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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] 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:
- [X] 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
TRUMAN MEDICAL CENTERS CASH BALANCE RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 04/01/1987

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)
TRUMAN MEDICAL CENTERS

2301 HOLMES STREET
KANSAS CITY, MO 64108

2b Employer Identification Number (EIN) 44-0661018

2c Plan Sponsor's telephone number 816-404-1000

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.	10/07/2026	TROY ANGELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2026	TROY ANGELL
	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 [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	2099
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	805
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	749
b	Retired or separated participants receiving benefits	**6b**	307
c	Other retired or separated participants entitled to future benefits	**6c**	555
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1611
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	126
f	Total. Add lines **6d** and **6e**.	**6f**	1737
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1C 1I

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
TRUMAN MEDICAL CENTERS CASH BALANCE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TRUMAN MEDICAL CENTERS

D Employer Identification Number (EIN)
44-0661018

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	96480919
b Actuarial value	**2b**	96480919

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	212	32597390	32597390
b For terminated vested participants	1083	36008414	36008414
c For active participants	805	24857495	25321554
d Total	2100	93463299	93927358

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**	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	604132
c Target normal cost	**6c**	604132

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

09/28/2026
Date

CHRISTIAN GOODMAN
Type or print name of actuary

26-07277
Most recent enrollment number

MILLIMAN
Firm name

214-863-5500
Telephone number (including area code)

10000 N. CENTRAL EXPRESSWAY
DALLAS, TX 75231-4177
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 [ ]

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	3467082
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2436080
9	Amount remaining (line 7 minus line 8)	0	1031002
10	Interest on line 9 using prior year's actual return of 8.81 %	0	90831
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.09 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1121833

Part III Funding Percentages

14	Funding target attainment percentage	14	101.52 %
15	Adjusted funding target attainment percentage	15	101.52 %
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	93.42 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

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

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

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

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	66

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	
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**	604132
b Excess assets, if applicable, but not greater than line 31a	**31b**	604132

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TRUMAN MEDICAL CENTERS CASH BALANCE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TRUMAN MEDICAL CENTERS

D Employer Identification Number (EIN)
44-0661018

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

MILLIMAN

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 11	NONE	559239	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMMERCE TRUST COMPANY

43-1795601

(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?
49	NONE	24408	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

ONEDIGITAL

58-2522668

(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?
61	NONE	24000	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)

BANK OF OKLAHOMA

73-6017987

(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?
49	NONE	7824	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TRUMAN MEDICAL CENTERS CASH BALANCE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TRUMAN MEDICAL CENTERS

D Employer Identification Number (EIN)
44-0661018

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)	0	
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1220961	924943
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11089	525500
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	68285783	83463461
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	28153146	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	97670979	84913904
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	97670979	84913904

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		10641843
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		10641843
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	22578953	
(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)		22578953
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)	489495	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	32232	
(7) Actuarial fees	2i(7)	61920	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	24000	
(11) Other expenses	2i(11)	212318	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		819965
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		23398918
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-12757075
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) [X] 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)** [X] 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: FORVIS MAZARS, LLP **(2)** EIN: 44-0160260

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.)	**4a**		X	
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.)	**4b**		X	
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.)	**4c**		X	
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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
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?	**4g**		X	
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?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
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.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 583255.

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
TRUMAN MEDICAL CENTERS CASH BALANCE RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TRUMAN MEDICAL CENTERS

D Employer Identification Number (EIN)
44-0661018

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | **1** |

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 94-3149038 84-1455663

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** | 367

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**

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: 32.00 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 60.00 %
High-Yield Debt: 4.00 % Real Assets: _____ % Cash or Cash Equivalents: 1.00 % Other: 3.00 %

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_____.

Forvis Mazars, LLP
1201 Walnut Street, Suite 1700
Kansas City, MO 64106
P 816.221.6300 | F 816.221.6380
forvismazars.us

Independent Auditor's Report

Board of Directors
Truman Medical Centers Cash Balance Retirement Plan
Kansas City, Missouri

Opinion

We have audited the financial statements of Truman Medical Centers Cash Balance Retirement Plan (the Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

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 audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Forvis Mazars, LLP

Kansas City, Missouri
September 18, 2026

Federal Employer Identification Number: 44-0160260

Attachment to 2025 Form 5500
Schedule SB, line 26 – Schedule of Active Participant Data

Plan Name: Truman Medical Centers Cash Balance Retirement Plan

EIN: 44-0661018
PN: 002

Schedule SB, line 26a - Schedule of Active Participant Data

Attained Age	Years of credited service									
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19	
	No.	Cash Bal.	No.	Cash Bal.	No.	Cash Bal.	No.	Cash Bal.	No.	Cash Bal.
Under 25	0		0		0		0		0	
25 to 29	0		0		0		0		0	
30 to 34	0		0		0		0		4	
35 to 39	0		0		0		18		27	2,864
40 to 44	0		0		1		13		64	3,061
45 to 49	0		0		0		10		59	3,816
50 to 54	0		0		0		10		61	4,307
55 to 59	0		0		0		11		36	5,243
60 to 64	0		0		0		10		43	4,591
65 to 69	0		0		0		7		20	3,426
70 & up	0		0		0		3		15	

Attained Age	Years of credited service									
	20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Cash Bal.	No.	Cash Bal.	No.	Cash Bal.	No.	Cash Bal.	No.	Cash Bal.
Under 25	0		0		0		0		0	
25 to 29	0		0		0		0		0	
30 to 34	0		0		0		0		0	
35 to 39	1		0		0		0		0	
40 to 44	24	4,973	1		0		0		0	
45 to 49	42	8,214	16		0		0		0	
50 to 54	53	7,091	26	9,266	11		1		0	
55 to 59	36	7,813	17		22	18,745	10		1	
60 to 64	41	8,219	19		21	21,385	18		6	
65 to 69	6		6		5		3		2	
70 & up	2		1		0		0		2	

Attachment to 2025 Form 5500
Schedule SB Part V- Summary of Actuarial Assumptions

Plan Name: Truman Medical Centers Cash Balance Retirement Plan

EIN: 44-0661018
PN: 002

Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Interest Rates

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

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0–5 years)	5.07%	5.07%	5.07%
Segment 2 (5–20 years)	5.31%	5.33%	5.33%
Segment 3 (20+ years)	5.50%	5.36%	5.36%
Effective Interest Rate	5.36%	5.32%	5.32%

ERISA minimum funding: 24-month average segment rates, using a four-month lookback, adjusted to reflect the applicable segment rate stabilization corridor (ARPA).

Maximum Deductible Contribution: 24-month average segment rates, using a four-month lookback period, but not adjusted to reflect segment rate stabilization.

PBGC premium: 24-month average segment rates, using a four-month lookback period, but not adjusted to reflect segment rate stabilization.

FASB ASC Topic 960: 7.50% per year. This is the assumed rate of return for the Plan's entire portfolio of assets, net of investment expenses and including assumed inflation rate. It is based on Truman's expectations of future returns.

Asset Returns

ERISA minimum funding and Maximum Deductible Contribution: Not applicable.

Compensation Increases

Not applicable.

Maximum Benefit and Annual Compensation Limitation Increases

ERISA minimum funding and Maximum Deductible Contribution: 0% per year as required by statute.

FASB ASC Topic 960: The assumed inflation assumption of 2.75% per year.

Social Security Taxable Wage Base Increases

3.50% per year. It is based on the assumed inflation assumption of 2.75% per year plus the productivity growth assumption of 0.75% per year.

Attachment to 2025 Form 5500
Schedule SB Part V- Summary of Actuarial Assumptions

Plan Name: Truman Medical Centers Cash Balance Retirement Plan

EIN: 44-0661018
PN: 002

Administrative Expenses

Expected administrative expenses payable from the trust are explicitly loaded to the normal cost. For the current valuation, the loading for administrative expenses is $604,132. Expected expenses are equal to actual expenses paid by the plan during the prior plan year (excluding PBGC premiums) plus the current plan year PBGC premiums.

DEMOGRAPHIC ASSUMPTIONS

Except where noted, all demographic assumptions are based on the actuary's judgment and review of experience.

Mortality

ERISA minimum funding, Maximum Deductible Contribution, and PBGC premium: Statutory static tables for 2025 based on Pri-2012 Total Dataset Mortality Table projected with Adjusted Mortality Improvement Scale MP-2021, with separate rates for non-annuitants and annuitants..

FASB ASC Topic 960: Pri-2012 Total Dataset Mortality Table projected with Mortality Improvement Scale MP-2021, with employee rates before benefit commencement and healthy annuitant rates after benefit commencement. As a generational table, it reflects mortality improvements both before and after the measurement date.

Termination

Annual termination rates are based on a select rate of termination for the first year of service and ultimate termination rates from Table T-7 of the Actuary's Pension Handbook. Rates for the first year of service are three times the rates from Table T-7. Sample rates are shown in the following table:

Age	Rate
20	9.9445%
25	9.6815
30	9.3123
35	8.7182
40	7.7698
45	6.3768
50	4.2522
55	1.5651
60	0.1488

Attachment to 2025 Form 5500
Schedule SB Part V- Summary of Actuarial Assumptions

Plan Name: Truman Medical Centers Cash Balance Retirement Plan

EIN: 44-0661018
PN: 002

Retirement

The probability of retirement upon satisfying the requirements for early retirement is determined in accordance with the following table:

Age	Rate
55 - 61	1.5%
62	7.5
63 - 64	1.5
65 - 69	20.0
70	100.0

Disability

The assumed incidence of disability is based on 37.5% of the United Auto Workers Rates. Sample of annual disability rates are shown in the following table:

Age	Rate
25	0.0112%
30	0.0150
35	0.0188
40	0.0262
45	0.0375
50	0.0675
55	0.1350
60	0.3375

Decrement Timing

Decrements are assumed to occur at the middle of the year, except that 100% retirement (see above) is assumed to occur at the beginning of the year.

Form of Payment

Life annuity plus cash balance (if any). Active Participants are assumed to receive the cash balance immediately. Deferred vested Participants are assumed to receive the cash balance at normal retirement.

Attachment to 2025 Form 5500
Schedule SB Part V- Summary of Actuarial Assumptions

Plan Name: Truman Medical Centers Cash Balance Retirement Plan

EIN: 44-0661018
PN: 002

Marital Characteristics

For participants not in pay status: 100% of participants are assumed to be married to a spouse of the opposite sex. Males are assumed to be 2 years older than females.

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

For beneficiaries: Actual birth dates are included in the census data, where relevant.

Benefits Not Valued

None.

Special Data Adjustments

Deferred vested Participants identified in the annual death audit as deceased and deferred vested Participants age 70 or older who have not commenced their normal retirement benefit as of the valuation date are assumed to be deceased with 50% of their accrued benefit payable to a surviving spouse.

CHANGES IN ACTUARIAL ASSUMPTIONS SINCE PRIOR VALUATION

Interest rates for ERISA minimum funding: The interest rates used to determine the minimum funding requirements were updated based on the applicable 24-month average segment rates with a four-month lookback from the valuation date, adjusted to reflect the applicable segment rate stabilization corridor. The interest rates were updated to comply with IRS requirements.]

Interest rates for Maximum Deductible Contribution: The interest rates used for maximum deductible purposes were updated as noted above, but not adjusted to reflect segment rate stabilization. The interest rates were updated to comply with IRS requirements.]

Interest rates for PBGC premiums: The interest rates used for PBGC variable rate premium purposes were updated to comply with PBGC requirements.

Mortality for ERISA minimum funding, Maximum Deductible Contribution, and PBGC premium: Effective January 1, 2025, the mortality assumption was updated as prescribed by IRC Section 430(h)(3)(A). The mortality assumption was updated to comply with IRS and PBGC requirements.

Administrative Expenses: The administrative expense load was updated to reflect actual administrative expenses paid from the Plan's trust during the previous year plus updated PBGC premiums for the upcoming year.

Attachment to 2025 Form 5500
Schedule SB, line 22 – Weighted Average Retirement Age

Plan Name: Truman Medical Centers Cash Balance Retirement Plan

EIN: 44-0661018
PN: 002

Age	Retirement Rate	Age Weight
55	1.5%	0.83
56	1.5%	0.83
57	1.5%	0.83
58	1.5%	0.83
59	1.5%	0.83
60	1.5%	0.83
61	1.5%	0.84
62	7.5%	4.18
63	1.5%	0.79
64	1.5%	0.79
65	20.0%	10.50
66	20.0%	8.53
67	20.0%	6.92
68	20.0%	5.62
69	20.0%	4.56
70	100.0%	18.52

Average Weighted Retirement Age	66.00

Attachment to 2025 Form 5500
Schedule SB, line 26(b) – Schedule of Projection of Expected Benefit Payments

Plan Name: Truman Medical Centers Cash Balance Retirement Plan

EIN: 44-0661018
PN: 002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	694,666	1,877,301	3,751,368	6,323,335
2026	822,426	1,530,671	3,670,073	6,023,170
2027	927,369	1,631,115	3,504,523	6,063,007
2028	1,139,289	1,899,435	3,405,652	6,444,376
2029	1,292,370	2,180,912	3,280,938	6,754,220
2030	1,400,399	2,267,122	3,087,279	6,754,800
2031	1,636,907	2,307,222	2,853,068	6,797,197
2032	1,833,708	2,440,002	2,520,199	6,793,909
2033	1,857,634	2,468,702	2,372,685	6,699,021
2034	1,901,811	2,661,574	2,117,229	6,680,614
2035	1,907,185	2,597,177	1,959,755	6,464,117
2036	2,007,544	2,839,097	1,852,169	6,698,810
2037	2,140,399	2,709,077	1,742,612	6,592,088
2038	2,108,585	2,659,810	1,607,693	6,376,088
2039	2,126,877	2,717,725	1,410,422	6,255,024
2040	2,093,308	2,787,224	1,288,470	6,169,002
2041	2,154,134	2,716,737	1,180,864	6,051,735
2042	2,113,638	2,948,647	1,074,327	6,136,612
2043	2,094,872	2,638,070	969,680	5,702,622
2044	1,983,927	2,569,583	867,754	5,421,264
2045	1,950,122	2,540,200	769,417	5,259,739
2046	1,921,525	2,376,798	675,525	4,973,848
2047	1,796,111	2,242,134	586,865	4,625,110
2048	1,712,949	2,174,665	504,159	4,391,773
2049	1,639,921	2,020,990	428,004	4,088,915
2050	1,535,620	1,884,891	358,854	3,779,365
2051	1,431,126	1,728,474	296,993	3,456,593
2052	1,332,911	1,619,172	242,493	3,194,576
2053	1,238,898	1,520,195	195,242	2,954,335
2054	1,152,311	1,400,237	154,948	2,707,496
2055	1,035,860	1,292,017	121,167	2,449,044
2056	949,480	1,185,839	93,343	2,228,662
2057	862,549	1,082,530	70,837	2,015,916
2058	773,384	982,843	52,972	1,809,199
2059	695,763	887,432	39,060	1,622,255
2060	624,852	796,840	28,440	1,450,132
2061	553,207	711,482	20,497	1,285,186
2062	489,671	631,646	14,674	1,135,991
2063	430,724	557,490	10,489	998,703
2064	376,447	489,055	7,534	873,036

Attachment to 2025 Form 5500
Schedule SB, line 26(b) – Schedule of Projection of Expected Benefit Payments

Plan Name: Truman Medical Centers Cash Balance Retirement Plan

EIN: 44-0661018
PN: 002

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2065	326,832	426,294	5,476	758,602
2066	281,807	369,087	4,054	654,948
2068	205,005	270,613	2,384	478,002
2069	172,855	228,912	1,891	403,658
2070	144,572	191,910	1,524	338,006
2071	119,889	159,348	1,240	280,477
2072	98,531	130,954	1,011	230,496
2073	80,215	106,441	821	187,477
2074	64,656	85,510	661	150,827

Attachment to 2025 Form 5500
Schedule SB Part V- Summary of Principal Plan Provisions

Plan Name: Truman Medical Centers Cash Balance Retirement Plan

EIN: 44-0661018
PN: 002

Summary of Principal Plan Provisions

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Definitions

Accrued Benefit: The Accrued Benefit for any Participant who terminates on or before December 31, 2008 shall be determined in accordance with the terms of the Prior Plan.

Except as otherwise provided herein with respect to Cash Balance Participants, the Accrued Benefit of any Participant who terminates employment with the Employer after December 31, 2008 shall be determined taking into account the Participant's Years of Benefit Service and Average Monthly Compensation through the date of determination, less the amount of benefit accrued under the prior plan at March 31, 1987 and the amount accrued under the MOSERS plan. The December 31, 1988 accrued benefit is a guaranteed minimum benefit to reflect benefits that accrued under the formula in effect prior to January 1, 1989. The December 31, 1993 accrued benefit is also a guaranteed minimum benefit to reflect the benefits that accrued before the salary cap of $150,000 became effective January 1, 1994.

All benefit accruals under the Plan shall cease as of February 29, 2012.

Actuarial Equivalent: Equality in value such that the present value of the amount under any form of payment is essentially the same as the present value of the amount under the normal form of annuity payment for single Participants. For purposes other than determining lump sum amounts, Actuarial Equivalent factors are based on the 1984 Unisex Pensioners Mortality Table, setback 3 years, and 7% interest rate. For purposes of determining lump sum amounts, Actuarial Equivalent factors are based on the applicable mortality table specified by IRS rules for the Plan Year of distribution and the statutory three-tier segment interest rates in effect for the second month prior to the Plan Year of distribution.

Average Monthly Compensation: Determined by dividing the total Compensation the Participant received during the 5 consecutive Compensation Periods for which his Compensation was highest by the number of months during such period for which he received Compensation. For this purpose, non-consecutive months interrupted by periods in which the Participant receives no compensation shall be treated as consecutive.

A Participant's Excess Average Monthly Compensation is that portion, if any, of his Average Monthly Compensation which is in excess of his monthly Integration Level.

In the case of a Cash Balance Conversion Participant, the Participant's Average Monthly Compensation shall be determined by dividing the total Compensation he received during the 5 consecutive Compensation Periods ending prior to January 1, 2009 for which his Compensation was highest by the number of months during such period for which he received the Compensation.

Compensation after February 29, 2012 shall not be considered.

Compensation: Except where otherwise specifically provided in this Plan, Compensation means a Participant's total compensation from an Employer subject to reporting on Internal Revenue Service Form W-2 within a Plan Year, including elective deferrals under Code Section 403(b) and salary reduction contributions under Code Section 125.

In accordance with Internal Revenue Code Section 401(a)(17), annual Compensation in excess of the inflation-adjusted limit ($250,000 for the 2012 plan year) is disregarded.

The Compensation Period is the 12-month period which begins each January 1 and ends each December 31.

Covered Employees: All employee classifications except leased employees.

Effective Date: The Effective Date of the Plan is April 1, 1987. The Plan was amended and restated effective January 1, 2014.

Final Average Pay Benefit: For a Grandfathered Participant, the benefit, if any, accrued for service before February 29, 2012, determined in accordance with the benefit formula under the Prior Plan. For a Cash Balance Conversion Participant, the benefit, if any, accrued for service before January 1, 2009 determined in accordance with the benefit formula under the Prior Plan.

Integration Level: A monthly amount of $1,000 for the plan year beginning January 1, 1989. As of each following January 1, such amount shall increase by the lesser of 5% per year or the maximum amount permitted by law. For 2012, the Monthly Integration Level is $3,052.

Limitation Year: The 12-month period beginning January 1 and ending December 31.

Participant: An Employee or former Employee who is eligible to participate in this Plan and who is or who may become eligible to receive a benefit of any type from this Plan or whose beneficiary may be eligible to receive any such benefit.

Initial Account Balance: The lump-sum amount calculated as of the Cash Balance Effective Date that is the Actuarial Equivalent of the Prior Accrued Benefit.

Interest Credit: As of the last day of each calendar quarter, there shall be credited to the Account Balance of each Participant an amount equal to the product determined by multiplying the Participant's Account Balance (prior to any Contribution Credits) by one-twelfth (1/12) of the Interest Credit Rate.

Interest Credit Rate: The variable rate of interest equal to the interest rate on 30-year Treasury securities as specified by the Commissioner of the Internal Revenue Service, for the November preceding the Plan Year.

Normal Retirement Age: A Participant's Normal Retirement Age is age 65.

Normal Retirement Date: A Participant's Normal Retirement Date is the first day of the month which coincides with or next follows the date on which the Participant attains Normal Retirement Age.

Participant: An Employee who is a member of an Eligible Employee Classification will become a Participant in the Plan on the first Entry Date which coincides with or next follows the completion of one Year of Eligibility Service and attainment of age 21. Effective June 30, 2012, participation in the Plan is frozen to all Employees including former Employees who are rehired on or after June 30, 2012.

- Active Participant means a Participant who is currently an Employee.
- Vested Participant means a Participant who is currently an Employee who has a non-forfeitable right to all or a portion of his or her Accrued Benefit.
- Disabled Participant means a Participant who has terminated his employment with the Employer and who is entitled to a Disability Retirement Benefit under the Plan.
- Retired Participant means a Participant who has terminated his employment with the Employer after meeting the requirements for a Normal, Early, or Late Retirement Benefit and who is receiving such benefits.

- Vested Terminated Participant means a Participant who has terminated his employment with the Employer and who has a non-forfeitable right to all or a portion of his or her Accrued Benefit and who has not received a distribution of the value of his or her Vested Accrued Benefit.
- Former Participant means a Participant who has terminated his employment with the Employer and who currently has no vested right to any portion of his or her Accrued Benefit.
- Cash Balance Participant means a Cash Balance Conversion Participant or a Participant who first became a Participant on or after January 1, 2009.

Cash Balance Conversion Participant means a Participant who was a Participant on or before December 31, 2008, other than a Grandfathered Participant.

- Grandfathered Participant means a Participant who attained age 55 and accrued 15 Years of Vesting Service on or before December 31, 2008.

Plan Sponsor: The Plan Sponsor is Truman Medical Centers. The Plan Administrator is the Administrative Committee.

Plan Year: The Plan Year is the 12-month period beginning January 1 and ending December 31.

Trustee: The Plan's Trustee is Charles Schwab.

Prior Plan: Prior Plan means the Camden Clark Memorial Hospital Pension Plan, as in effect prior to the Cash Balance Effective Date.

Trustee: The Trustee is United Bank, Inc.

Years of Service: Sum of past service and future service, determined using the Hours Method. Past service is continuous employment to January 1, 1976, rounded up to the next full year. Future service is the number of calendar years after January 1, 1976 in which the employee works 1,000 hours or more. Credited service is calculated from Date of Participation. For Participants previously in the MOSERS plan, service and credited service is calculated from original date of hire with Central Kansas City Mental Health Center prior to the acquisition on May 1, 1997.

Notwithstanding anything in the Plan to the contrary, for purposes of determining a Cash Balance Conversion Participant's Final Average Pay Benefit and the Accrued Benefit of such Participant for service before January 1, 2009, the Cash Balance Conversion Participant shall accrue no Years of Benefit Service after December 31, 2008.

A Participant's Years of Service for purposes of computing his Normal Retirement Benefit shall not increase after February 29, 2012.

Eligibility for Participation

An Employee will become a Participant in the Plan on the January 1st or July 1st which coincides with or next follows the attainment of age 21 and the completion of 1 Year of Service.

Effective February 29, 2012, Participation is frozen, and no Employee shall become a Participant of the Plan after that date.

Normal Retirement

Each Participant who becomes eligible for a Normal Retirement Benefit under the Plan will be entitled to receive a monthly retirement pension benefit beginning at the Participant's Normal Retirement Date and payable in the Normal Benefit Form.

Normal Retirement Date: A Participant's Normal Retirement Date is the first day of the month coincident with or next following the attainment of age 65.

Normal Retirement Benefit: A Participant's Normal Retirement Benefit is a monthly pension benefit commencing on his Normal Retirement Date payable in the Normal Benefit Form in an amount equal to:

- Grandfathered Participant: His Final Average Pay Benefit.
- Cash Balance Participant: The Actuarial Equivalent of his Cash Balance Benefit.

Cash Balance Conversion Participant: The sum the Actuarial Equivalent of his Cash Balance Benefit and his Final Average Pay Benefit.

A Participant's Final Average Pay Benefit is an amount equal to 0.8% of his Average Monthly Compensation plus 0.55% of his Excess Average Monthly Compensation, each multiplied by his Years of Service not to exceed 30 years.

There is a minimum benefit of $5 times Years of Service at date of termination. The benefit is reduced by the amount of the benefit the member accrued under the Prior Plan at March 31, 1987 and the amount the member accrued under the MOSERS plan.

Effective February 29, 2012, benefit accruals under the Plan shall cease and the Final Average Pay Benefit of Grandfathered Participants shall be frozen.

Normal Benefit Form: Lifetime Pension – a monthly pension benefit payable for the lifetime of the Participant with payments terminating upon the death of the Participant.

Early Retirement

Early Retirement Date: Except as otherwise provided herein with respect to Cash Balance Participants, the first day of the month so elected by the Participant which coincides with or next follows the date upon which the Participant satisfies the following requirements:

- Attainment of age 55; and
- Completion of 15 Years of Vesting Service

A Cash Balance Participant may select as an Early Retirement Date with respect to his Early Retirement Benefit (or, in the case of a Cash Balance Conversion Participant, the portion of his Early Retirement Benefit attributable to service on or after January 1, 2009) the first day of the month which coincides with or next follows the date upon which occurs his termination of employment with the Employer.

Early Retirement Benefit: A Participant's Early Retirement Benefit is a monthly pension benefit equal to:

- Grandfathered Participant: His Accrued Benefit determined as of his Early Retirement Date, reduced by one-fourth of one percent (1/4%) for each of the first 36 months and by one-half of one percent (1/2%) for each of the next 84 months that his Early Retirement Date precedes his Normal Retirement Date.
- Cash Balance Participant: The Actuarial Equivalent of his Cash Balance Benefit.
- Cash Balance Conversion Participant: The sum of the Actuarial Equivalent of his Cash Balance Benefit and his Accrued Benefit determined as of his Early Retirement Date, reduced by one-fourth of one percent (1/4%) for each of the first 36 months and by one-half of one percent (1/2%) for each of the next 84 months that his Early Retirement Date precedes his Normal Retirement Date.

Late Retirement

An active Participant who continues his employment with the Employer beyond his Normal Retirement Date may begin to receive his Late Retirement Pension to which he is entitled as of his Late Retirement Date.

Late Retirement Date: The first day of the month coincident with or next following the date he retires and requests the commencement of his Late Retirement Benefit after he has continued in the employ of the Employer beyond his Normal Retirement Date.

Late Retirement Benefit: A Participant's Late Retirement Benefit is a monthly pension benefit equal to:

- Grandfathered Participant: An amount based on earnings and service to the Late Retirement Date, reduced by the Actuarial Equivalent of any earlier benefit payments.
- Cash Balance Participant: His Cash Balance Benefit, reduced by the Actuarial Equivalent of any earlier benefit payments.
- Cash Balance Conversion Participant: The sum of his Cash Balance Benefit and his Final Average Pay Benefit, reduced by the Actuarial Equivalent of any earlier benefit payments.

Disability Retirement

Disability Retirement Date: A Participant's Disability Retirement Date is the first day of the month coincident with or next following the date of termination of his employment due to disability provided such Participant has been found to be eligible for a Disability Retirement Benefit.

Disability Retirement Benefit: An Active Participant who is a Grandfathered Participant or Cash Balance Conversion Participant will be eligible for a Disability Retirement Benefit after attainment of age 40 and 10 Years of Service. Upon total and permanent disability (based upon disability under Social Security and concurrence by a licensed physician appointed by the Retirement Committee), the Employee receives the Accrued Benefit.

Pre-Retirement Death Benefit

Pre-Retirement Death Benefit Eligibility: Surviving beneficiary of a Participant with a vested Accrued Benefit who dies before commencement of payments.

Pre-Retirement Death Benefit:

- Grandfathered Participant: In the event of the death of a vested Grandfathered Participant prior to the date that he begins to receive a monthly pension benefit under the Plan, the Participant’s Surviving Spouse, if any, will be entitled to receive a monthly pension benefit equal to 50% of the monthly pension benefit which would have been payable had the Participant retired on the day before his death and elected a Joint and 50% Contingent Survivor Pension. This benefit is payable to the spouse commencing on what would have been the Participant’s earliest retirement date.
- Cash Balance Participant: In the event of the death of a Cash Balance Participant prior to his Annuity Starting Date, the Participant’s Surviving Spouse, if any, will be entitled to receive a single lump sum payment or Actuarial Equivalent life annuity of the Participant’s Cash Balance Benefit.
- Cash Balance Conversion Participant: In the event of the death of a Cash Balance Conversion Participant prior to his Annuity Starting Date, the Participant’s Surviving Spouse, if any, will be entitled to receive a monthly pension benefit equal to 50% of the monthly pension benefit which would have been payable had the Participant retired on the day before his death and elected a Joint and 50%

Contingent Survivor Pension (with respect to the Participant's Final Average Pay Benefit) and a single lump sum payment or Actuarial Equivalent life annuity of the Participant's Cash Balance Benefit.

Termination Benefit

Termination Date: The date of termination of service other than for reasons of retirement, disability, or death.

Termination Benefit: The Accrued Benefit multiplied by the Vested Percentage below, payable at the Normal Retirement Date.

Years of Service	Vested Percentage
Less than 3	0%
3 or more	100%

Optional Benefit Forms

Optional Benefit Forms are available and equal to the Actuarial Equivalent of the Normal Benefit Form and may be in an amount more than or less than that provided by the Normal Benefit Form depending on the option selected. Such distribution may be in one or more of the following forms:

- Lifetime Pension – monthly pension benefit payable for the lifetime of the Participant.
- Lifetime Pension, 10 or 15 Years Certain – monthly pension benefit payable for the lifetime of the Participant with payments guaranteed for a minimum number of years.
- Joint & 50%, 66.67%, 75%, or 100% Contingent Survivor Pension – monthly pension benefit payable during the joint lifetime of the Participant and the Joint Annuitant; reduces to elected percentage of the original amount upon the death of the Participant.
- Guaranteed Pension, 10 or 15 Years Certain – monthly pension benefit payable to the Participant or Beneficiary with payments guaranteed for a minimum number of years.
- Cash Balance Immediate Lump Sum Option – an immediate single sum payment equal to the Participant's Cash Balance Benefit.

Cash Balance Benefit

As of any date, a Cash Balance Participant's Cash Balance Benefit is equal to the balance of such Participant's Cash Balance Account on that Date.

A Participant's Cash Balance Account is equal to the sum of the Opening Balance Credit, if any, Annual Pay Credits, and Interest Credits (reduced by the Actuarial Equivalent of any earlier benefit payments).

Opening Balance Credits: Opening Balance Credits shall be awarded as follows:

- If, as of December 31, 2008, a Cash Balance Conversion Participant has not attained age 55 and has accrued at least 10, but less than 15 Years of Vesting Service, such Participant's Cash Balance Account will be credited as of January 1, 2009 with an opening balance equal to 5 percent of 12 times such Participant's Average Monthly Earnings as of December 31, 2008.
- If, as of December 31, 2008, a Cash Balance Conversion Participant (i) has attained age 55 and has accrued at least 10, but less than 15 Years of Vesting Service, or (ii) has not attained age 50 and has accrued 15 Years of Vesting Service, such Participant's Cash Balance Account will be credited as of

January 1, 2009 with an opening balance equal to 10 percent of 12 times such Participant's Average Monthly Compensation as of December 31, 2008.

- If, as of December 31, 2008, a Cash Balance Conversion Participant has attained age 50, but not age 55 and has accrued 15 Years of Vesting Service, such Participant's Cash Balance Account will be credited as of January 1, 2009 with an opening balance equal to 15 percent of 12 times such Participant's Average Monthly Compensation as of December 31, 2008.

Annual Pay Credits: For each Plan Year beginning on or after January 1, 2009, an Annual Pay Credit shall be credited to the Cash Balance Account of each Cash Balance Participant who accrues a Year of Benefit Service during such Plan Year. Such Annual Pay Credit shall be credited to the Participant's Cash Balance Account as of the first day of the immediately following Plan Year. The Annual Pay Credit for a Plan Year shall be equal to the Compensation received for such Plan Year while a Participant multiplied by a percentage determined in accordance with the following schedule:

Years of Benefit Service at End of Plan Year	Annual Pay Credit as % of Plan Year Compensation
Less than 5	2.00%
At least 5 but less than 10	2.75%
At least 10 but less than 15	3.50%
At least 15 but less than 20	4.00%
20 or more	5.00%

Effective February 29, 2012, benefit accruals under the Plan shall cease and the Annual Pay Credit of all Cash Balance Participants and Cash Balance Conversion Participants shall cease.

Interest Credits: For each Plan Year in which the Participant has a balance in his Cash Balance Account on the first day of such Plan Year, an Interest Credit shall be added to his Cash Balance Account as of the first day of the immediately following Plan Year. The Interest Credit Rate shall be 4.75%. For any determination made on the first of a month other than January 1, an Interest Credit is also added to the Cash Balance Account based on the amount of Cash Balance Account as of the prior January 1 multiplied by the number of complete elapsed months from January 1 to the determination date divided by 12 and multiplied by 4.75%.

Changes in Principal Plan Provisions Since Prior Valuation

None

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
Truman Medical Centers Cash Balance Retirement Plan

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Truman Medical Centers

D Employer Identification Number (EIN)
44-0661018

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2025

2 Assets:

a Market value	**2a**	96,480,919
b Actuarial value	**2b**	96,480,919

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	212	32,597,390	32,597,390
b For terminated vested participants	1,083	36,008,414	36,008,414
c For active participants	805	24,857,495	25,321,554
d Total	2,100	93,463,299	93,927,358

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**	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	604,132
c Target normal cost	**6c**	604,132

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

Christian Goodman
Signature of actuary

8-24-26
Date

CHRISTIAN GOODMAN
Type or print name of actuary

26-07277
Most recent enrollment number

MILLIMAN
Firm name

(214)863-5500
Telephone number (including area code)

10000 N. CENTRAL EXPRESSWAY
DALLAS TX 75231-4177
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 [ ]

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	3,467,082
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2,436,080
9	Amount remaining (line 7 minus line 8)	0	1,031,002
10	Interest on line 9 using prior year's actual return of 8.81%	0	90,831
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.09%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1,121,833

Part III Funding Percentages

14	Funding target attainment percentage	14	101.52%
15	Adjusted funding target attainment percentage	15	101.52%
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	93.42%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.07 %	5.31 %	5.50 %	

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	66

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	
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**	604,132
b Excess assets, if applicable, but not greater than line 31a	**31b**	604,132

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

Truman Medical Centers Cash Balance Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at Fair Value		
Money market funds	$ 525,500	$ 11,089
Alternative investments	-	28,153,146
Mutual funds	83,463,461	68,285,783
Total Investments	83,988,961	96,450,018
Receivables		
Due from broker	-	414,411
Accrued interest and dividends	924,943	806,550
	924,943	1,220,961
Total Assets	84,913,904	97,670,979
Net Assets Available for Benefits	$ 84,913,904	$ 97,670,979

Truman Medical Centers Cash Balance Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	2025	2024
Investment Income		
Net appreciation in fair value of investments	$ 7,323,060	$ 7,219,855
Interest and dividends	3,318,783	3,054,381
Net Investment Income	10,641,843	10,274,236
Contributions		
Employer	-	1,217,684
Total Additions	10,641,843	11,491,920
Deductions		
Benefits paid to participants - cash	22,578,953	8,155,536
Benefits paid to participants - annuity purchase	-	53,610,312
Administrative expenses	607,647	358,602
PBGC premiums	212,318	1,034,550
Total Deductions	23,398,918	63,159,000
Net Decrease	(12,757,075)	(51,667,080)
Net Assets Available for Benefits, Beginning of Year	97,670,979	149,338,059
Net Assets Available for Benefits, End of Year	$ 84,913,904	$ 97,670,979

Note 1. Description of the Plan

General

The following description of Truman Medical Centers Cash Balance Retirement Plan (the Plan) provides only general information. Employees should refer to the *Summary Plan Description* or the Plan Document, which is available from the Plan Administrator, for a more complete description of the Plan's provisions.

The Plan is a noncontributory defined benefit plan that covers substantially all employees of Truman Medical Center, Inc. d/b/a University Health (the Medical Center), employed on or before February 29, 2012, and provides for retirement, death, and disability benefits. The Plan was amended and restated on January 1, 2009 to a cash balance pension plan and succeeds the Truman Medical Center Reinstated Revised Retirement Plan (the Prior Plan). Effective March 1, 2012, the Plan was amended and restated to freeze benefits for all participants as of February 29, 2012. No accrual for future services will be credited to the participants. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Commerce Trust Company and BOK Financial serve as the Plan's custodians for the years ended December 31, 2025 and 2024. The Medical Center has a trust agreement with Commerce Trust Company. Under the trust agreement, Commerce Trust Company serves as the trustee and, in that capacity, maintains and invests all assets of the Plan.

Contributions

The Medical Center has agreed to voluntarily contribute such additional amounts that are necessary to provide assets sufficient to meet the benefits to be paid to plan members. The Medical Center's present intention is to make contributions in amounts sufficient to annually fund the Plan's normal cost and the initial unfunded actuarial liability over a period not greater than 30 years.

Plan participants who had attained age 55 with 15 years of vested service on January 1, 2009 were grandfathered under the Prior Plan and will continue to earn benefits under that pension plan formula. Certain long-service participants who did not meet the grandfathering thresholds received a one-time transition credit contribution on January 1, 2009. The accrued benefit under the Prior Plan for non-grandfathered participants on January 1, 2009 was frozen, and those plan participants as well as future plan participants will earn benefits under the cash balance plan formula. Annual contributions to an employee cash balance account are based on annual earnings and years of benefit service as follows:

Service	Contribution
0 to 4 years	2% of pay
5 to 9 years	2.75% of pay
10 to 14 years	3.5% of pay
15 to 19 years	4% of pay
20 or more years	5% of pay

Additionally, the Medical Center will credit interest to participant accounts at a fixed rate of 4.75%. The Plan has met the minimum funding requirements established by the federal government.

Pension Benefits

The normal form of pension benefits available to eligible employees at normal retirement age is a monthly retirement payment to which each participant's cash account can be converted, based upon specified conversion factors. Accrued benefits under the Prior Plan are based on employees' five highest consecutive compensation years. Normal retirement age for plan benefits is 65. The Plan permits early or late retirement subject to certain provisions. Participants may elect to receive reduced accrued benefits under the Prior Plan upon early retirement at age 55,

provided that they have at least 15 years of service with the Medical Center. Employees may elect to receive a lump-sum distribution of their cash account upon retirement or termination, a qualified annuity payable monthly over the participant's lifetime, a qualified joint and survivor annuity payable monthly over the participant's lifetime and continuing thereafter to the surviving spouse or designated beneficiary at a reduced amount, or monthly benefits payable over a specific period of time.

In April 2024, the Medical Center authorized an annuity purchase with an unrelated third-party and transferred funds for individuals in pay status to be paid by the third-party for all future payments. Benefit obligations transferred as part of the annuity purchase were $53,610,312.

In September 2025, the Medical Center approved an option for active participants to elect a one-time lump sum payment of their account to be paid out by December 31, 2025. Employees also had an option to begin a monthly annuity with payments beginning December 1, 2025.

Death Benefits

The Plan provides death benefits if the participant was vested in a portion of the accrued benefit. The benefit is an amount equal to the lifetime monthly benefit that can be provided by the actuarial equivalent of the amount credited to the member's cash account and the accrued benefit under the Prior Plan as of the date the death benefit commences.

Vesting

Participants are fully vested upon the completion of three years of service. Prior to the completion of three years of service, a participant's vested percentage is zero.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Valuation of Investments and Income Recognition

Marketable securities consisting of money markets and mutual funds are stated at fair value. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the plan year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices.

The fair values of the participation units owned by the Plan in the various alternative investment funds were based on their net asset values (NAV).

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

Payment of Benefits

Benefit payments to participants are reported upon distribution.

Administrative Expenses

Administrative expenses may be paid by the Medical Center or the Plan, at the Medical Center's discretion.

Accumulated Plan Benefits

Accumulated plan benefits (see Note 4) are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service that employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

(A) Retired or terminated employees or their beneficiaries

(B) Present employees or their beneficiaries

Benefits under the Plan are based on employees' compensation for each year of employment. The accumulated plan benefits for active employees under the Prior Plan are based on their average compensation during the five years preceding the valuation date. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

Note 3. Plan Termination

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

(A) To those participants who have been receiving benefit payments for at least three years before the Retirement Plan termination date, including those participants who could have been receiving payments for at least three years but chose to defer their retirement past Early or Normal Retirement Date.

(B) To cover all other benefits payable under the Retirement Plan which are insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations discussed below.

(C) To all other non-PBGC guaranteed benefits which were nonforfeitable immediately prior to the Retirement Plan termination.

(D) To all other benefits under the Retirement Plan.

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. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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

Note 4. Accumulated Plan Benefits

An actuary from Milliman, Inc. determined the actuarial present value of accumulated plan benefits for 2025, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefit information as of the beginning of the plan year is as follows:

	January 1, 2025
Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	$ 28,688,546
Other terminated participants	28,811,246
Active participants	19,474,985
Total vested benefits	76,974,777
Nonvested benefits	329,951
Total actuarial present value of accumulated plan benefits	$ 77,304,728

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

	January 1, 2025
Actuarial present value of accumulated plan benefits, beginning of year	$ 127,513,075
Increase for interest due to the decrease in discount period	7,276,252
Benefits paid	(61,765,848)
Actuarial gain	4,281,249
Net decrease	(50,208,347)
Actuarial present value of accumulated plan benefits, end of year	$ 77,304,728

Significant assumptions underlying the actuarial computations are:

Interest Rate	7.50% per Annum, compounded annually
Mortality Rates	Males MP 2021 system table Females MP 2021 system table
Turnover	Based on a select rate of termination for the first year of service and ultimate termination rates from Table T-7 of the Actuary's Pension Handbook
Disability Rates	37.5% of the United Auto Workers Rate

Retirement Rates

Age	Rate of Retirement
55-61	1.5%
62	7.5
63-64	1.5
65-69	20.0
70	100.0

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025.

Note 5. Related Party and Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

Certain plan investments are shares of mutual funds managed by affiliates of SEI Investments, which was the investment advisor for the Plan during the years ended December 31, 2025 and 2024.

The Plan has a number of service providers. Such providers are parties in interest under ERISA. Administrative fees paid by the Plan to the service providers totaled $607,647 for 2025 and $358,602 for 2024. PBGC premiums totaled $212,318 for 2025 and $1,034,550 for 2024. The Medical Center provides certain administrative services at no cost to the Plan.

Note 6. Plan Tax Status

The Plan obtained its latest determination letter on April 2, 2014, in which the Internal Revenue Service stated that the Plan and related trust, as then designed, were in compliance with the applicable requirements of Section 401(a) of the Internal Revenue Code and, therefore, not subject to tax. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Note 7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Market risks include global events which could impact the value of the investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements 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 estimation and assumption 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 8. Disclosures About Fair Value of Plan Assets

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. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

Level 1 Quoted prices in active markets for identical assets or liabilities

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities

Level 3 Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities

Recurring Measurements

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2025 and 2024:

		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2025				
Money market funds	$ 525,500	$ 525,500	$ -	$ -
Mutual funds	83,463,461	83,463,461	-	-
Investments at fair value	$ 83,988,961	$ 83,988,961	$ -	$ -
December 31, 2024				
Money market funds	$ 11,089	$ 11,089	$ -	$ -
Mutual funds	68,285,783	68,285,783	-	-
Total assets in fair value hierarchy	68,296,872	68,296,872	-	-
Investments measured at net asset value (A)	28,153,146	-	-	-
Investments at fair value	$ 96,450,018	$ 68,296,872	$ -	$ -

(A) In accordance with Subtopic 820-10, certain investments that were measured at net asset value 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.

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2025 and 2024. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. The Plan had no securities classified within Level 2 or Level 3 of the hierarchy.

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2024.

2024	Fair Value	Unfunded Commitments	Restrictions on Redemption	Redemption Notice Period
Structured credit collective fund	$ 8,899,240	$ -	2 year lock-up	65 days
Core property collective fund	8,844,724	-	No lock-up	95 days
Special situations collective fund	10,409,182	-	2 year lock-up*	95 days
Total	$ 28,153,146	$ -		

* Subject to 2 year lock-up based on initial subscriptions in the investment.

As of December 31, 2024, the alternative investments consisted of three alternative funds. The structured credit collective fund is a fixed income fund with an objective of generating high total returns using a strategy of investing in domestic credit markets, primarily through collateralized debt obligations and other structured credit instruments. The investment strategy of the core property collective fund is to invest in income producing real estate properties utilizing a low level of leverage. The special situations collective fund is a multi-strategy hedge fund-of-funds with the objective of achieving high returns balances against an appropriate level of volatility and market exposure over a full market cycle.

Note 9. Subsequent Events

Subsequent events have been evaluated through September 18, 2026, which is the date the financial statements were available to be issued.

On August 5, 2026, the Board of Directors approved the termination of the Plan, effective August 31, 2026. Upon termination, participants became fully vested in their account balances. Participants were offered a one time election to receive their benefits in either a lump sum or annuity form during the period from August 2026 through October 2026.

Truman Medical Centers Cash Balance Retirement Plan
EIN 44-0661018 PN 002
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025

Identity of Issuer	Shares	Cost	Current Value
Money Market			
Class	71,830	$ 71,830	$ 71,830
Cavanal Hill Government Securities	453,670	453,670	453,670
Total money market funds		525,500	525,500
***Mutual Funds**			
SEI Emerging Markets Equity Fund	250,875	2,392,626	2,488,681
SEI Extended Market Index Fund	238,228	3,524,464	4,259,519
SEI Institutional Investment Trust S&P 500 Index Fund	412,776	7,333,912	8,618,765
SEI Institutional Investment Trust Large Cap Disciplined Equity Fund A	468,008	4,945,001	5,017,047
SEI Institutional Investment Trust World Equity Ex US Fund	729,856	8,107,479	10,123,103
SEI Institutional Investment Trust High Yield Bond Fund	495,226	3,550,271	3,491,342
SEI Institutional Investment Trust Core Fixed Income Fund	4,853,165	43,267,479	43,532,892
SEI Institutional Investment Trust Emerging Markets Debt Fund	365,262	3,099,943	3,378,675
SEI Institutional Investment Trust Dynamic Asset Allocation Fund	133,548	2,447,952	2,553,437
Total mutual funds		78,669,127	83,463,461
Total investments		$ 79,194,627	$ 83,988,961

* Party in interest

Truman Medical Centers Cash Balance Retirement Plan
EIN 44-0661018 PN 002
Schedule H, Line 4j – Schedule of Reportable Transactions
For the Year Ended December 31, 2025

Description of Asset	Transactions	Purchase Price	Selling Price	Cost of Assets	Current Value at Transaction Date	Net Gain (Loss)
Single Transactions						
*SEI Institutional Investment Trust Core Fixed Income Fund A	1 Purchase	$ 8,308,442	$ -	$ 8,308,442	$ 8,308,442	$ -
*SEI Institutional Investment Trust Core Fixed Income Fund A	1 Sale		8,743,389	8,772,405	8,743,389	(29,016)
*SEI Structured Credit Collective Fd	1 Sale		8,009,304	3,599,998	8,009,304	4,409,306
*Special Situations Collective Fund Limited Partnership	1 Sale		9,368,259	5,100,369	9,368,259	4,267,890
Series of Transactions						
*SEI Institutional Investment Trust Core Fixed Income Fund A	19 Purchases	19,498,579	-	19,498,579	19,498,579	-
	9 Sales	-	9,950,085	10,003,004	9,950,085	(52,919)
*SEI Institutional Investment World Equity Ex US Fund A	6 Purchases	3,996,743	-	3,996,743	3,996,743	-
	18 Sales	-	5,181,387	3,984,749	5,181,387	1,196,638
*SEI Institutional Trust S&P 500 Index Fund A	11 Purchases	3,786,588		3,786,588	3,786,588	-
	15 Sales		3,131,467	3,034,959	3,131,467	96,508
*SEI Institutional Trust Dynamic Asset Allocation Fund A	8 Purchases	1,876,556		1,876,556	1,876,556	-
	16 Sales		3,909,450	3,060,725	3,909,450	848,725
Financial Square TR Government	31 Purchases	28,476,782	-	28,476,782	28,476,782	-
	35 Sales	-	28,416,040	28,416,040	28,416,040	-
*SEI Structured Credit Collective Fd	1 Sale		8,009,304	3,599,998	8,009,304	4,409,306

* Party in interest