan

Report on Financial Statements

For the years ended August 31, 2025 and 2024

Legacy GHS/Tuomey Pension Plan

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Independent Auditor's Report

Defined Benefit Plans Committee of Prisma Health
Legacy GHS/Tuomey Pension Plan
Greenville, South Carolina

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

We have performed audits of the financial statements of Legacy GHS/Tuomey Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of August 31, 2025 and 2024, the related statement of changes in net assets available for benefits for the year ended August 31, 2025, 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from Principal Bank as of August 31, 2025 and 2024, and for the year ended August 31, 2025, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by Principal Bank 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).

elliottdavis.com

"Elliott Davis" is the brand name under which Elliott Davis, LLC (doing business in North Carolina and D.C. as Elliott Davis, PLLC) and Elliott Davis Advisory, LLC and its subsidiary entities provide professional services. Elliott Davis, LLC and Elliott Davis Advisory, LLC and its subsidiary entities practice as an alternative practice structure in accordance with the AICPA Code of Professional Conduct and applicable law, regulations and professional standards. Elliott Davis, LLC is a licensed independent CPA firm that provides attest services to its customers. Elliott Davis Advisory, LLC and its subsidiary entities provide tax and business consulting services to their customers. Elliott Davis Advisory, LLC and its subsidiary entities are not licensed CPA firms. The entities falling under the Elliott Davis brand are each individual firms that are separate legal and independently owned entities and are not responsible or liable for the services and/or products provided by any other entity providing services and/or products under the Elliott Davis brand. Our use of the terms "our firm" and "we" and "us" and terms of similar import, denote the alternative practice structure conducted by Elliott Davis, LLC and Elliott Davis Advisory, LLC.

Basis for Opinion

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risk 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.

Auditor's Responsibilities for the Audit of the Financial Statements, Continued

- 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 judgement, 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. GAAP.

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of August 31, 2025 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended August 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

Supplemental Schedules Required by ERISA, Continued

In our opinion:

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

A handwritten signature in black ink that reads "Elliott Davis, LLC". The signature is written in a cursive, flowing style.

Greenville, South Carolina
June 12, 2026

Legacy GHS/Tuomey Pension Plan

Statements of Net Assets Available for Benefits

As of August 31, 2025 and 2024

	2025	2024
Assets		
Investments at fair value (see Note 5)		
Money market fund	\$ 8,251,483	\$ 12,684,002
Mutual fund	18,536,629	-
U.S. government obligations	65,405,296	43,069,962
State and municipal bonds	805,871	759,231
Corporate bonds	99,551,668	105,249,707
Foreign bonds	5,499,052	3,832,904
Limited partnership	39,516,569	35,434,416
Collective trust funds	173,027,442	193,152,692
Institutional trust fund	7,360,828	9,151,978
Total investments	417,954,838	403,334,892
Receivables		
Employer contributions	5,535,454	17,594,130
Interest and dividends.	2,068,578	2,041,587
Due from broker	2,709,220	91,899
Total receivables	10,313,252	19,727,616
Total assets	428,268,090	423,062,508
Liabilities		
Due to broker	6,798,580	4,637,225
Net assets available for benefits	\$ 421,469,510	\$ 418,425,283

See Notes to Financial Statements

Legacy GHS/Tuomey Pension Plan

Statement of Changes in Net Assets Available for Benefits

For the year ended August 31, 2025

Additions

Investment income	
Net appreciation in fair value of investments	\$ 14,635,820
Interest and dividends	9,072,582
Total investment income	<u>23,708,402</u>
Employer contributions	<u>17,259,244</u>
Total additions	<u>40,967,646</u>

Deductions

Benefits paid to participants	32,395,489
Administrative expenses	5,527,930
Total deductions	<u>37,923,419</u>
Net increase	3,044,227

Net assets available for benefits, beginning of year	<u>418,425,283</u>
Net assets available for benefits, end of year	<u><u>\$ 421,469,510</u></u>

See Notes to Financial Statements

Legacy GHS/Tuomey Pension Plan

Notes to Financial Statements

August 31, 2025 and 2024

Note 1. Description of the Plan

The following description of the Legacy GHS/Tuomey Pension Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General:

The Tuomey Healthcare System Employees Retirement Plan (the "Tuomey Plan") was a defined benefit plan which covered substantially all employees of Palmetto Health Tuomey and which provided for pension and death benefits. Effective December 31, 2009, the Board of Trustees of Palmetto Health Tuomey approved freezing the Legacy Tuomey Plan to new participants and to the accruing of benefits so that no additional benefits will accrue for service or compensation earned after December 31, 2009. Effective June 22, 2018 the sponsorship of the Tuomey Plan was transferred to Prisma Health (the "Company"). Subsequently, the Tuomey Plan was amended to change its plan year end from December 31 to August 31.

The Strategic Coordinating Organization Pension Plan (the "GHS Plan") was a defined benefit pension plan established to provide certain retirement benefits to eligible employees. The original plan name was Greenville Hospital System Pension Trust Plan, which was changed to the Greenville Health System Pension Trust Plan, and changed again to the Strategic Coordinating Organization Pension plan effective October 1, 2016. Effective August 31, 2010, the GHS Plan was frozen to participation and future benefit accruals. No employee hired on or after August 31, 2010 was eligible to participate in or accrue benefits under the GHS Plan. Effective November 21, 2017, Strategic Coordinating Organization was merged into the Upstate Affiliate Organization d/b/a Greenville Health System, which became the sponsor of the GHS Plan. Effective June 22, 2018, sponsorship of the GHS Plan was transferred to the Company.

The Company, as sponsor of the Tuomey Plan and the GHS Plan, approved the merger of the GHS Plan into the Tuomey Plan effective September 30, 2018. Pursuant to an amended and restated plan document, the Tuomey Plan was amended and restated to reflect the merger of the GHS Plan, and was renamed the Legacy GHS/Tuomey Pension Plan.

In June 2023, the Plan purchased a Group Annuity Contract for a group of the Plan's retired participants receiving benefits of less than \$400 per month (certain exceptions apply). Benefits to be provided through the contract are excluded from Plan assets after the annuity purchase.

The trustee and custodian for the Plan is Principal Trust Company (the "trustee and custodian"). Principal Bank serves as a sub-custodian of the trust.

Pension benefits:

Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age based on credited service and the benefit formula provided for in the Plan. The Plan permits early retirement at age 55 (with ten years of service for GHS Plan participants and with fifteen years of service for Tuomey Plan participants). Participants are 100 percent vested after five years of continuous service. The Plan's benefit formula, as defined in the Plan agreement, is based on the participant's average earnings (for the five highest consecutive base earnings during the last ten years prior to retirement for GHS Plan participants and the ten highest consecutive base earnings for Tuomey Plan participants), and years of credited service in the plan. As a result of the freezing of benefits to all employees, their benefits have been computed based on formulas existing at the date the benefits were frozen.

Legacy GHS/Tuomey Pension Plan

Notes to Financial Statements

August 31, 2025 and 2024

Note 1. Description of the Plan, Continued

Pension benefits, continued:

The Pension Protection Act of 2006 (PPA) as amended by the Worker, Retiree and Employer Recovery Act of 2008 (WRERA) imposes certain benefit restrictions for qualified benefit plans that do not meet certain funding thresholds. The "At-Risk" status is referred to as the Funding Target Attainment Percentage (FTAP). A plan's funded percentage is referred to as the Adjusted Funding Target Attainment Percentage (AFTAP). The September 1, 2025 AFTAP for the Plan is 89.50%. Because the Plan's AFTAP equals or exceeds 80%, the Plan is not subject to any benefit restrictions.

Payment of benefits:

Participants have the option of receiving their vested benefit in the form of a monthly annuity payable for their lifetime or an actuarially reduced retirement allowance during his or her lifetime with the actuarially reduced retirement allowance continued after death to a designated beneficiary. The joint and last survivor option provides for an actuarially reduced retirement allowance during the lifetime of the beneficiary. The period-certain option provides for an actuarially reduced retirement allowance for a guaranteed period with the surviving beneficiary receiving benefits over the remaining guaranteed period. A level payment option with Social Security is also available for Tuomey Plan participants. A participant is required to take his or her distribution in the form of a one-time lump sum if the actuarial equivalent present of his or her vested benefit is \$7,000 or less. Participants who are lawfully married at the time benefit payments are to commence under any provisions of the Plan shall be deemed to have elected the joint and last survivor option unless a spousal consent is obtained authorizing a different form of benefit payment (or the actuarial equivalent present value of his or her vested benefit is \$7,000 or less).

If a Tuomey Plan participant has not attained normal retirement age and suffers a disability, the participant shall assume to be retired the first day of the calendar month following the disability. Disabled GHS Plan participants continue to accrue service credit during disability towards a benefit payable at normal retirement. If a GHS Plan participant becomes totally and permanently disabled prior to retirement or separation from service, then the disabled participant shall be entitled to receive benefits payable without regard to any age and service requirements.

Funding policy:

The Company contributes such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan participants to meet or exceed the minimum funding requirements of ERISA. The Company made contributions of \$17,259,244 to the Plan for the year ended August 31, 2025. Under the terms of the Plan, participants may not make contributions to the Plan. The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. See Note 9 for further information.

Note 2. Summary of Significant Accounting Policies

Basis of accounting:

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

Legacy GHS/Tuomey Pension Plan

Notes to Financial Statements

August 31, 2025 and 2024

Note 2. Summary of Significant Accounting Policies, Continued

Use of estimates:

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets available for benefits and the actuarial present value of accumulated plan benefits as the date of the financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Investment valuation and income recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by investment managers. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Purchases and sales of securities in process at the end of the year are recorded as due to/due from broker in the accompanying statements of net assets available for benefits. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits:

Benefits are recorded when paid.

Administrative expenses:

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses paid directly by the Company 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 statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Subsequent events:

The Plan has evaluated subsequent events through June 12, 2026, the date the financial statements were available to be issued.

Recently issued accounting pronouncements:

Accounting standards that have been issued or proposed by the Financial Accounting Standards Board (FASB) or other standards-setting bodies are not expected to have a material impact on the Plan's financial statements.

Legacy GHS/Tuomey Pension Plan

Notes to Financial Statements

August 31, 2025 and 2024

Note 3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

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

The significant actuarial assumptions used in the valuations as of September 1, 2025 and 2024 were:

Actuarial cost	Standard unit credit cost method
Interest rate	6.00%, which increased from 5.66% in the prior year valuation
Mortality rates	Pri-2012 Mortality Tables with generational projection using Scale MP-2021
Retirement age	Tuomey Plan - Rates from age 55 to 70 for active participants, increased from age 55 to 65 in the prior year valuation; 100% at age 63 for terminated vested participants, decreased from age 65 in the prior year valuation GHS Plan - Rates from age 55 to 70 for active participants, increased from age 55 to 67 in the prior year valuation; 100% at age 63 for terminated vested participants, increased from age 61 in the prior year valuation
Surviving spouse benefit	Tuomey Plan - 100 percent of males and females have an eligible spouse, and participants are the same age as their spouses; GHS Plan - 90 percent of males and 70 percent of females have an eligible spouse, and that the males are 3 years older than their spouses

As disclosed above, the discount rate increased from 5.66% to 6.00% and the retirement rates for active and terminated vested participants for both GHS and Tuomey changed, resulting in a decrease in actuarial assumptions of \$14,903,991 in the below summary of accumulated plan benefits.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits were made as of September 1. Had the valuations been performed as of August 31, there would be no material differences.

Legacy GHS/Tuomey Pension Plan

Notes to Financial Statements

August 31, 2025 and 2024

Note 3. Actuarial Present Value of Accumulated Plan Benefits, Continued

The actuarial present value of accumulated plan benefits based upon the most recent actuarial valuation as of September 1, 2025 and 2024 is summarized as follows:

	<u>2025</u>	<u>2024</u>
Vested benefits:		
Participants currently receiving benefits	\$ 309,904,821	\$ 316,918,603
Participants with deferred benefits	54,197,986	51,011,052
Vested benefit for other participants	<u>104,948,245</u>	<u>121,521,765</u>
Total vested benefits	469,051,052	489,451,420
Nonvested benefits	<u>1,865,569</u>	<u>2,330,638</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 470,916,621</u>	<u>\$ 491,782,058</u>

The changes in the actuarial present value of accumulated plan benefits for the year ended September 1, 2025 are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 491,782,058
Increase (decrease) during the year attributable to:	
Interest accumulation	26,930,690
Benefits paid	(32,395,489)
Assumption changes	(14,903,991)
Other changes	<u>(496,647)</u>
Net decrease	<u>(20,865,437)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 470,916,621</u>

The effect of changes in actuarial assumptions are attributed to an increase in the assumed discount rate and a change to the retirement rates for active and terminated vested participants for both GHS and Tuomey.

The other changes in the actuarial present value of accumulated plan benefits for the year ended September 1, 2025 represent the normal operation of the Plan. It consists of the increase due to ongoing benefit accruals (if any) and those items of plan experience that are not associated with plan asset performance.

Legacy GHS/Tuomey Pension Plan

Notes to Financial Statements

August 31, 2025 and 2024

Note 4. Certifications

The following is a summary of the Plan's asset information as of August 31, 2025 and 2024, and for the year ended August 31, 2025, included throughout the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by the trustee and custodian and furnished to the plan administrator. The plan administrator has obtained certifications from the trustee and custodian that the information provided to the plan administrator by the trustee and custodian related to the following assets is complete and accurate. Accordingly as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following assets:

	<u>2025</u>	<u>2024</u>
<u>Assets</u>		
Investments	\$198,049,999	\$165,595,806
Receivables:		
Accrued interest	2,068,578	2,041,587
Due from broker	2,709,220	91,899
<u>Liabilities</u>		
Due to broker	\$ 6,798,580	\$ 4,637,225

The trustee and custodian also certified to the completeness and accuracy of \$4,839,716 of net depreciation in the fair value of investments and \$9,014,603 of interest and dividends for the year ended August 31, 2025. Net appreciation of \$19,475,536 and interest and dividends of \$57,979 related to uncertified investments are included in net appreciation and interest and dividends in the accompanying statements of changes in net assets available for benefits.

Note 5. Fair Value Measurements

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

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

Legacy GHS/Tuomey Pension Plan

Notes to Financial Statements

August 31, 2025 and 2024

Note 5. Fair Value Measurements, Continued

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

The asset 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. There have been no changes in the methodologies used at August 31, 2025 and 2024.

Money market fund: The Plan invests in a money market fund to provide daily liquidity. Fair value is based on the net asset value ("NAV") that can be validated with a sufficient level of observable activity (i.e., purchases and sales at NAV).

Mutual fund: Valued at the daily closing price as reported by the fund. The mutual fund held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. This fund is required to publish its daily NAV and to transact at that price. The mutual fund held by the Plan is deemed to be actively traded.

U.S. government obligations, state and municipal bonds, corporate bonds, and foreign bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Collective trust funds, limited partnerships, and institutional trust fund: Valued at NAV. The NAV, as provided by the investment managers, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust funds, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Legacy GHS/Tuomey Pension Plan

Notes to Financial Statements

August 31, 2025 and 2024

Note 5. Fair Value Measurements, Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets:

August 31, 2025				
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 8,251,483	\$ -	\$ -	\$ 8,251,483
Mutual fund	18,536,629	-	-	18,536,629
U.S. government obligations	65,405,296	-	-	65,405,296
State and municipal bonds	-	805,871	-	805,871
Corporate bonds	-	99,551,668	-	99,551,668
Foreign bonds	-	5,499,052	-	5,499,052
Total assets in the fair value hierarchy	<u>\$ 92,193,408</u>	<u>\$105,586,591</u>	<u>\$ -</u>	198,049,999
Investments measured at NAV (a)				<u>219,904,839</u>
Investments at fair value				<u>\$417,954,838</u>

August 31, 2024				
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 12,684,002	\$ -	\$ -	\$ 12,684,002
U.S. government obligations	43,069,962	-	-	43,069,962
State and municipal bonds	-	759,231	-	759,231
Corporate bonds	-	105,249,707	-	105,249,707
Foreign bonds	-	3,832,904	-	3,832,904
Total assets in the fair value hierarchy	<u>\$ 55,753,964</u>	<u>\$109,841,842</u>	<u>\$ -</u>	165,595,806
Investments measured at NAV (a)				<u>237,739,086</u>
Investments at fair value				<u>\$ 403,334,892</u>

- (a) Certain investments that were measured at NAV per share or its equivalent have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Legacy GHS/Tuomey Pension Plan

Notes to Financial Statements

August 31, 2025 and 2024

Note 5. Fair Value Measurements, Continued

The following table sets forth a summary of the Plan's investments reported at NAV as a practical expedient to estimate fair value:

August 31, 2025				
Investment	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Collective trust funds	\$ 173,027,442	\$ -	Daily	None
Limited partnership				
Total return fund (a)	39,516,569	-	(a)	(a)
Institutional trust fund:				
International small cap fund (b)	<u>7,360,828</u>	<u>-</u>	Monthly	15 days
Total	<u>\$ 219,904,839</u>	<u>\$ -</u>		
August 31, 2024				
Investment	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Collective trust funds	\$ 193,152,692	\$ -	Daily	None
Limited partnerships, limited liability companies, and hedge funds:				
Total return fund (a)	35,434,416	-	(a)	(a)
Institutional trust fund:				
International small cap fund (b)	<u>9,151,978</u>	<u>-</u>	Monthly	15 days
Total	<u>\$ 237,739,086</u>	<u>\$ -</u>		

(a) This investment holds shares of a master trust organized for the primary purpose of developing and actively managing an investment portfolio of non-traditional portfolio managers. The fund may make additional investments into the master trust on a monthly basis, but it is restricted to making requests of withdrawals from the master trust on June 30 and December 31 of each year and must provide at least a 95-day notice of its withdrawal request.

(b) This investment's objective is to seek capital appreciation by investing in stocks of international small capitalization companies that the fund's management believes can achieve high rates of business growth.

Note 6. Related-Party and Party in Interest Transactions

Principal Bank (Principal) serves as the sub-custodian under Principal Trust Company, as defined by the Plan and, therefore, qualifies as a party in interest. Fees incurred by the Plan for investment management services are included in net depreciation in fair value of investments, as they are paid through revenue sharing, rather than direct payment. As described in Note 2, the Plan made direct payments to Principal totaling \$98,658, which were not considered investment management services and therefore were not covered by revenue sharing. The Company pays directly any other fees related to the Plan's operations.

Legacy GHS/Tuomey Pension Plan

Notes to Financial Statements

August 31, 2025 and 2024

Note 7. Tax Status

The Company has adopted a pre-approved plan document that has received an opinion letter from the Internal Revenue Service (IRS) dated May 13, 2014, stating that the form of the pre-approved plan document was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although, the Plan has been amended since adopting the pre-approved plan document, the plan administrator believes the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore, believes that the plan is qualified, and the related trust is tax-exempt.

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

Note 8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. 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 participants' account balances and the amounts reported in the 2025 statement of net assets available for benefits.

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

Note 9. Plan Termination

Although it has not expressed any intention to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. 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.
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).
- d. All non-vested benefits.

Legacy GHS/Tuomey Pension Plan

Notes to Financial Statements

August 31, 2025 and 2024

Note 9. Plan Termination, Continued

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. Whether all participants receive their benefit should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

Legacy GHS/Tuomey Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) EIN 82-2595551, Plan No. 001

As of August 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
Investments at fair value:				
Money market fund				
	Allspring Government	Government Money Market Fund	\$ 8,251,483	\$ 8,251,483
	Total money market fund		<u>8,251,483</u>	<u>8,251,483</u>
Mutual fund				
	Vanguard Group, Inc.	FTSE Emerging Markets ETF	15,903,742	18,536,629
	Total mutual fund		<u>15,903,742</u>	<u>18,536,629</u>
U.S. government obligations				
	US Treasury Bond	\$4,280,000 par; 4.625%; matures 11/15/2044	4,311,432	4,151,942
	US Treasury Bond	\$7,415,000 par; 4.750%; matures 02/15/2045	7,527,884	7,304,961
	US Treasury Bond	\$10,055,000 par; 5.000%; matures 05/15/2045	10,207,378	10,223,120
	US Treasury Bond	\$5,980,000 par; 4.875%; matures 08/15/2045	5,984,451	5,986,518
	US Treasury Bond	\$11,535,000 par; 4.625%; matures 02/15/2055	11,293,784	10,994,355
	US Treasury Bond	\$10,620,000 par; 4.750%; matures 05/15/2055	10,408,397	10,331,242
	US Treasury Bond	\$5,090,000 par; 4.750%; matures 08/15/2055	4,972,540	4,953,232
	US Treasury Note	\$2,475,000 par; 4.250%; matures 08/15/2035	2,474,867	2,480,024
	US Treasury Stripped Zero Coupon	\$2,360,000 par; N/A; matures 05/15/2045	886,534	878,982
	US Treasury Bond	\$1,430,000 par; N/A; matures 08/15/2048	435,583	446,274
	US Treasury Bond	\$2,615,000 par; 3.000%; matures 08/15/2048	1,948,103	1,908,349
	US Treasury Bond	\$1,260,000 par; N/A; matures 11/15/2048	379,520	388,269
	US Treasury Bond	\$3,675,000 par; 3.000%; matures 02/15/2049	2,795,349	2,669,410
	US Treasury Bond	\$5,565,000 par; 1.375%; matures 08/15/2050	2,788,307	2,688,618
	Total U.S. government obligations		<u>66,414,129</u>	<u>65,405,296</u>
State and municipal bonds				
	Municipal Electric Authority of Georgia	\$559,000 par; 6.637%; matures 4/1/2057	691,688	596,023
	Maricopa County Industrial Development	\$200,000 par; 7.375%; matures 10/01/2029	200,000	209,848
	Total state and municipal bonds		<u>891,688</u>	<u>805,871</u>
Corporate bonds				
	7-Eleven Inc	\$725,000 par; 2.500%; matures 02/10/2041	578,442	485,540
	AEP Texas Inc	\$290,000 par; 3.450%; matures 01/15/2050	301,909	195,875
	Altria Group Inc	\$145,000 par; 9.950%; matures 11/10/2038	230,576	197,700
	Altria Group Inc	\$1,467,000 par; 3.400%; matures 02/04/2041	1,016,788	1,100,441
	Amerada Hess Corp	\$165,000 par; 7.125%; matures 03/15/2033	186,265	189,923
	American Electric Power	\$80,000 par; 3.250%; matures 03/01/2050	79,863	52,225
	Amgen Inc	\$170,000 par; 6.375%; matures 06/01/2037	232,895	186,796
	Amgen Inc	\$135,000 par; 6.400%; matures 01/16/2009	191,134	145,986
	Amgen Inc	\$340,000 par; 4.400%; matures 05/01/2045	288,922	287,599
	Amgen Inc	\$270,000 par; 4.663%; matures 06/15/2051	249,421	229,214
	Amgen Inc	\$302,000 par; 5.650%; matures 03/02/2053	306,617	292,079
	Anheuser-Busch	\$854,000 par; 4.900%; matures 02/1/2046	848,011	779,557
	Anheuser-Busch	\$389,000 par; 8.200%; matures 01/15/2039	525,166	496,142
	Anheuser-Busch	\$565,000 par; 8.00%; matures 11/15/2039	841,462	716,991
	Aptiv Plc	\$465,000 par; 3.100%; matures 12/01/2051	407,800	279,414
	Arizona Public Service	\$250,000 par; 3.350%; matures 05/15/2050	248,828	170,368
	AstraZeneca PLC	\$390,000 par; 6.450%; matures 09/15/2037	540,375	440,400
	AT&T Inc	\$360,000 par; 8.750%; matures 11/15/2031	507,905	432,389
	AT&T Inc	\$475,000 par; 6.800%; matures 05/15/2036	535,418	523,507
	AT&T Inc	\$240,000 par; 4.900%; matures 08/15/2037	295,130	231,266
	AT&T Inc	\$110,000 par; 6.000%; matures 08/15/2040	142,104	114,246
	AT&T Inc	\$180,000 par; 3.500%; matures 06/01/2041	137,372	140,918
	AT&T Inc	\$295,000 par; 4.650%; matures 06/01/2044	343,675	254,157
	AT&T Inc	\$165,000 par; 4.750%; matures 05/15/2046	205,321	143,662
	AT&T Inc	\$1,769,000 par; 3.500%; matures 09/15/2053	1,497,099	1,184,291
	AT&T Inc	\$580,000 par; 3.550%; matures 09/15/2055	391,736	385,671
	Baltimore Gas & Electric	\$130,000 par; 5.400%; matures 06/01/2053	129,936	122,912
	Bank Of America Corp	\$320,000 par; 2.676%; matures 06/19/2041	227,902	230,637
	Bank Of America NA	\$610,000 par; 6.000%; matures 10/15/2036	755,201	648,772
	Barick International Bank Corp	\$515,000 par; 6.350% matures 10/15/2036	666,325	557,127
	Barrick Australia Financial	\$505,000 par; 5.950%; matures 10/15/2039	630,374	525,776
	Barrick NA Finance LLC	\$100,000 par; 5.700%; matures 05/30/2041	129,551	100,777

Legacy GHS/Tuomey Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) EIN 82-2595551, Plan No. 001

As of August 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
	Barrick NA Finance LLC	\$585,000 par; 5.750%; matures 05/01/2043	687,141	593,547
	Bat Capital Corp	\$165,000 par; 3.734%; matures 09/25/2040	124,080	131,944
	Bat Capital Corp	\$60,000 par; 4.540%; matures 08/15/2047	45,792	48,611
	Bayer Us Financial II LLC	\$655,000 par; 3.950% matures 04/15/2045	601,820	473,323
	Berkshire Hathaway Energy	\$595,000 par; 4.450%; matures 01/15/2049	680,887	490,423
	Berkshire Hathaway Energy Co	\$55,000 par; 4.600%; matures 05/01/2053	43,260	45,659
	Biocon Biologics Global	\$390,000 par; 6.670%; matures 10/09/2029	385,100	367,189
	Biogen Inc	\$185,000 par; 6.450%; matures 05/15/2055	184,365	188,371
	Boeing Co	\$210,000 par; 6.875%; matures 03/15/2039	228,755	233,239
	Boeing Co	\$95,000 par; 3.375%; matures 06/15/2046	65,910	65,029
	Boeing Co	\$210,000 par; 3.850%; matures 11/01/2048	139,644	150,692
	Boeing Co	\$105,000 par; 3.900%; matures 05/01/2049	80,605	76,385
	Boeing Co	\$140,000 par; 7.008%; matures 05/01/2064	151,039	155,117
	BP Capital Markets America	\$215,000 par; 3.000%; matures 02/24/2050	140,977	136,759
	BP Capital Markets America	\$836,000 par; 2.772%; matures 11/10/2050	619,046	503,573
	BP Capital Markets America	\$335,000 par; 2.939%; matures 06/04/2051	213,983	207,549
	Braskem Netherlands	\$580,000 par; 5.875% matures 01/31/2050	406,536	336,272
	Braskem Netherlands Finance	\$965,000 par; 8.000%; matures 10/15/2034	916,702	686,935
	Bristol Myers Squibb Co	\$167,000 par; 5.650%; matures 02/22/2064	165,779	159,953
	Broadcom Inc	\$1,163,000 par; 4.926%; matures 05/15/2037	1,065,227	1,131,145
	Burlington North Santa Fe	\$85,000 par; 3.050%; matures 02/15/2051	57,084	55,485
	Burlington North Santa Fe	\$335,000 par; 5.200%; matures 04/15/2054	334,819	312,555
	Capstone Copper Corp	\$160,000 par; 6.750%; matures 03/31/2033	154,442	164,307
	Carolina Power & Light	\$290,000 par; 4.100%; matures 03/15/2043	298,923	239,850
	Cenovus Energy Inc	\$269,000 par; 6.750%; matures 11/15/2039	299,711	291,413
	Charter Comm Opt LLC/Cap	\$385,000 par; 6.484%; matures 10/23/2045	415,230	374,478
	Charter Comm Opt LLC/Cap	\$670,000 par; 4.800%; matures 03/01/2050	503,643	518,379
	Charter Communications Oper	\$150,000 par; 6.700%; matures 12/01/2055	149,748	148,190
	Chile Electricity Lux Mpc	\$469,202 par; 5.580%; matures 10/20/2035	467,385	473,941
	Citibank	\$70,000 par; 5.570%; matures 04/30/2034	72,951	73,305
	Citigroup Inc	\$690,000 par; 8.125%; matures 07/15/2039	985,283	871,367
	Citigroup Inc	\$950,000 par; 5.612% matures 03/04/2056	941,985	927,162
	Civitas Resources Inc	\$453,000 par; 8.375%; matures 07/01/2028	469,290	470,450
	Comcast Corp	\$215,000 par; 3.969%; matures 11/01/2047	159,041	164,464
	Comcast Corp	\$1,763,000 par; 2.887%; matures 11/01/2051	1,410,137	1,055,526
	Comcast Corp	\$536,000 par; 2.937%; matures 11/01/2056	331,769	308,602
	Commonwealth Edison	\$220,000 par; 6.450%; matures 01/15/2038	293,940	244,171
	Commonwealth Edison	\$630,000 par; 4.700%; matures 01/15/2044	789,909	560,568
	Commonwealth Edison Co	\$180,000 par; 4.000%; matures 03/01/2048	179,966	142,006
	Commonwealth Edison Co	\$90,000 par; 4.000%; matures 03/01/2049	72,690	69,682
	Cox Communications Inc	\$45,000 par; 2.950%; matures 10/01/2050	24,901	25,316
	Cox Communications Inc	\$55,000 par; 5.800%; matures 12/15/2053	48,730	48,871
	Cox Communications Inc	\$785,000 par; 5.950%; matures 09/01/2054	712,632	712,089
	CSL Finance PLC	\$145,000 par; 4.625%; matures 04/27/2042	144,981	129,602
	CSL Finance PLC	\$135,000 par; 4.750%; matures 04/27/2052	130,938	115,394
	Cvs Health Corp	\$1,230,000 par; 4.780%; matures 03/25/2038	1,355,327	1,131,894
	Cvs Health Corp	\$2,086,000 par; 5.050%; matures 03/25/2048	1,880,891	1,788,327
	Diamondback Energy Inc	\$164,000 par; 5.550%; matures 04/01/2035	163,886	165,843
	Diamondback Energy Inc	\$135,000 par; 4.400%; matures 03/24/2051	109,189	104,721
	Diamondback Energy Inc	\$43,000 par; 4.250%; matures 03/15/2052	32,071	32,269
	Diamondback Energy Inc	\$629,000 par; 6.250%; matures 03/15/2053	634,725	622,911
	Dominion Energy Gas Hldgs Llc	\$160,000 par; 6.200%; matures 01/15/2055	159,395	163,603
	Duke Energy Corp	\$35,000 par; 4.200%; matures 06/15/2049	25,675	27,051
	Duke Energy Indiana LLC	\$45,000 par; 3.250%; matures 10/01/2049	31,878	30,522
	Duke Energy Progress Inc	\$710,000 par; 4.375%; matures 03/30/2044	744,554	599,858
	Duke Energy Progress Inc	\$540,000 par; 3.700%; matures 10/15/2046	615,180	406,399
	Elevance Health Inc	\$450,000 par; 5.700%; matures 02/15/2055	442,950	428,846
	Eli Lilly & Co	\$280,000 par; 5.050%; matures 08/14/2054	278,628	259,118
	Energy Transfer Operatng	\$295,000 par; 5.000%; matures 05/15/2050	249,879	244,832
	Energy Transfer Partners	\$880,000 par; 6.050%; matures 06/01/2041	924,444	878,592
	Energy Transfer Partners	\$670,000 par; 5.150%; matures 03/15/2045	736,801	589,292
	Energy Texas Inc	\$175,000 par; 3.550%; matures 09/30/2049	196,308	123,582
	Enterprise Products Operations	\$400,000 par; 5.200%; matures 01/15/2036	398,660	403,640
	Enterprise Products Operations	\$50,000 par; 3.200%; matures 02/15/2052	32,327	32,481
	Enterprise Products Operations	\$95,000 par; 3.300%; matures 02/15/2053	62,030	62,303

Legacy GHS/Tuomey Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) EIN 82-2595551, Plan No. 001

As of August 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
	Evergy Kansas Central	\$235,000 par; 3.450%; matures 04/15/2050	234,039	162,693
	Farmers Exchange Cap II	\$380,000 par; 6.151%; matures 11/01/2053	431,730	368,368
	Farmers Exchange Cap III	\$515,000 par; 5.454%; matures 10/15/2054	622,310	473,074
	Farmers Ins Exch	\$100,000 par; 4.750%; matures 11/01/2057	81,291	83,063
	Farmers Ins Exch	\$310,000 par; 7.000% matures 10/15/2064	309,590	315,124
	First Quantum Minerals Ltd	\$435,000 par; 7.250%; matures 02/15/2034	436,838	439,198
	Florida Power & Light	\$880,000 par; 5.690%; matures 03/01/2040	908,081	914,663
	Fmc Corp	\$179,000 par; 6.375%; matures 05/18/2053	172,054	171,960
	Fmc Corp	\$550,000 par; 8.45% matures 11/01/2055	554,431	574,635
	Ford Motor Company	\$304,000 par; 4.750%; matures 01/15/2043	227,802	235,342
	Ford Motor Credit Co LLC	\$680,000 par; 6.500%; matures 02/07/2035	679,254	685,379
	Foundry Jv Holdco LLC	\$205,000 par; 6.100%; matures 01/25/2036	204,891	214,483
	Foundry Jv Holdco LLC	\$340,000 par; 6.300%; matures 01/25/2039	343,797	359,404
	Freeport-Mcmoran C & G	\$275,000 par; 5.450%; matures 03/15/2043	274,658	260,323
	Frontier Communications	\$158,000 par; 6.750%; matures 05/01/2029	159,340	159,536
	Frontier Communications	\$287,000 par; 6.000%; matures 01/15/2030	285,815	290,166
	Frontier Communications Hldgs LLC	\$315,000 par; 5.875%; matures 11/01/2029	313,356	317,747
	Gilead Sciences Inc	\$455,000 par; 5.500%; matures 11/15/2054	469,572	442,488
	Glencore Funding LLC	\$955,000 par; 5.673%; matures 04/01/2035	949,054	977,080
	Goldman Sachs Capital Inc	\$1,570,000 par; 6.345%; matures 02/15/2034	1,791,378	1,656,098
	Goldman Sachs Group Inc	\$595,000 par; 4.411%; matures 04/23/2039	639,893	541,765
	Goldman Sachs Group Inc	\$140,000 par; 5.561%; matures 11/19/2045	140,000	138,387
	Goldman Sachs Group Inc	\$260,000 par; 5.730%; matures 01/28/2056	260,467	259,165
	Greensaif Pipelines Bidc	\$330,000 par; 6.102%; matures 07/25/2042	330,000	340,910
	Harbour Energy Plc	\$405,000 par; 6.327%; matures 04/01/2035	405,371	410,731
	HCA Inc	\$582,000 par; 4.625%; matures 03/15/2052	468,137	462,184
	HCA Inc	\$285,000 par; 6.200%; matures 03/01/2055	282,652	282,942
	Health Care Service Corp	\$585,000 par; 3.200%; matures 06/01/2050	599,843	367,240
	Health Care Service Corp	\$210,000 par; 5.875%; matures 06/15/2054	209,351	200,422
	Heinz (H.J.) Finance	\$800,000 par; 7.125%; matures 08/01/2039	1,061,994	887,800
	Hess Corp	\$1,660,000 par; 6.000%; matures 01/15/2040	1,845,220	1,777,510
	Hess Corp	\$585,000 par; 5.600%; matures 02/15/2041	621,856	593,424
	Home Depot Inc	\$185,000 par; 3.125%; matures 12/15/2049	124,555	124,129
	Home Depot Inc	\$265,000 par; 2.375%; matures 03/15/2051	151,153	148,991
	Horizon Mutual Holdings	\$285,000 par; 6.200%; matures 11/15/2034	284,242	276,741
	HSBC Bank USA N.A	\$1,240,000 par; 7.000%; matures 1/15/2039	1,672,771	1,451,110
	HSBC Bank USA	\$135,000 Par; 5.625%; matures 8/15/2035	172,075	140,495
	HSBC Holdings PLC	\$195,000 par; 6.500%; matures 09/15/2037	205,316	210,134
	Humana Inc	\$600,000 par; 5.750%; matures 04/15/2054	588,355	557,376
	Humana Inc	\$300,000 par; 6.000%; matures 05/01/2055	296,853	288,225
	Humana Inc	\$645,000 par; 8.150%; matures 06/15/2038	922,239	780,585
	Huntington Ingalls Inds Inc	\$581,000 par; 5.749%; matures 01/15/2035	579,150	602,631
	Indianapolis Pwr & Light	\$155,000 par; 5.700%; matures 04/01/2054	154,780	151,561
	Indianapolis Pwr & Lt Co	\$440,000 par; 5.050%; matures 08/15/2035	437,919	438,099
	Intel Corp	\$281,000 par; 3.734%; matures 12/08/2047	201,295	195,525
	Intel Corp	\$115,000 par; 3.250%; matures 11/15/2049	71,918	71,815
	Intel Corp	\$175,000 Par; 3.050%; matures 8/12/2051	110,090	103,476
	Jab Holdings BV	\$375,000 par; 4.500%; matures 04/08/2052	273,949	281,775
	JP Morgan Chase & Co	\$180,000 par; 4.000% matures 02/01/2027	164,825	177,350
	JP Morgan Chase & Co	\$230,000 par; N/A; matures 02/01/2027	215,938	227,334
	JP Morgan Chase & Co	\$315,000 par; 5.570% matures 04/22/2036	315,000	327,483
	JP Morgan Chase & Co	\$685,000 par; 2.525% matures 11/19/2041	493,196	487,734
	Kinder Morgan (Delaware) Inc	\$160,000 par; 5.550%; matures 06/01/2045	162,666	150,410
	Mars Inc	\$550,000 par; 5.700%; matures 05/01/2055	547,810	536,333
	Mass Mutual Life Ins Co	\$215,000 par; 3.375%; matures 04/15/2050	215,029	145,222
	Mass Mutual Life Ins Co	\$15,000 par; 4.900%; matures 04/01/2077	12,484	12,302
	Merck & Co Inc	\$265,000 par; 2.350%; matures 06/24/2040	184,459	186,793
	Merck & Co Inc	\$100,000 par; 3.700%; matures 02/10/2045	74,922	78,318
	Merck & Co Inc	\$340,000 par; 2.750%; matures 12/10/2051	212,364	206,380
	Meta Platforms Inc	\$215,000 par; 4.450%; matures 08/15/2052	209,361	179,132
	Meta Platforms Inc	\$520,000 par; 5.400%; matures 08/15/2054	518,256	498,826
	Midamerican Energy	\$205,000 par; 5.850%; matures 09/15/2054	204,762	210,496
	Midamerican Energy Co	\$190,000 par; 4.800%; matures 09/15/2043	217,944	172,072
	Midamerican Energy Hldgs	\$638,000 par; 6.125%; matures 04/01/2036	796,944	687,847
	Morgan Stanley	\$240,000 par; 5.664%; matures 04/17/2036	240,000	249,811

Legacy GHS/Tuomey Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) EIN 82-2595551, Plan No. 001

As of August 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
	Morgan Stanley	\$405,000 par; 5.516%; matures 11/19/2055	405,000	394,968
	MPLX LP	\$705,000 par; 4.500% matures 04/15/2038	703,863	628,656
	MPLX LP	\$455,000 par; 6.200% matures 09/15/2055	447,233	442,169
	Nationwide Mutual Insurance	\$150,000 par; 9.375% matures 08/15/2039	251,845	201,222
	Nationwide Mutual Insurance	\$240,000 par; 4.350% matures 04/30/2050	182,976	184,625
	Newell Rubbermaid Inc	\$135,000 par; 5.500% matures 04/01/2046	99,657	117,312
	Nextera Energy Capital	\$340,000 par; 5.900% matures 03/15/2055	334,000	338,664
	Nisource Inc	\$150,000 par; 5.850% matures 04/01/2055	149,619	147,498
	Nokia Corp	\$475,000 par; 6.625% matures 05/15/2039	544,982	485,255
	Northrop Grumman Corp	\$67,000 par; 5.200% matures 06/01/2054	63,217	61,645
	Northwestern Mutual Life	\$190,000 par; 6.170% matures 05/29/2055	189,985	198,164
	Ntt Finance Corp	\$380,000 par; 5.502% matures 07/16/2035	380,000	389,337
	Occidental Petroleum Corp	\$601,000 par; 6.450% matures 09/15/2036	604,398	621,698
	Occidental Petroleum Corp	\$185,000 par; 6.600% matures 03/15/2046	189,970	185,770
	Occidental Petroleum Corp	\$85,000 par; 4.400% matures 04/15/2046	63,698	64,399
	Oglethorpe Power Corp	\$110,000 par; 3.750% matures 08/01/2050	72,515	77,347
	Oglethorpe Power Corp	\$190,000 par; 5.250% matures 09/01/2050	206,961	170,656
	Ohio Nat Financial Svcs	\$200,000 par; 5.550% matures 01/24/2030	197,060	202,204
	Oncor Electric Delivery	\$190,000 par; 3.700% matures 05/15/2050	189,440	137,144
	Oncor Electric Delivery Co LLC	\$185,000 par; 5.550% matures 06/15/2054	184,922	179,293
	Oracle Corp	\$633,000 par; 3.800% matures 11/15/2037	581,543	539,949
	Oracle Corp	\$1,430,000 par; 3.600% matures 04/01/2040	1,242,349	1,133,546
	Oracle Corp	\$550,000 par; 4.125% matures 05/15/2045	559,229	432,251
	Oracle Corp	\$523,000 par; 4.000% matures 07/15/2046	404,988	398,772
	Oracle Corp	\$590,000 par; 4.000% matures 11/15/2047	440,327	445,792
	Oracle Corp	\$220,000 par; 3.950% matures 03/25/2051	162,809	158,737
	Orbia Advance Corp Sab	\$370,000 par; 7.500% matures 05/13/2035	369,446	381,426
	Pacific Gas & Electric Co	\$303,000 par; 6.150% matures 03/01/2055	297,817	293,198
	Pacific Gas & Electric	\$380,000 par; 6.000% matures 08/15/2035	378,153	393,023
	Pacific Gas & Electric	\$325,000 par; 4.200% matures 06/01/2041	291,227	256,987
	Pacific Gas & Electric	\$840,000 par; 4.450% matures 04/15/2042	883,214	671,160
	Pacific Gas & Electric	\$45,000 par; 5.250% matures 03/01/2052	36,400	38,352
	Pacific Life Insurance Co	\$145,000 par; 4.300%; matures 10/24/2067	144,988	113,393
	Pacific Lifecorp	\$160,000 par; 3.350% matures 09/15/2050	167,098	107,406
	Paramount Global	\$1,030,000 par; 6.375%; matures 03/30/2062	1,002,432	1,031,720
	Paypal Holdings Inc	\$350,000 par; 5.100% matures 04/01/2035	349,937	353,899
	Paypal Holdings Inc	\$110,000 par; 3.250% matures 06/01/2050	73,477	74,754
	Peco Energy Co	\$50,000 par; 3.700% matures 09/15/2047	49,812	37,604
	Petro-Canada	\$93,000 par; 6.800% matures 05/15/2038	98,401	100,600
	Petroleos Mexicanos	\$845,000 par; 6.500% matures 03/13/2027	843,472	848,456
	Petroleos Mexicanos	\$510,000 par; 7.690% matures 01/23/2050	380,488	435,928
	Piedmont Natural Gas Co Inc	\$135,000 par; 5.100% matures 02/15/2035	134,923	136,530
	Public Service Colorado	\$285,000 par; 5.750% matures 05/15/2054	284,279	280,024
	Public Service Oklahoma	\$290,000 par; 5.450% matures 01/15/2036	289,756	293,564
	Puget Sound Energy Inc	\$150,000 par; 4.223% matures 06/15/2048	150,000	121,034
	Reynolds American Inc	\$2,020,000 par; 7.250% matures 06/15/2037	2,601,411	2,286,578
	Reynolds American Inc	\$460,000 par; 8.125% matures 05/01/2040	625,027	540,873
	RTX Corporation	\$245,000 par; 2.820% matures 09/01/2051	153,009	149,102
	Samarco Mineracao Sa	\$413,035 par; 9.000% matures 06/30/2031	407,403	411,057
	San Diego G & E	\$155,000 par; 3.320% matures 04/15/2050	154,794	104,355
	San Diego G & E	\$245,000 par; 5.400% matures 04/15/2035	244,394	251,108
	Saudi Arabian Oil Co	\$695,000 Par; 5.750%; matures 7/17/2054	670,488	663,704
	Saudi Arabian Oil Co	\$1,445,000 Par; 6.375% matures 6/2/2055	1,430,522	1,486,817
	Saudi Arabian Oil Co	\$345,000 Par; 5.875% matures 7/17/2064	310,730	328,261
	Scentre Group Trust 2	\$790,000 par; 4.750% matures 09/24/2080	800,003	790,822
	Sempra Energy	\$370,000 par; 3.800% matures 02/01/2038	348,237	311,721
	South Carolina Electric & Gas	\$110,000 par; 5.100% matures 06/01/2065	116,919	97,051
	South Carolina Electric & Gas	\$100,000 par; 5.750% matures 06/01/2053	99,516	97,799
	South Carolina Electric & Gas	\$160,000 par; 6.000% matures 06/15/2055	157,838	162,262
	Southern Co Gas Capital	\$210,000 par; 3.950% matures 10/01/2046	205,792	161,776
	Southwestern Pub Svc Co	\$160,000 par; 6.000% matures 06/01/2054	158,813	160,077
	Southwestern Public Serv	\$235,000 par; 3.700% matures 08/15/2047	257,233	171,536
	Sprint Cap Corp	\$229,000 par; 8.750% matures 03/15/2032	275,006	277,704
	Suncor Energy Inc	\$225,000 par; 5.950% matures 12/01/2034	277,185	234,371
	Takeda Pharmaceutical	\$220,000 par; 3.025% matures 07/09/2040	163,201	165,634

Legacy GHS/Tuomey Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) EIN 82-2595551, Plan No. 001

As of August 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
	Takeda Pharmaceutical	\$925,000 par; 3.175% matures 07/09/2050	857,689	603,563
	Takeda Pharmaceutical Co Ltd	\$315,000 par; 5.800% matures 07/05/2064	313,542	306,555
	Teachers Insur & Annuity	\$110,000 par; 4.900% matures 09/15/2044	146,933	98,887
	Teachers Insur & Annuity	\$140,000 par; 3.300% matures 05/15/2050	142,058	93,164
	Tennessee Gas Pipeline	\$460,000 par; 8.375% matures 06/15/2032	634,326	541,305
	Time Warner Cable Inc	\$250,000 par; 6.550% matures 05/01/2037	310,305	258,963
	Time Warner Cable Inc	\$900,000 par; 7.300% matures 07/01/2038	1,110,650	980,163
	Time Warner Cable Inc	\$1,360,000 par; 6.750% matures 06/15/2039	1,833,805	1,408,225
	Time Warner Cable Inc	\$544,000 par; 5.875% matures 11/15/2040	510,888	519,770
	Time Warner Cable Inc	\$277,000 par; 5.500% matures 09/01/2041	248,950	250,286
	Time Warner Cable Inc	\$250,000 par; 4.500% matures 09/15/2042	195,833	198,268
	Toledo Edison Company	\$400,000 par; 6.150% matures 05/15/2037	486,156	432,892
	United Airlines Inc	\$375,000 par; 4.375% matures 04/15/2026	369,908	373,770
	United Technologies Corp	\$245,000 par; 6.125% matures 07/15/2038	256,131	265,553
	United Technologies Corp	\$930,000 par; 4.500% matures 06/01/2042	1,124,247	819,646
	United Technologies Corp	\$240,000 par; 4.150% matures 05/15/2045	237,169	196,207
	United Technologies Corp	\$155,000 par; 3.750% matures 11/01/2046	114,056	117,626
	United Technologies Corp	\$90,000 par; 4.625% matures 11/16/2048	85,861	77,270
	Unitedhealth Group Inc	\$25,000 par; 4.750% matures 07/15/2045	32,792	22,071
	Unitedhealth Group Inc	\$500,000 par; 4.250% matures 06/15/2048	440,455	400,005
	Unitedhealth Group Inc	\$140,000 par; 2.900% matures 05/15/2050	86,484	86,152
	Unitedhealth Group Inc	\$280,000 par; 3.250% matures 05/15/2051	183,364	182,711
	Unitedhealth Group Inc	\$370,000 par; 5.375% matures 04/15/2054	359,887	341,521
	Vale Overseas Limited	\$530,000 par; 6.400% matures 06/28/2054	528,955	530,101
	Venture Global Lng Inc	\$345,000 par; 8.875% matures 02/01/2032	375,121	375,664
	Verizon Communications	\$405,000 par; 5.250% matures 03/16/2037	489,137	405,907
	Verizon Communications	\$120,000 par; 4.812% matures 03/15/2039	153,094	112,793
	Verizon Communications	\$260,000 par; 2.650% matures 11/20/2040	183,585	184,298
	Viacom Inc	\$450,000 par; 6.875% matures 04/30/2036	474,285	477,590
	Viacom Inc	\$1,105,000 par; 4.375% matures 03/15/2043	903,010	839,778
	Viacom Inc	\$10,000 par; 5.850% matures 09/01/2043	12,604	8,997
	Viacom Inc	\$20,000 par; 5.250% matures 04/01/2044	14,777	16,273
	Viacom Inc	\$385,000 par; 6.250%; matures 2/28/2057	388,086	374,778
	Virginia Electric and Power Co	\$140,000 par; 5.450% matures 04/01/2053	139,058	132,520
	Virginia Electric Power	\$180,000 par; 6.350% matures 11/30/2037	244,094	195,863
	Wachovia Bank N.A.	\$1,065,000 par; 5.850%; matures 1/2/2037	1,528,577	1,193,300
	Wachovia Bank N.A.	\$265,000 par; 5.850% matures 02/01/2037	292,355	277,595
	Warner Media Holdings Inc	\$775,000 par; 5.050% matures 03/15/2042	645,631	522,156
	Warner Media Holdings Inc	\$600,000 par; 5.141% matures 03/15/2052	370,563	373,386
	Wells Fargo & Company	\$125,000 par; 4.580% matures 01/15/2027	118,438	124,340
	Wells Fargo & Company	\$130,000 par; 7.950% matures 11/15/2029	164,775	145,427
	Wells Fargo & Company	\$330,000 par; 5.950% matures 12/15/2036	396,559	340,088
	Wells Fargo Bank	\$505,000 par; 5.950% matures 08/26/2036	524,692	534,982
	Windfall Mining Group	\$200,000 par; 5.854% matures 05/13/2032	200,000	205,610
	Wisconsin Power And Light	\$155,000 par; 3.650% matures 04/01/2050	154,803	109,765
	Total corporate bonds		109,406,897	99,551,668
Limited partnership				
	BPIF Non-Taxable L.P.	Limited partnership investment	16,200,000	39,516,569
	Total limited partnerships, limited liability companies, and hedge funds		16,200,000	39,516,569
Collective trust funds				
	Arrowstreet Capital	Global Equity ACWI Fund Class E	39,419,485	46,948,649
	Boston Trust Walden Company	SMID Cap CIT	13,337,360	14,584,879
	MFS Investment Management	MFS International Equity Fund Class 6A	19,474,908	20,903,904
	State Street Global Advisors	S&P 500 Flagship Non-Lending Fund	32,373,388	62,433,570
	State Street Global Advisors	20+ Year U.S. Treasury STRIPS	51,584,772	28,156,440
	Total collective trust funds		156,189,913	173,027,442
Institutional trust fund				
	Global Alpha International	International Small Cap Fund	6,572,897	7,360,828
	Total institutional trust funds		6,572,897	7,360,828

Legacy GHS/Tuomey Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) EIN 82-2595551, Plan No. 001

As of August 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
	Foreign bonds			
	Republic Hungary	\$1,015,000 par; 6.750%; matures 09/23/2055	999,400	1,045,572
	Saudi International Bond	\$85,000 par; 5.750%; matures 01/16/2054	83,075	82,401
	United Mexican States	\$270,000 par; 6.625%; matures 01/29/2038	269,590	274,955
	United Mexican States	\$730,000 par; 6.338%; matures 05/04/2053	684,517	674,046
	United Mexican States	\$570,000 par; 6.400%; matures 05/07/2054	565,963	528,218
	United Mexican States	\$2,760,000 par; 7.375%; matures 05/13/2055	2,788,326	2,893,860
	Total foreign government and agency securities		5,390,871	5,499,052
			<u>\$ 385,221,620</u>	<u>\$ 417,954,838</u>

* Indicates a party-in-interest to the Plan

** Information not certified by Principal Bank, the trustee and custodian

Legacy GHS/Tuomey Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions EIN 82-2595551, Plan No. 001

For the year ended August 31, 2025

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of assets	Current value of asset on transaction date	Net gain or (loss)
<i>Series of transactions with respect to securities of the same issue in excess of 5% of plan assets:</i>								
Allspring Global Investments	Government Money Market Fund	\$ 181,127,230	\$ -	\$ -	\$ -	\$ 181,127,230	\$ 181,127,230	\$ -
Allspring Global Investments	Government Money Market Fund	-	185,559,749	-	-	185,559,749	185,559,749	-
Arrowstreet Capital	Global Equity ACWI Fund Class E	53,043,045	-	-	-	53,043,045	53,043,045	-
Arrowstreet Capital	Global Equity ACWI Fund Class E	-	15,000,000	-	-	13,623,560	15,000,000	1,376,440
Arrowstreet Capital	Global Equity ACWI Fund Class C	-	53,043,045	-	-	38,894,155	53,043,045	14,148,890
MFS Investment Management	MFS International Equity Fund Class 6A	20,407,409	-	-	-	20,407,409	20,407,409	-
MFS Investment Management	MFS International Equity Fund Class 6A	-	1,000,000	-	-	932,501	1,000,000	67,499
US Treasury Bond	\$13,160,000 par; 4.250%; matures 8/15/2054	12,612,020	-	-	-	12,612,020	12,612,020	-
US Treasury Bond	\$14,940,000 par; 4.250%; matures 8/15/2054	-	13,985,531	-	-	14,425,464	13,985,531	(439,933)
US Treasury Bond	\$12,490,000 par; 4.125%; matures 8/15/2044	12,353,097	-	-	-	12,353,097	12,353,097	-
US Treasury Bond	\$16,515,000 par; 4.125%; matures 8/15/2044	-	15,360,586	-	-	16,353,941	15,360,586	(993,355)
US Treasury Bond	\$19,435,000 par; 4.500%; matures 11/15/2054	19,218,711	-	-	-	19,218,711	19,218,711	-
US Treasury Bond	\$19,435,000 par; 4.500%; matures 11/15/2054	-	18,885,188	-	-	19,218,713	18,885,188	(333,525)
US Treasury Bond	\$15,460,000 par; 4.625%; matures 11/15/2044	15,576,929	-	-	-	15,576,929	15,576,929	-
US Treasury Bond	\$11,180,000 par; 4.625%; matures 11/15/2044	-	10,955,241	-	-	11,265,499	10,955,241	(310,258)
US Treasury Bond	\$20,250,000 par; 4.625%; matures 2/15/2055	19,861,907	-	-	-	19,861,907	19,861,907	-
US Treasury Bond	\$8,715,000 par; 4.625%; matures 2/15/2055	-	8,341,317	-	-	8,568,122	8,341,317	(226,805)
US Treasury Bond	\$14,705,000 par; 4.750%; matures 2/15/2045	14,929,316	-	-	-	14,929,316	14,929,316	-
US Treasury Bond	\$7,290,000 par; 4.750%; matures 2/15/2045	-	7,169,934	-	-	7,401,428	7,169,934	(231,494)
US Treasury Bond	\$11,495,000 par; 4.625%; matures 2/15/2035	11,765,751	-	-	-	11,765,751	11,765,751	-
US Treasury Bond	\$11,495,000 par; 4.625%; matures 2/15/2035	-	11,781,303	-	-	11,765,747	11,781,303	15,556
Vanguard	FTSE Emerging Markets ETF	18,997,395	-	-	-	18,997,395	18,997,395	-
Vanguard	FTSE Emerging Markets ETF	-	3,416,595	-	-	3,093,653	3,416,595	322,942
William Blair International Leaders	William Blair Intl Leaders CIT Fund	-	30,407,409	-	-	20,018,377	30,407,409	10,389,032

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

L GHS/T P P
EIN 82 2595551
PLAN NUMBER 001
PLAN YEAR 09/01/2024 TO 08/31/2025

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	ARROWSTREET	Common/Collective Trust ARROWSTREET GLOBAL EQUITY ACWI	\$ 0.00	\$ 46,948,649.43
	Boston Trust	Common/Collective Trust Boston TR Walden Collective Invt Tr	\$ 0.00	\$ 14,584,878.43
	GLOBAL ALPHA	103-12 Entities GLOBAL ALPHA INTL SMALL CAP F	\$ 0.00	\$ 7,360,828.04
	MFS HERITAGE TRUST COMPANY	Common/Collective Trust MFS INTERNATIONAL EQUITY	\$ 0.00	\$ 20,903,904.17
	STATE STREET GLOBAL ADVISORS	Common/Collective Trust S&P 500 R FLAGSHIP CLASS N	\$ 0.00	\$ 62,433,570.36
	BPIF NON TAXABLE L.P	Partnership / Joint Venture Transfer Business	\$ 0.00	\$ 39,516,568.54
	Transfer Business	Interest Bearing Cash Transfer Business	\$ 0.00	\$ 8,251,482.56
	Transfer Business	Government Securities Transfer Business	\$ 0.00	\$ 65,405,296.45
	Transfer Business	Corporate Debt - Other Transfer Business	\$ 0.00	\$105,856,591.07
	Vanguard Group	Registered Investment Company VANGUARD FTSE EMERGING MKT	\$ 0.00	\$ 18,536,629.25
	STATE STREET GLOBAL ADVISORS	Common/Collective Trust 20 PLUS YEAR US TREASURY STRIPS	\$ 0.00	\$ 28,156,439.98

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Legacy GHS/Tuomey Pension Plan
EIN: 82-2595551 PN: 001

Schedule SB, Part V — Summary of Plan Provisions

Effective September 30, 2018, the GHS Plan was merged into the Tuomey Plan. The plan was renamed the Legacy GHS/Tuomey Pension Plan and was amended and restated effective September 30, 2018.

Tuomey Healthcare System Employees Retirement Plan

Original Effective Date	January 1, 1968. The plan was last amended effective January 1, 2024 to increase the lump sum cashout threshold from \$5,000 to \$7,000.
Plan Year	The period beginning on January 1, 2018 and ending August 31, 2018 and thereafter the 12-month period ending on each August 31. Prior to January 1, 2018, the plan year was the calendar year.
Eligibility Requirements	Any eligible employee becomes a participant as of the first anniversary of their employment, if he or she has completed 1,000 or more hours of service on that date. Effective December 31, 2009, the plan was closed to new participants.
Eligible Employee	Any person employed by Tuomey, excluding physicians and leased employees. Effective December 31, 2009, the plan was closed to new participants.
Vesting Service	The sum of all plan years in which 1,000 or more hours of service are completed by a participant.
Credited Service	The sum of all plan years in which 1,000 or more hours of service are completed by a participant. Effective December 31, 2009, the plan was frozen to future benefit accruals.
Annual Compensation	All compensation received during the year except any deferred income or contribution to other non-taxable fringe benefits. No compensation over the 401(a)(17) limit is recognized.
Average Annual	The average of the highest 10 consecutive years of compensation. Effective December 31, 2009, average annual compensation under the plan was frozen.
Accrued Benefit	The accrued benefit is 1% of average annual compensation multiplied by credited service plus 0.2% of average annual compensation in excess of \$6,000 multiplied by credited service. In no event will the annual accrued benefit be less than the greater of \$180 or \$36 multiplied by the participant's credited service. Effective

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Legacy GHS/Tuomey Pension Plan
EIN: 82-2595551 PN: 001

December 31, 2009, the plan was frozen to future benefit accruals.

Normal Retirement

Eligibility

Age 65 for those hired before March 1, 2007. Age 65 with five years of vesting service for those hired on or after March 1, 2007.

Amount

The accrued benefit payable immediately.

Early Retirement

Eligibility

Age 55 and 15 years of vesting service.

Amount

The accrued benefit payable at normal retirement date or with an earlier commencement with the accrued benefit reduced one-fifteenth for each of the first five years and one-thirtieth for each of the next five years that commencement precedes normal retirement date.

Late Retirement

Eligibility

Retirement after normal retirement date.

Amount

The accrued benefit using pay and service to the actual retirement date or accrued benefit as of normal retirement date actuarially increased to late retirement date, if larger. A participant who continues to work past normal retirement date will begin receiving in-service distributions as of the normal retirement date unless the participant elects to defer the benefit until his or her actual date of retirement.

Termination

Eligibility

Termination with vested rights.

Amount

Accrued benefit.

Benefit Commencement

Payable at normal retirement date, or on a reduced basis as early as age 55 if the participant has at least 15 years of vesting service. The reduction is the same as described above under Early Retirement if the participant was at least 55 years old at termination. The reduction is based on the plan's actuarial equivalence definition if the participant was under 55 years old at termination.

Vesting Schedule

100% vested after five years of vesting service or, if hired before March 1, 2007, age 65 if earlier.

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
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Preretirement Death

Eligibility

Death of a participant who has earned the right to a vested benefit.

Amount

Benefit Commencement

For surviving spouses, the amount which would be payable if the participant terminated on his/her date of death, elected payment at the earliest eligibility for early retirement in the form of a qualified joint and survivor annuity, and died prior to the first payment. In the event there is no surviving spouse, the beneficiary or estate will receive the actuarial equivalent of the amount that would be payable to a surviving spouse of the same age as the participant.

For surviving spouses, at the time the employee would have attained age 55, or immediately if the participant was eligible for an early retirement benefit. In the event there is no surviving spouse, the benefit is payable within one year following the participant's death.

Normal Form of Payment

Life annuity for single participants and actuarially equivalent joint and 50% survivor annuity for married participants.

Optional Forms

In lieu of the normal form of benefit, the participant may elect one of the optional forms on a basis actuarially equivalent to the normal form: straight life annuity, joint and 100% survivor benefit, joint and 75% survivor benefit, joint and 50% survivor benefit, 10-year certain and life annuity, or level payments with Social Security. If married, the participant's spouse must agree in writing if the benefit form elected is not the joint and 50% form.

Actuarial Equivalence

Annuity Form: 8% interest and the 1984 Unisex Pension Mortality Table with 20% male content for participants and beneficiaries.

Lump Sum (applicable if less than \$7,000): Segment rates and applicable mortality under 417(e) using a look back month of November.

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Legacy GHS/Tuomey Pension Plan
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Greenville Hospital System Pension Plan

Eligibility

Up to September 1, 1989: All full-time employees (those working 36 hours per week and five months per year excluding interns, residents, and physicians) eligible on first of month coincident with or next following completion of 12 months of employment and attainment of age 25.

After September 1, 1989: All employees eligible upon completion of 12 months of service with 1,000 or more hours of service and attainment of age 25. In addition, all retirees receiving benefits under the informal plan as of September 1, 1989 will receive subsequent benefit payments from the Strategic Coordinating Organization Pension Plan.

Eligibility is frozen effective August 31, 2010. Employees who had not met the eligibility requirements by August 31, 2010 shall not participate in the plan.

Credited Service

Up to September 1, 1989: Elapsed time measured from date of employment (includes years and full months of unbroken full-time employment).

After September 1, 1989: Plan year with 1,000 or more hours of service.

Total credited service shall not exceed 40 years.

Normal Retirement Date

First of month coincident with or next following attainment of age 65 and completion of five years of vesting service.

Compensation

Total base pay including performance awards, but excluding bonuses, overtime, shift differential, the cost of employee benefits, any deferred compensation contributions, and any other extraordinary remuneration.

Final Average Compensation

Highest five consecutive calendar years out of last 10.

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
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Normal Retirement Benefit

0.75% of final average compensation multiplied by credited service up to 20 years, plus 1.5% of final average compensation multiplied by credited service in excess of 20 years (not to exceed an additional 20 years), plus 0.5% of final average compensation in excess of covered compensation (35 year average of Social Security taxable wage base based on participant's Social Security normal retirement age) multiplied by credited service not to exceed 35 years; subject to minimum monthly benefit of \$5 multiplied by credited service up to 20 years (subject to a minimum of \$50), or accrued benefit determined under prior plan as of August 31, 1989; normal form of benefit is a straight life annuity.

Employee Contributions

None.

Accrued Benefit

Normal retirement benefit based on final average compensation and covered compensation at date of determination and projected credited service at normal retirement date, multiplied by ratio of credited service at date of determination to projected credited service at normal retirement date (not to exceed 40 years on base formula portion or 35 years on excess formula portion); subject to minimum accrued benefit of accrued benefit under prior plan as of August 31, 1989.

Accrued benefits were frozen effective August 31, 2010.

Early Retirement

Age 55 and 10 years of service; accrued benefit reduced by 1/15 for each of the first five years and 1/30 for each of the next two years that early retirement precedes age 62 (no reduction for retirement between age 62 and 65).

Delayed Retirement

Continuation in plan with continuing credit for service and compensation but not beyond August 31, 2010. Benefits are actuarially increased for late retirement.

Disability Retirement

Disabled participant who has completed five years of service continued in plan during disability but not beyond August 31, 2010 at rate of compensation at date of disability.

Death Benefit

Benefit payable to spouse at participant's earliest retirement date, calculated as if the participant lived to and retired on that date, and elected joint & 50% survivor annuity, with such 50% survivor annuity immediately payable to spouse.

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
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Actuarial Equivalence

Annuity Form: 30-year Treasury rate for November and applicable mortality under 417(e).

Lump Sum (applicable if less than \$7,000): Segment rates and applicable mortality under 417(e) using a look back month of November.

Plan Changes Since the Prior Year

The following plan change was reflected in the 2024 funding valuation:

- The lump sum cashout threshold was increased from \$5,000 to \$7,000. This change did not impact plan liabilities.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

As a result of an internal change in assignments at Aon, the Enrolled Actuary has changed from Margo Burdette to Mitzi Silverstein.

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Legacy GHS/Tuomey Pension Plan
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Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes

Based on segment rates with a four-month lookback (as of May 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA

1st Segment Rate	4.84%
2nd Segment Rate	5.24%
3rd Segment Rate	5.59%

Interest Rates for Maximum Tax Purposes

Based on segment rates with a four-month lookback (as of May 2024), without regard to interest rate stabilization

1st Segment Rate	4.84%
2nd Segment Rate	5.24%
3rd Segment Rate	5.22%

Retirement Age

Active Participants	See Table 1 for Legacy GHS participants See Table 2 for Legacy Tuomey participants Based on 2021 assumption study
Terminated Vested Participants	100% at age 65 for Legacy Tuomey participants 100% at age 61 for Legacy GHS participants Based on 2021 assumption study

Mortality Rates

Healthy and Disabled	2024 Generational Mortality for annuitants and non-annuitants per section 1.430(h)(3)-1(b)
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Withdrawal Rates

See Table 3 for Legacy GHS participants
See Table 4 for Legacy Tuomey participants
Based on 2021 assumption study.

Disability Rates

None

Decrement Timing

Beginning of year

Surviving Spouse Benefit

For Legacy Tuomey participants, it is assumed that 100% of males and females have an eligible spouse, and that married couples are the same age.

For Legacy GHS participants, it is assumed that 90% of males and 70% of females have an eligible spouse, and that males are three years older than their spouses.

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Legacy GHS/Tuomey Pension Plan
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Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year

7.00%, limited to 5.92%

2023 Plan Year

7.03%, limited to 5.74%

2024 Plan Year

6.96%, limited to 5.59%

Based on asset allocations and plan sponsor's input

Trust Expenses Included in Target Normal Cost

The expenses included in the Target Normal Cost reflect the current year's expected PBGC premiums and administrative expenses.

Actuarial Method

Standard unit credit cost method

Valuation Date

September 1, 2024

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Legacy GHS/Tuomey Pension Plan
EIN: 82-2595551 PN: 001

Actuarial Assumptions and Methods

Table 1

Retirement Rates — Legacy GHS Actives

Age	Rate
55	6.00%
56	6.00%
57	4.00%
58	6.00%
59	6.00%
60	9.00%
61	12.00%
62	15.00%
63	15.00%
64	20.00%
65	60.00%
66	90.00%
67	100.00%
68	100.00%
69	100.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Legacy GHS/Tuomey Pension Plan
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Table 2

Retirement Rates — Legacy Tuomey Actives

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	10.00%
62	10.00%
63	10.00%
64	40.00%
65	100.00%
66	100.00%
67	100.00%
68	100.00%
69	100.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
 Legacy GHS/Tuomey Pension Plan
 EIN: 82-2595551 PN: 001

Table 3

Withdrawal Rates — Legacy GHS Actives

Age	Rate	Age	Rate
25	20.00%	50	5.50%
26	15.00%	51	5.50%
27	12.00%	52	5.50%
28	12.00%	53	5.50%
29	10.00%	54	5.50%
30	8.00%	55	9.00%
31	8.00%	56	9.00%
32	8.00%	57	9.00%
33	8.00%	58	9.00%
34	8.00%	59	9.00%
35	7.00%	60	13.00%
36	7.00%	61	13.00%
37	7.00%	62	13.00%
38	7.00%	63	13.00%
39	7.00%	64	13.00%
40	5.50%	65	13.00%
41	5.50%	66	13.00%
42	5.50%	67	13.00%
43	5.50%	68	13.00%
44	5.50%	69	13.00%
45	5.50%	70+	100.00%
46	5.50%		
47	5.50%		
48	5.50%		
49	5.50%		

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
 Legacy GHS/Tuomey Pension Plan
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Table 4

Withdrawal Rates — Legacy Tuomey Actives

Age	Rate	Age	Rate
20	20.00%	45	4.00%
21	20.00%	46	4.00%
22	20.00%	47	4.00%
23	20.00%	48	4.00%
24	20.00%	49	4.00%
25	15.00%	50	9.00%
26	15.00%	51	9.00%
27	15.00%	52	9.00%
28	15.00%	53	9.00%
29	15.00%	54	9.00%
30	10.00%	55	9.00%
31	10.00%	56	9.00%
32	10.00%	57	9.00%
33	10.00%	58	9.00%
34	10.00%	59	9.00%
35	8.00%	60	40.00%
36	8.00%	61	40.00%
37	8.00%	62	40.00%
38	8.00%	63	40.00%
39	8.00%	64	40.00%
40	6.00%	65	40.00%
41	6.00%	66	40.00%
42	6.00%	67	40.00%
43	6.00%	68	40.00%
44	6.00%	69	40.00%
		70+	40.00%

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Legacy GHS/Tuomey Pension Plan
EIN: 82-2595551 PN: 001

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 78,132,343	September 1, 2019	10	\$ 9,687,389
Shortfall	\$ (17,968,100)	September 1, 2020	11	\$ (2,073,540)
Shortfall	\$ (49,499,264)	September 1, 2021	12	\$ (5,359,615)
Shortfall	\$ 62,378,307	September 1, 2022	13	\$ 6,379,853
Shortfall	\$ 23,174,231	September 1, 2023	14	\$ 2,251,630
Shortfall	\$ 3,694,119	September 1, 2024	15	\$ 342,639

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
 Legacy GHS/Tuomey Pension Plan
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Schedule SB, line 26a — Schedule of Active Participant Data
 as of September 1, 2024

Number of Participants and Average Accrued Benefit

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39		1	4	11	11	1				
40-44			18	63 1,234	193 1,566	41 3,135	3			
45-49		7	18	54 1,817	195 2,217	132 4,626	33 5,917	2		
50-54		1	12	50 1,987	218 3,533	137 5,942	92 9,327	30 9,221		
55-59			7	48 1,979	190 2,973	136 5,777	83 9,760	43 14,458	42 12,718	1
60-64		2	8	46 2,364	170 2,265	126 5,727	63 10,266	62 14,362	64 16,415	28 15,312
65-69		1	7	13	63 2,524	26 8,959	13	15	14	8
70+					1	1		1		

N-2,609

Average accrued benefits are shown in lieu of compensation since the plan is “hard frozen.”

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Legacy GHS/Tuomey Pension Plan
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Schedule SB, line 24 — Change in Actuarial Assumptions

The September 1, 2024 funding valuation reflects the following non-prescribed assumption changes:

- A change in the unlimited expected return on assets to 6.96 percent.
- An update to the current late retirement factors under IRC §417e for Legacy GHS participants.

These changes were made to better reflect the anticipated plan experience. Neither of these assumption changes reduced the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5); as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
 Legacy GHS/Tuomey Pension Plan
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Schedule SB, line 22 — Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

Legacy GHS active participants

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	6.00%	1.0000	3.30
56	6.00%	0.9400	3.16
57	4.00%	0.8836	2.01
58	6.00%	0.8483	2.95
59	6.00%	0.7974	2.82
60	9.00%	0.7495	4.05
61	12.00%	0.6821	4.99
62	15.00%	0.6002	5.58
63	15.00%	0.5102	4.82
64	20.00%	0.4337	5.55
65	60.00%	0.3469	13.53
66	90.00%	0.1388	8.24
67	100.00%	0.0139	0.93
Weighted Average			61.93

Legacy Tuomey active participants

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	5.00%	1.0000	2.75
56	5.00%	0.9500	2.66
57	5.00%	0.9025	2.57
58	5.00%	0.8574	2.49
59	5.00%	0.8145	2.40
60	10.00%	0.7738	4.64
61	10.00%	0.6964	4.25
62	10.00%	0.6268	3.89
63	10.00%	0.5641	3.55
64	40.00%	0.5077	13.00
65	100.00%	0.3046	19.80
Weighted Average			62.00

Weighted Average

Legacy GHS Actives = 2,299 Legacy Tuomey Actives = 310

Weighted average = $((2,299 \times 61.93) + (310 \times 62.00)) / (2,299 + 310) = 61.94$

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
 Legacy GHS/Tuomey Pension Plan
 EIN: 82-2595551 PN: 001

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount to 9/1/2024 at 5.32%	Interest Adjusted Contribution
December 12, 2024	\$ 3,993,408	102	\$ 3,935,981
March 12, 2025	3,993,408	192	3,885,996
May 13, 2025	1,812,559	254	1,748,345
June 11, 2025	1,924,415	283	1,848,609
September 11, 2025	3,736,974	375	3,543,174
May 4, 2026	<u>1,798,480</u>	610	<u>1,649,243</u>
Total Contribution	\$ 17,259,244		\$ 16,611,348

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 09/01/2024 and ending 08/31/2025

▶ **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 <u>LEGACY GHS/TUOMEY PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Prisma Health</u>	D Employer Identification Number (EIN) <u>82-2595551</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month <u>09</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value		2a	<u>418,253,433</u>
b Actuarial value		2b	<u>401,264,287</u>
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	<u>2,395</u>	<u>322,747,153</u>	<u>322,747,153</u>
b For terminated vested participants	<u>1,210</u>	<u>52,070,269</u>	<u>52,070,269</u>
c For active participants	<u>2,609</u>	<u>123,980,709</u>	<u>126,358,501</u>
d Total	<u>6,214</u>	<u>498,798,131</u>	<u>501,175,923</u>
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	<u>5.32 %</u>
6 Target normal cost			
a Present value of current plan year accruals		6a	<u>0</u>
b Expected plan-related expenses		6b	<u>5,380,418</u>
c Target normal cost		6c	<u>5,380,418</u>

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	<u>Mitzi M. Silverstein</u> <i>MMS</i> Signature of actuary	<u>05/29/2026</u> Date
<u>MITZI M. SILVERSTEIN</u> Type or print name of actuary		<u>2607184</u> Most recent enrollment number
<u>AON CONSULTING, INC.</u> Firm name		<u>336-728-2190</u> Telephone number (including area code)
<u>MSC# 17848</u> <u>PO Box 551343</u> <u>ATLANTA GA 30355</u> Address of the firm		

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2024
v. 240311

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)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>14.11</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)		11,551,777
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>5.22</u> %		603,003
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		12,154,780
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	80.06 %
15 Adjusted funding target attainment percentage	15	80.06 %
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	80.00 %
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
12/12/2024	3,993,408	0			
03/12/2025	3,993,408	0			
05/13/2025	1,812,559	0			
06/11/2025	1,924,415	0			
09/11/2025	3,736,974	0			
05/04/2026	1,798,480	0			
Totals ►			18(b)	17,259,244	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	16,611,348

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: 4.84 % 2nd segment: 5.24 % 3rd segment: 5.59 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	4
22	Weighted average retirement age	22	62
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Demographic and benefit information		
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☒ Yes ☐ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6c).....	31a	5,380,418
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	99,911,636	11,228,356
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34 style="text-align: right;">16,608,774
35	Balances elected for use to offset funding requirement	Carryover balance	Prefunding balance
	0	0	0
36	Additional cash requirement (line 34 minus line 35).....		36 style="text-align: right;">16,608,774
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37 style="text-align: right;">16,611,348
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a style="text-align: right;">2,574
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b style="text-align: right;">0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 style="text-align: right;">0
40	Unpaid minimum required contributions for all years		40 style="text-align: right;">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 Attachment (Form 5500)—September 1, 2024 Plan Year
Legacy GHS/Tuomey Pension Plan
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Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount to 9/1/2024 at 5.32%	Interest Adjusted Contribution
December 12, 2024	\$ 3,993,408	102	\$ 3,935,981
March 12, 2025	3,993,408	192	3,885,996
May 13, 2025	1,812,559	254	1,748,345
June 11, 2025	1,924,415	283	1,848,609
September 11, 2025	3,736,974	375	3,543,174
May 4, 2026	1,798,480	610	1,649,243
Total Contribution	\$ 17,259,244		\$ 16,611,348

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

Legacy GHS active participants

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	6.00%	1.0000	3.30
56	6.00%	0.9400	3.16
57	4.00%	0.8836	2.01
58	6.00%	0.8483	2.95
59	6.00%	0.7974	2.82
60	9.00%	0.7495	4.05
61	12.00%	0.6821	4.99
62	15.00%	0.6002	5.58
63	15.00%	0.5102	4.82
64	20.00%	0.4337	5.55
65	60.00%	0.3469	13.53
66	90.00%	0.1388	8.24
67	100.00%	0.0139	0.93
Weighted Average			61.93

Legacy Tuomey active participants

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	5.00%	1.0000	2.75
56	5.00%	0.9500	2.66
57	5.00%	0.9025	2.57
58	5.00%	0.8574	2.49
59	5.00%	0.8145	2.40
60	10.00%	0.7738	4.64
61	10.00%	0.6964	4.25
62	10.00%	0.6268	3.89
63	10.00%	0.5641	3.55
64	40.00%	0.5077	13.00
65	100.00%	0.3046	19.80
Weighted Average			62.00

Weighted Average

Legacy GHS Actives = 2,299 Legacy Tuomey Actives = 310

Weighted average = $((2,299 \times 61.93) + (310 \times 62.00)) / (2,299 + 310) = 61.94$

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

Interest Rates for Minimum Funding Purposes

Based on segment rates with a four-month lookback (as of May 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA

1st Segment Rate	4.84 %
2nd Segment Rate	5.24 %
3rd Segment Rate	5.59 %

Interest Rates for Maximum Tax Purposes

Based on segment rates with a four-month lookback (as of May 2024), without regard to interest rate stabilization

1st Segment Rate	4.84 %
2nd Segment Rate	5.24 %
3rd Segment Rate	5.22 %

Retirement Age

Active Participants	See Table 1 for Legacy GHS participants See Table 2 for Legacy Tuomey participants Based on 2021 assumption study
Terminated Vested Participants	100 % at age 65 for Legacy Tuomey participants 100 % at age 61 for Legacy GHS participants Based on 2021 assumption study

Mortality Rates

Healthy and Disabled	2024 Generational Mortality for annuitants and non-annuitants per section 1.430(h)(3)-1(b)
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Withdrawal Rates

See Table 3 for Legacy GHS participants
See Table 4 for Legacy Tuomey participants
Based on 2021 assumption study.

Disability Rates

None

Decrement Timing

Beginning of year

Surviving Spouse Benefit

For Legacy Tuomey participants, it is assumed that 100% of males and females have an eligible spouse, and that married couples are the same age.

For Legacy GHS participants, it is assumed that 90% of males and 70% of females have an eligible spouse, and that males are three years older than their spouses.

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
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Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year

7.00%, limited to 5.92%

2023 Plan Year

7.03%, limited to 5.74%

2024 Plan Year

6.96%, limited to 5.59%

Based on asset allocations and plan sponsor's input

Trust Expenses Included in Target Normal Cost

The expenses included in the Target Normal Cost reflect the current year's expected PBGC premiums and administrative expenses.

Actuarial Method

Standard unit credit cost method

Valuation Date

September 1, 2024

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Legacy GHS/Tuomey Pension Plan
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Actuarial Assumptions and Methods

Table 1

Retirement Rates — Legacy GHS Actives

Age	Rate
55	6.00%
56	6.00%
57	4.00%
58	6.00%
59	6.00%
60	9.00%
61	12.00%
62	15.00%
63	15.00%
64	20.00%
65	60.00%
66	90.00%
67	100.00%
68	100.00%
69	100.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
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Table 2

Retirement Rates — Legacy Tuomey Actives

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	10.00%
62	10.00%
63	10.00%
64	40.00%
65	100.00%
66	100.00%
67	100.00%
68	100.00%
69	100.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
 Legacy GHS/Tuomey Pension Plan
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Table 3

Withdrawal Rates — Legacy GHS Actives

Age	Rate	Age	Rate
25	20.00 %	50	5.50 %
26	15.00 %	51	5.50 %
27	12.00 %	52	5.50 %
28	12.00 %	53	5.50 %
29	10.00 %	54	5.50 %
30	8.00 %	55	9.00 %
31	8.00 %	56	9.00 %
32	8.00 %	57	9.00 %
33	8.00 %	58	9.00 %
34	8.00 %	59	9.00 %
35	7.00 %	60	13.00 %
36	7.00 %	61	13.00 %
37	7.00 %	62	13.00 %
38	7.00 %	63	13.00 %
39	7.00 %	64	13.00 %
40	5.50 %	65	13.00 %
41	5.50 %	66	13.00 %
42	5.50 %	67	13.00 %
43	5.50 %	68	13.00 %
44	5.50 %	69	13.00 %
45	5.50 %	70+	100.00 %
46	5.50 %		
47	5.50 %		
48	5.50 %		
49	5.50 %		

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Table 4

Withdrawal Rates — Legacy Tuomey Actives

Age	Rate	Age	Rate
20	20.00 %	45	4.00 %
21	20.00 %	46	4.00 %
22	20.00 %	47	4.00 %
23	20.00 %	48	4.00 %
24	20.00 %	49	4.00 %
25	15.00 %	50	9.00 %
26	15.00 %	51	9.00 %
27	15.00 %	52	9.00 %
28	15.00 %	53	9.00 %
29	15.00 %	54	9.00 %
30	10.00 %	55	9.00 %
31	10.00 %	56	9.00 %
32	10.00 %	57	9.00 %
33	10.00 %	58	9.00 %
34	10.00 %	59	9.00 %
35	8.00 %	60	40.00 %
36	8.00 %	61	40.00 %
37	8.00 %	62	40.00 %
38	8.00 %	63	40.00 %
39	8.00 %	64	40.00 %
40	6.00 %	65	40.00 %
41	6.00 %	66	40.00 %
42	6.00 %	67	40.00 %
43	6.00 %	68	40.00 %
44	6.00 %	69	40.00 %
		70+	40.00 %

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Schedule SB, Part V — Summary of Plan Provisions

Effective September 30, 2018, the GHS Plan was merged into the Tuomey Plan. The plan was renamed the Legacy GHS/Tuomey Pension Plan and was amended and restated effective September 30, 2018.

Tuomey Healthcare System Employees Retirement Plan

Original Effective Date	January 1, 1968. The plan was last amended effective January 1, 2024 to increase the lump sum cashout threshold from \$5,000 to \$7,000.
Plan Year	The period beginning on January 1, 2018 and ending August 31, 2018 and thereafter the 12-month period ending on each August 31. Prior to January 1, 2018, the plan year was the calendar year.
Eligibility Requirements	Any eligible employee becomes a participant as of the first anniversary of their employment, if he or she has completed 1,000 or more hours of service on that date. Effective December 31, 2009, the plan was closed to new participants.
Eligible Employee	Any person employed by Tuomey, excluding physicians and leased employees. Effective December 31, 2009, the plan was closed to new participants.
Vesting Service	The sum of all plan years in which 1,000 or more hours of service are completed by a participant.
Credited Service	The sum of all plan years in which 1,000 or more hours of service are completed by a participant. Effective December 31, 2009, the plan was frozen to future benefit accruals.
Annual Compensation	All compensation received during the year except any deferred income or contribution to other non-taxable fringe benefits. No compensation over the 401(a)(17) limit is recognized.
Average Annual	The average of the highest 10 consecutive years of compensation. Effective December 31, 2009, average annual compensation under the plan was frozen.
Accrued Benefit	The accrued benefit is 1% of average annual compensation multiplied by credited service plus 0.2% of average annual compensation in excess of \$6,000 multiplied by credited service. In no event will the annual accrued benefit be less than the greater of \$180 or \$36 multiplied by the participant's credited service. Effective

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December 31, 2009, the plan was frozen to future benefit accruals.

Normal Retirement

Eligibility

Age 65 for those hired before March 1, 2007. Age 65 with five years of vesting service for those hired on or after March 1, 2007.

Amount

The accrued benefit payable immediately.

Early Retirement

Eligibility

Age 55 and 15 years of vesting service.

Amount

The accrued benefit payable at normal retirement date or with an earlier commencement with the accrued benefit reduced one-fifteenth for each of the first five years and one-thirtieth for each of the next five years that commencement precedes normal retirement date.

Late Retirement

Eligibility

Retirement after normal retirement date.

Amount

The accrued benefit using pay and service to the actual retirement date or accrued benefit as of normal retirement date actuarially increased to late retirement date, if larger. A participant who continues to work past normal retirement date will begin receiving in-service distributions as of the normal retirement date unless the participant elects to defer the benefit until his or her actual date of retirement.

Termination

Eligibility

Termination with vested rights.

Amount

Accrued benefit.

Benefit Commencement

Payable at normal retirement date, or on a reduced basis as early as age 55 if the participant has at least 15 years of vesting service. The reduction is the same as described above under Early Retirement if the participant was at least 55 years old at termination. The reduction is based on the plan's actuarial equivalence definition if the participant was under 55 years old at termination.

Vesting Schedule

100% vested after five years of vesting service or, if hired before March 1, 2007, age 65 if earlier.

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Preretirement Death

Eligibility

Death of a participant who has earned the right to a vested benefit.

Amount

Benefit Commencement

For surviving spouses, the amount which would be payable if the participant terminated on his/her date of death, elected payment at the earliest eligibility for early retirement in the form of a qualified joint and survivor annuity, and died prior to the first payment. In the event there is no surviving spouse, the beneficiary or estate will receive the actuarial equivalent of the amount that would be payable to a surviving spouse of the same age as the participant.

For surviving spouses, at the time the employee would have attained age 55, or immediately if the participant was eligible for an early retirement benefit. In the event there is no surviving spouse, the benefit is payable within one year following the participant's death.

Normal Form of Payment

Life annuity for single participants and actuarially equivalent joint and 50% survivor annuity for married participants.

Optional Forms

In lieu of the normal form of benefit, the participant may elect one of the optional forms on a basis actuarially equivalent to the normal form: straight life annuity, joint and 100% survivor benefit, joint and 75% survivor benefit, joint and 50% survivor benefit, 10-year certain and life annuity, or level payments with Social Security. If married, the participant's spouse must agree in writing if the benefit form elected is not the joint and 50% form.

Actuarial Equivalence

Annuity Form: 8% interest and the 1984 Unisex Pension Mortality Table with 20% male content for participants and beneficiaries.

Lump Sum (applicable if less than \$7,000): Segment rates and applicable mortality under 417(e) using a look back month of November.

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Greenville Hospital System Pension Plan

Eligibility

Up to September 1, 1989: All full-time employees (those working 36 hours per week and five months per year excluding interns, residents, and physicians) eligible on first of month coincident with or next following completion of 12 months of employment and attainment of age 25.

After September 1, 1989: All employees eligible upon completion of 12 months of service with 1,000 or more hours of service and attainment of age 25. In addition, all retirees receiving benefits under the informal plan as of September 1, 1989 will receive subsequent benefit payments from the Strategic Coordinating Organization Pension Plan.

Eligibility is frozen effective August 31, 2010. Employees who had not met the eligibility requirements by August 31, 2010 shall not participate in the plan.

Credited Service

Up to September 1, 1989: Elapsed time measured from date of employment (includes years and full months of unbroken full-time employment).

After September 1, 1989: Plan year with 1,000 or more hours of service.

Total credited service shall not exceed 40 years.

Normal Retirement Date

First of month coincident with or next following attainment of age 65 and completion of five years of vesting service.

Compensation

Total base pay including performance awards, but excluding bonuses, overtime, shift differential, the cost of employee benefits, any deferred compensation contributions, and any other extraordinary remuneration.

Final Average Compensation

Highest five consecutive calendar years out of last 10.

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Normal Retirement Benefit

0.75% of final average compensation multiplied by credited service up to 20 years, plus 1.5% of final average compensation multiplied by credited service in excess of 20 years (not to exceed an additional 20 years), plus 0.5% of final average compensation in excess of covered compensation (35 year average of Social Security taxable wage base based on participant's Social Security normal retirement age) multiplied by credited service not to exceed 35 years; subject to minimum monthly benefit of \$5 multiplied by credited service up to 20 years (subject to a minimum of \$50), or accrued benefit determined under prior plan as of August 31, 1989; normal form of benefit is a straight life annuity.

Employee Contributions

None.

Accrued Benefit

Normal retirement benefit based on final average compensation and covered compensation at date of determination and projected credited service at normal retirement date, multiplied by ratio of credited service at date of determination to projected credited service at normal retirement date (not to exceed 40 years on base formula portion or 35 years on excess formula portion); subject to minimum accrued benefit of accrued benefit under prior plan as of August 31, 1989.

Accrued benefits were frozen effective August 31, 2010.

Early Retirement

Age 55 and 10 years of service; accrued benefit reduced by 1/15 for each of the first five years and 1/30 for each of the next two years that early retirement precedes age 62 (no reduction for retirement between age 62 and 65).

Delayed Retirement

Continuation in plan with continuing credit for service and compensation but not beyond August 31, 2010. Benefits are actuarially increased for late retirement.

Disability Retirement

Disabled participant who has completed five years of service continued in plan during disability but not beyond August 31, 2010 at rate of compensation at date of disability.

Death Benefit

Benefit payable to spouse at participant's earliest retirement date, calculated as if the participant lived to and retired on that date, and elected joint & 50% survivor annuity, with such 50% survivor annuity immediately payable to spouse.

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Actuarial Equivalence

Annuity Form: 30-year Treasury rate for November and applicable mortality under 417(e).

Lump Sum (applicable if less than \$7,000): Segment rates and applicable mortality under 417(e) using a look back month of November.

Plan Changes Since the Prior Year

The following plan change was reflected in the 2024 funding valuation:

- The lump sum cashout threshold was increased from \$5,000 to \$7,000. This change did not impact plan liabilities.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

As a result of an internal change in assignments at Aon, the Enrolled Actuary has changed from Margo Burdette to Mitzi Silverstein.

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
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Schedule SB, line 24 — Change in Actuarial Assumptions

The September 1, 2024 funding valuation reflects the following non-prescribed assumption changes:

- A change in the unlimited expected return on assets to 6.96 percent.
- An update to the current late retirement factors under IRC §417e for Legacy GHS participants.

These changes were made to better reflect the anticipated plan experience. Neither of these assumption changes reduced the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5); as such, approval of the Commissioner is not required.

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Schedule SB, line 26a — Schedule of Active Participant Data
 as of September 1, 2024

Number of Participants and Average Accrued Benefit

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39		1	4	11	11	1				
40-44			18	63 1,234	193 1,566	41 3,135	3			
45-49		7	18	54 1,817	195 2,217	132 4,626	33 5,917	2		
50-54		1	12	50 1,987	218 3,533	137 5,942	92 9,327	30 9,221		
55-59			7	48 1,979	190 2,973	136 5,777	83 9,760	43 14,458	42 12,718	1
60-64		2	8	46 2,364	170 2,265	126 5,727	63 10,266	62 14,362	64 16,415	28 15,312
65-69		1	7	13	63 2,524	26 8,959	13	15	14	8
70+					1	1		1		

N-2,609

Average accrued benefits are shown in lieu of compensation since the plan is “hard frozen.”

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Schedule SB, line 26b — Schedule of Projection of Expected
 Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	2,389,993	2,198,079	31,504,244	36,092,316
2025	3,667,382	2,407,101	30,818,674	36,893,157
2026	4,830,932	2,624,041	30,064,455	37,519,428
2027	5,772,857	2,847,992	29,281,603	37,902,452
2028	6,593,871	3,010,158	28,449,221	38,053,250
2029	7,342,591	3,241,801	27,551,353	38,135,745
2030	7,983,963	3,454,451	26,546,715	37,985,129
2031	8,515,243	3,608,851	25,537,909	37,662,003
2032	8,924,144	3,688,307	24,480,218	37,092,669
2033	9,282,600	3,743,502	23,374,540	36,400,642
2034	9,636,318	3,848,043	22,243,491	35,727,852
2035	9,943,845	3,894,830	21,093,786	34,932,461
2036	10,180,945	3,897,878	19,917,302	33,996,125
2037	10,343,595	3,932,769	18,720,342	32,996,706
2038	10,425,082	3,920,084	17,509,546	31,854,712
2039	10,457,929	3,892,200	16,291,768	30,641,897
2040	10,426,487	3,869,247	15,074,117	29,369,851
2041	10,336,918	3,815,587	13,863,983	28,016,488
2042	10,217,092	3,741,800	12,668,981	26,627,873
2043	10,032,569	3,655,845	11,496,848	25,185,262
2044	9,821,162	3,538,440	10,355,412	23,715,014
2045	9,549,302	3,409,433	9,252,670	22,211,405
2046	9,231,243	3,270,070	8,196,658	20,697,971
2047	8,882,367	3,124,904	7,195,206	19,202,477
2048	8,507,487	2,973,409	6,255,714	17,736,610
2049	8,106,476	2,815,113	5,384,685	16,306,274
2050	7,686,655	2,653,768	4,587,244	14,927,667
2051	7,254,218	2,490,447	3,866,832	13,611,497
2052	6,810,356	2,326,610	3,224,949	12,361,915
2053	6,361,097	2,162,815	2,661,132	11,185,044
2054	5,910,309	2,000,673	2,173,065	10,084,047
2055	5,461,707	1,841,428	1,756,788	9,059,923
2056	5,019,447	1,686,241	1,407,009	8,112,697
2057	4,587,322	1,536,155	1,117,492	7,240,969
2058	4,168,718	1,392,069	881,427	6,442,214

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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	3,766,562	1,254,734	691,782	5,713,078
2060	3,383,361	1,124,770	541,594	5,049,725
2061	3,021,142	1,002,640	424,243	4,448,025
2062	2,681,452	888,660	333,651	3,903,763
2063	2,365,355	783,003	264,437	3,412,795
2064	2,073,448	685,718	211,977	2,971,143
2065	1,805,910	596,740	172,403	2,575,053
2066	1,562,523	515,895	142,574	2,220,992
2067	1,342,716	442,929	119,994	1,905,639
2068	1,145,620	377,508	102,737	1,625,865
2069	970,150	319,254	89,348	1,378,752
2070	815,065	267,756	78,737	1,161,558
2071	679,027	222,575	70,112	971,714
2072	560,644	183,270	62,905	806,819
2073	458,506	149,381	56,721	664,608

Schedule SB Attachment (Form 5500)—September 1, 2024 Plan Year
Legacy GHS/Tuomey Pension Plan
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Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 78,132,343	September 1, 2019	10	\$ 9,687,389
Shortfall	\$ (17,968,100)	September 1, 2020	11	\$ (2,073,540)
Shortfall	\$ (49,499,264)	September 1, 2021	12	\$ (5,359,615)
Shortfall	\$ 62,378,307	September 1, 2022	13	\$ 6,379,853
Shortfall	\$ 23,174,231	September 1, 2023	14	\$ 2,251,630
Shortfall	\$ 3,694,119	September 1, 2024	15	\$ 342,639