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
UNIVERSITY OF VIRGINIA PHYSICIANS GROUP CLINICIANS SUPPLEMENTAL RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 009

1c Effective date of plan 01/01/2002

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)
UNIVERSITY OF VIRGINIA PHYSICIANS GROUP

100 AVON ST
CHARLOTTESVILLE, VA 22902

2b Employer Identification Number (EIN)
54-1124769

2c Plan Sponsor's telephone number
434-760-0731

2d Business code (see instructions)
621112

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.	10/12/2026	CHRISTINE RUDGE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [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**	756
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)**	447
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	409
b	Retired or separated participants receiving benefits	**6b**	203
c	Other retired or separated participants entitled to future benefits	**6c**	64
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	676
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	16
f	Total. Add lines **6d** and **6e**.	**6f**	692
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 1D

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 0
- **(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
UNIVERSITY OF VIRGINIA PHYSICIANS GROUP CLINICIANS SUPPLEMENTAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 009

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
UNIVERSITY OF VIRGINIA PHYSICIANS GROUP

D Employer Identification Number (EIN)
54-1124769

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**	223173302
b Actuarial value	**2b**	221820212

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	189	75951686	75951686
b For terminated vested participants	121	9242336	9242336
c For active participants	447	93954128	97436631
d Total	757	179148150	182630653

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**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	11781242
b Expected plan-related expenses	**6b**	652000
c Target normal cost	**6c**	12433242

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

08/14/2026
Date

RACHEL PANOS
Type or print name of actuary

26-07687
Most recent enrollment number

AON CONSULTING, INC.
Firm name

202-223-0673
Telephone number (including area code)

2001 K STREET, NW
SUITE 625 NORTH
WASHINGTON, DC 20006
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)	21880054	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	21880054	0
10	Interest on line 9 using prior year's actual return of 2.99 %	654214	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		8380389
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 5.21 %		436618
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		8817007
d	Portion of (c) to be added to prefunding balance		
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)	22534268	0

Part III Funding Percentages

14	Funding target attainment percentage	14	109.11 %
15	Adjusted funding target attainment percentage	15	121.45 %
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	135.80 %
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
01/13/2025	2064025	0			
04/14/2025	2064025	0			
07/15/2025	1925125	0			
10/10/2025	1925125	0			
			Totals ► 18(b)	7978300	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	7815791

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
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**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	12433242
b Excess assets, if applicable, but not greater than line 31a	**31b**	12433242

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	0	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**	7815791
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	7815791
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE 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
UNIVERSITY OF VIRGINIA PHYSICIANS GROUP CLINICIANS SUPPLEMENTAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 009

C Plan sponsor's name as shown on line 2a of Form 5500
UNIVERSITY OF VIRGINIA PHYSICIANS GROUP

D Employer Identification Number (EIN)
54-1124769

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

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

AON HEWITT ASSOCIATES LLC

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	535366	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	77930	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VANGUARD ADVISORS INC.

23-2811930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE	37977	Yes [ ] No [X]	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)

MCGUIREWOODS LLP

800 E CANAL STREET
RICHMOND, VA 23219

(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?
16 29	NONE	19961	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRINCIPAL CUSTODY SOLUTIONS

51-0099493

(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?
19 21 50 51 52	NONE	19321	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BDO USA, P.C.

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	6268	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

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
UNIVERSITY OF VIRGINIA PHYSICIANS GROUP CLINICIANS SUPPLEMENTAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 009

C Plan sponsor's name as shown on line 2a of Form 5500
UNIVERSITY OF VIRGINIA PHYSICIANS GROUP

D Employer Identification Number (EIN)
54-1124769

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	973165	807080
(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)	222200137	249282913
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(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	223173302	250089993
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	77536	70176
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	77536	70176
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	223095766	250019817

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)	7978300	
(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)		7978300
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	25868	
(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)		25868
(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)	8866642	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		8866642
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	18855081	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	17142663	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1712418
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	16927612	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		16927612

		(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)		34922
c Other income	2c		814
d Total income. Add all **income** amounts in column (b) and enter total	2d		35546576
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7845566	
(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)		7845566
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	6268	
(5) Investment advisory and investment management fees	2i(5)	115907	
(6) Bank or trust company trustee/custodial fees	2i(6)	19321	
(7) Actuarial fees	2i(7)	535366	
(8) Legal fees	2i(8)	19961	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	80136	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		776959
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8622525
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		26924051
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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BDO USA, P.C. **(2)** EIN: 13-5381590

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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 586626.

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
UNIVERSITY OF VIRGINIA PHYSICIANS GROUP CLINICIANS SUPPLEMENTAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 009

C Plan sponsor's name as shown on line 2a of Form 5500
UNIVERSITY OF VIRGINIA PHYSICIANS GROUP

D Employer Identification Number (EIN)
54-1124769

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

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

EIN(s): 65-1169068 51-0099493

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 | 62

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

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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_____.

University of Virginia Physicians Group Clinicians Supplemental Retirement Plan

Financial Statements
and ERISA-Required Supplemental Schedules
Years Ended December 31, 2025 and 2024

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.

University of Virginia Physicians Group
Clinicians Supplemental Retirement Plan

Financial Statements and ERISA-Required Supplemental Schedules

Years Ended December 31, 2025 and 2024

University of Virginia Physicians Group
Clinicians Supplemental Retirement Plan
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ERISA-Required Supplemental Schedules

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025 18

Schedule H, Line 4j - Schedule of Reportable Transactions for the Year Ended December 31, 2025 19-21

Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

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8401 Greensboro Drive
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McLean, VA 22102

Independent Auditor's Report

Plan Administrator
University of Virginia Physicians Group
Clinicians Supplemental Retirement Plan
Charlottesville, Virginia

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

We have performed audits of the financial statements of University of Virginia Physicians Group Clinicians Supplemental Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements 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.

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

Management has obtained certifications from qualified institutions as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

BDO USA, P.C., a Virginia professional corporation, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.



Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter — Supplemental Schedules Required by ERISA

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

statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

BDO USA, P.C.

October 7, 2026

Financial Statements

University of Virginia Physicians Group
Clinicians Supplemental Retirement Plan

Statements of Net Assets Available for Benefits

December 31,	**2025**	2024
Assets		
Investments, at fair value	**$ 250,089,993**	$ 223,173,302
Total Assets	**250,089,993**	223,173,302
Liabilities		
Accrued administrative expenses	**70,176**	77,536
Total Liabilities	**70,176**	77,536
Net Assets Available for Benefits	**$ 250,019,817**	$ 223,095,766

See accompanying notes to financial statements.

University of Virginia Physicians Group
Clinicians Supplemental Retirement Plan

Statements of Changes in Net Assets Available for Benefits

Year ended December 31,	**2025**	2024
Additions		
Investment income:		
Net appreciation (depreciation) in fair value of investments	**$ 18,675,766**	$ (665,343)
Dividends and interest	**8,892,510**	7,343,023
Total Investment Income	**27,568,276**	6,677,680
Employer contributions	**7,978,300**	8,570,800
Total Additions	**35,546,576**	15,248,480
Deductions		
Benefits paid to participants	**7,845,566**	5,843,910
Administrative expenses	**776,959**	855,284
Total Deductions	**8,622,525**	6,699,194
Net Increase	**26,924,051**	8,549,286
Net Assets Available for Benefits, beginning of year	**223,095,766**	214,546,480
Net Assets Available for Benefits, end of year	**$ 250,019,817**	$ 223,095,766

See accompanying notes to financial statements.

1. Description of the Plan

The following description of the University of Virginia Physicians Group Clinicians Supplemental Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the comprehensive plan document for a more complete description of the Plan's provisions.

Plan Background

During its December 2002 meeting, the University of Virginia Physicians Group (UPG) Board of Directors approved the establishment of the Plan, retroactively effective as of January 1, 2002.

General

The Plan is a noncontributory defined benefit plan covering substantially all clinicians employed on or after August 1, 1985, and who are not participants in the UPG Clinicians Retirement Income Plan, and the executive director of UPG. The Plan was closed, effective as of December 15, 2017, to all employees who were not eligible to participate in and accruing a benefit under the Plan as of such date. In addition, all participants who are re-employed on or after December 15, 2017, shall not requalify for participation in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). UPG, as plan sponsor, has appointed certain employees of UPG as Plan Administrator.

Effective November 1, 2024, the Plan changed its trustee and recordkeeper to Principal Trust Company (Principal Custody Solutions or Principal) from Vanguard Fiduciary Trust Company (Vanguard). The trustees and recordkeepers of the Plan are Principal for the year ended December 31, 2025. The trustees and recordkeepers of the Plan are Principal and Vanguard for the year ended December 31, 2024. Aon serves as the actuary for the Plan.

Funding Policy

UPG contributes such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to participants. UPG contributes amounts annually, if necessary, upon the advice of the actuary for the Plan. Contributions are made in amounts sufficient to meet the funding requirements of ERISA. As of December 31, 2025 and 2024, there were no contributions due to the Plan from UPG under any legal, contractual or formal commitments. The Plan has met the ERISA minimum funding requirements for 2025 and 2024. UPG elected to make contributions to the Plan of $7,978,300 and $8,570,800 for the years ended December 31, 2025 and 2024, respectively. There were no changes to the funding policy in 2025 or 2024.

Benefit Payments

Participants are eligible to receive a normal retirement benefit at age 65 or older. The retirement benefit is generally calculated based on a formula that considers final average earnings and certain years of service with UPG, and then subtracts certain offset amounts (the annuity value of the after-tax contributions made by UPG to the participant's Benefit Enhancement Strategy Plan (BEST Plan) account and the annuity value of the contributions made by UPG to the participant's Section 401(a) Plan account), as defined in the Plan.

Death and Disability Benefits

If a participant who has a vested interest in their accrued benefit dies with a surviving spouse before their annuity starting date, their surviving spouse shall receive a Qualified Pre-Retirement Survivor Annuity. The Qualified Pre-Retirement Survivor Annuity shall be equal to the survivor annuity that the Spouse would have received under the Qualified Joint and Survivor Annuity. Active employees who become totally disabled receive annual disability benefits that are equal to the equivalent normal retirement benefit they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age, at which time disabled participants will receive the normal retirement benefit computed as though they had been employed to normal retirement age, with their annual compensation remaining the same as at the time they became disabled.

Eligibility and Vesting

The Plan is frozen to new participants. Participants become fully vested after five years of credited service or upon disability or retirement, as defined in the Plan agreement.

2. Summary of Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is defined as 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 (an exit price). See Note 5 for further information related to fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Plan's expenses are paid by the Plan, as provided by the Plan document. Certain expenses incurred in connection with the general administration of the Plan, including fiduciary fees, advisory fees, and recordkeeping fees, that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits.

3. Actuarial Present Value of Accumulated Plan Benefits

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

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

The significant actuarial assumptions used in the valuation as of January 1, 2025 and 2024 are as follows:

Interest rate	6.75%
Mortality rates – healthy and disabled	Pri-2012 Mortality Table with White Collar Adjustment generationally projected from the 2012 base tables using Scale MP-2021. Contingent survivor rates are reflected for surviving spouses.
Lump-sum conversion interest rate	2025 - December 2024 Section 417(e) segment rates of 4.65%, 5.28%, and 5.63% 2024 – December 2023 Section 417(e)rates of 5.01%, 5.13%, and 5.15%
Lump-sum conversion mortality	2025 - IRC Section 417(e) 2025 Mortality Table 2024 – IRC Section 417(e) 2024 Mortality Table
Value of accrued benefits for plan reporting purposes	Beginning-of-year values are determined in accordance with the recommended procedures of the American Academy of Actuaries as described in Illustrations 1 and 2 of the October 1993 edition of Actuarial Standard of Practice (ASOP) No. 4, using the standard unit credit cost method.

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 and 2024. Had the valuations been performed as of December 31, there would be no material differences.

A summary of the actuarial present value of accumulated plan benefits is shown below:

January 1,	**2025**	2024
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits:		
Participants currently receiving payments	**$ 69,656,405**	$ 49,725,456
Other participants	**88,122,365**	92,861,839
Total Vested Benefit	**157,778,770**	142,587,295
Non-Vested Benefits	**2,625,042**	2,517,982
Total Actuarial Present Value of Accumulated Plan Benefits	**$ 160,403,812**	$ 145,105,277

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

Year ended December 31, 2025	
Actuarial Present Value of Accumulated Plan Benefits, beginning of year	$ 145,105,277
Increase (decrease) during the year attributable to:	
Change in actuarial assumptions	**(249,197)**
Benefits accumulated	**11,791,049**
Interest accumulation	**9,600,595**
Benefits paid	**(5,843,912)**
Net Increase	**15,298,535**
Actuarial Present Value of Accumulated Plan Benefits, end of year	**$ 160,403,812**

Year ended December 31, 2024	
Actuarial Present Value of Accumulated Plan Benefits, beginning of year	$ 134,758,150
Increase (decrease) during the year attributable to:	
Change in actuarial assumptions	(916,051)
Benefits accumulated	8,920,690
Increase for interest	7,628,387
Benefits paid	(5,285,899)
Net Increase	10,347,127
Actuarial Present Value of Accumulated Plan Benefits, end of year	$ 145,105,277

The change in actuarial assumptions include a change in the mortality assumptions for lump-sum payments from the 2024 plan year 417(e)(3) mortality table to the 2025 plan year 417(e)(3) mortality table; a change in the interest rate assumption for lump-sum payments from the December 2023 Section 417(e) segment rates to the December 2024 Section 417(e); and the interest rate used to

convert Pre-2010 Section 401(a) and BEST Accounts to annuities which was updated from 4.25% to 4.75% to better reflect anticipated Plan experience.

4. Certified Investment Information

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedules, related to investments held at December 31, 2025 and 2024, and net appreciation (depreciation) in fair value of investments and interest and dividends for the years ended December 31, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Principal and Vanguard, qualified institutions.

5. Fair Value Measurements

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

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Investments primarily consist of money market funds, domestic equity mutual funds, international equity mutual funds, and fixed income mutual funds. UPG determines the estimated fair value for these securities using quoted (unadjusted) prices for identical assets in active markets.

All of the Plan's investments as described above are considered to be Level 1 within the fair value hierarchy.

6. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated October 30, 2015, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore believes the Plan, as amended, is qualified and the related trust is tax-exempt.

GAAP requires Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan has recognized no interest or penalties related to uncertain tax positions

7. Party-in-Interest and Related Party Transactions

Certain of the Plan's assets are invested in funds managed by the Trustees of the Plan. The Plan assets are evaluated by the actuary, which is considered a party-in-interest as a provider of actuarial services to the Plan in order to determine the minimum funding value for the Plan. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transactions rules under ERISA.

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that those changes could materially affect the amounts reported in the financial statements.

As of December 31, 2025 and 2024, there were four investments held that individually accounted for more than 10% of total investments. See the supplemental Schedule of Assets (Held at End of Year) for a complete listing of investments held at December 31, 2025.

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

9. Plan Termination

Although it has not expressed an intention to do so, UPG reserves the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination, the net assets of the Plan will be allocated for payment to the participants

in an order of priority as prescribed by ERISA and its related regulations and the Plan agreement as more fully described in the Summary Plan Description.

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 plan benefits and may also depend on the financial condition of UPG and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) as well as the priority of those benefits. Some benefits may be fully or partially provided for by the then-existing net assets of the Plan and the PBGC guarantee, while other benefits may not be provided for at all.

Insurance coverage by the PBGC guarantees each participant's vested benefits (exclusive of benefits which would become vested upon Plan termination) up to approximately $6,030 per month for plan terminations.

10. Subsequent Events

The Plan has evaluated subsequent events through October 7, 2026 the date the financial statements were available to be issued.

ERISA-Required Supplemental Schedules

University of Virginia Physicians Group
Clinicians Supplemental Retirement Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

EIN: 54-1124769 **Plan Number: 009**

December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Money Market Fund			
	Allspring	Treasury Plus Money Market Fund	$ 805,000	$ 807,080
	Mutual Funds			
*	Vanguard	Long-Term Investment-Grade Fund Admiral Shares	104,616,796	88,380,019
*	Vanguard	Total Stock Market Index Fund Institutional Shares	29,172,510	64,615,964
*	Vanguard	Extended Duration Treasury Index Fund Institutional Shares	84,218,321	51,801,869
*	Vanguard	Total International Stock Index Fund Institutional Shares	31,610,490	44,485,061
	Total		$ 250,423,117	$ 250,089,993

* Party-in-interest, as defined by ERISA.

University of Virginia Physicians Group
Clinicians Supplemental Retirement Plan

Schedule H, Line 4j—Schedule of Reportable Transactions

EIN: 54-1124769 **Plan Number: 009**

Year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (iii) - a Series of Transactions						
* **	ALLSPRING TREAS PLUS MM FD-INST	$ 3,943	$ -	$ 3,943	$ 3,943	$ -
* **	ALLSPRING TREAS PLUS MM FD-INST	2,064,025	-	2,064,025	2,064,025	-
* **	ALLSPRING TREAS PLUS MM FD-INST	494,919	-	494,919	494,919	-
* **	ALLSPRING TREAS PLUS MM FD-INST	4,411	-	4,411	4,411	-
* **	ALLSPRING TREAS PLUS MM FD-INST	559,728	-	559,728	559,728	-
* **	ALLSPRING TREAS PLUS MM FD-INST	2,064,025	-	2,064,025	2,064,025	-
* **	ALLSPRING TREAS PLUS MM FD-INST	147,877	-	147,877	147,877	-
* **	ALLSPRING TREAS PLUS MM FD-INST	529,546	-	529,546	529,546	-
* **	ALLSPRING TREAS PLUS MM FD-INST	693,271	-	693,271	693,271	-
* **	ALLSPRING TREAS PLUS MM FD-INST	1,925,125	-	1,925,125	1,925,125	-
* **	ALLSPRING TREAS PLUS MM FD-INST	627,012	-	627,012	627,012	-
* **	ALLSPRING TREAS PLUS MM FD-INST	695,734	-	695,734	695,734	-
* **	ALLSPRING TREAS PLUS MM FD-INST	6,631	-	6,631	6,631	-
* **	ALLSPRING TREAS PLUS MM FD-INST	1,631	-	1,631	1,631	-
* **	ALLSPRING TREAS PLUS MM FD-INST	1,925,125	-	1,925,125	1,925,125	-
* **	ALLSPRING TREAS PLUS MM FD-INST	559,097	-	559,097	559,097	-
* **	ALLSPRING TREAS PLUS MM FD-INST	700,000	-	700,000	700,000	-
* **	ALLSPRING TREAS PLUS MM FD-INST	152,462	-	152,462	152,462	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	620,632	620,632	620,632	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	3,943	3,943	3,943	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	962	962	962	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	3,141	3,141	3,141	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	48,610	48,610	48,610	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	3,559	3,559	3,559	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	2,358,971	2,358,971	2,358,971	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	4,411	4,411	4,411	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	842	842	842	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	13,506	13,506	13,506	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	1,061	1,061	1,061	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	138,854	138,854	138,854	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	200,385	200,385	200,385	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	3,408	3,408	3,408	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	13,506	13,506	13,506	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	18,550	18,550	18,550	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	7,179	7,179	7,179	-

University of Virginia Physicians Group
Clinicians Supplemental Retirement Plan

Schedule H, Line 4j—Schedule of Reportable Transactions

EIN: 54-1124769 **Plan Number: 009**

Year ended December 31, 2025

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category (iii) - a Series of Transactions (continued)						
* **	ALLSPRING TREAS PLUS MM FD-INST	$ -	$ 569,937	$ 569,937	$ 569,937	$ -
* **	ALLSPRING TREAS PLUS MM FD-INST	-	6,098	6,098	6,098	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	8,718	8,718	8,718	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	40,248	40,248	40,248	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	1,096,381	1,096,381	1,096,381	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	725,499	725,499	725,499	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	13,506	13,506	13,506	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	45,791	45,791	45,791	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	2,725	2,725	2,725	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	37,977	37,977	37,977	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	4,048	4,048	4,048	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	147,877	147,877	147,877	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	16,867	16,867	16,867	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	842	842	842	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	70,774	70,774	70,774	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	581,004	581,004	581,004	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	20,698	20,698	20,698	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	3,086	3,086	3,086	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	665,033	665,033	665,033	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	8,589	8,589	8,589	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	2,500	2,500	2,500	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	5,592	5,592	5,592	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	21,181	21,181	21,181	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	13,506	13,506	13,506	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	1,540	1,540	1,540	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	6,001	6,001	6,001	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	1,201,185	1,201,185	1,201,185	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	621,727	621,727	621,727	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	5,285	5,285	5,285	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	1,608	1,608	1,608	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	52,689	52,689	52,689	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	616,152	616,152	616,152	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	29,550	29,550	29,550	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	13,890	13,890	13,890	-

University of Virginia Physicians Group
Clinicians Supplemental Retirement Plan

Schedule H, Line 4j—Schedule of Reportable Transactions

EIN: 54-1124769 **Plan Number: 009**

Year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (iii) - a Series of Transactions (continued)						
* **	ALLSPRING TREAS PLUS MM FD-INST	$ -	$ 21,900	$ 21,900	$ 21,900	$ -
* **	ALLSPRING TREAS PLUS MM FD-INST	-	23,152	23,152	23,152	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	631,311	631,311	631,311	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	6,631	6,631	6,631	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	1,631	1,631	1,631	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	7,118	7,118	7,118	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	6,408	6,408	6,408	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	3,079	3,079	3,079	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	16,041	16,041	16,041	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	40,189	40,189	40,189	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	919,080	919,080	919,080	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	38,417	38,417	38,417	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	759,370	759,370	759,370	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	700,000	700,000	700,000	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	17,034	17,034	17,034	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	6,373	6,373	6,373	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	9,917	9,917	9,917	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	14,139	14,139	14,139	-
Total Category (iii)		$13,154,562	$13,321,414	$26,475,976	$26,475,976	$ -

* Party-in-interest, as defined by ERISA.
** Transactions made on the market by Principal.

Schedule SB Attachment (Form 5500) —2025 Plan Year
UPG Clinicians Supplemental Retirement Plan
EIN: 54-1124769 PN: 009

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39			5	1						
40-44			36 $271,997	46 $287,522	1					
45-49			9	69 $299,361	21 $297,833					
50-54			6	18	23 $302,126	9				
55-59			7	9	21 $281,733	26 $298,622	7			
60-64			2	12	10	19	27 $304,523	9		
65-69			3	4	3	6	8	9	2	
70+			1	4	3	2	2	3	4	

N-447

Schedule SB Attachment (Form 5500) —2025 Plan Year
UPG Clinicians Supplemental Retirement Plan
EIN: 54-1124769 PN: 009

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2025), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor and reflecting ARPA provisions.
1st Segment Rate	5.00 percent
2nd Segment Rate	5.27 percent
3rd Segment Rate	5.50 percent
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2025), without regard to interest rate stabilization
1st Segment Rate	5.00 percent
2nd Segment Rate	5.27 percent
3rd Segment Rate	5.40 percent
Salary Increases	See Table 1.
Social Security Wage Base Increases	Future wage indices are based on national wage increase of 2.75 percent per year.
Social Security COLA Increases	2.25 percent
Optional Payment Form Election Percentage	
Active Participants – *Retirement Eligible at Termination*	20 percent Single Life Annuity 40 percent Joint and 50 percent Survivor Annuity 40 percent Joint and 100 percent Survivor Annuity
Active Participants – *Not Retirement Eligible at Termination*	35 percent Immediate Lump Sum 65 percent Deferred Single Life Annuity
Terminated Vested Participants	100 percent Deferred Single Life Annuity
Lump Sum Conversion Interest Rate	Same as funding interest rates above for lump sums
Lump Sum Conversion Mortality	Current IRC section 417(e) table for lump sums

Annuity Conversion Basis—Pre-2010 Section 401(a) and BEST Accounts	Converted to single life annuities using 4.75 percent interest and the mortality table prescribed by the IRS under Revenue Ruling 2001-62.
Annuity Conversion Basis—Ongoing Section 401(a) and BEST Accounts	Converted to single life annuities using 5.50 percent interest and the current 417(e) mortality table for lump sums.
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii).
Withdrawal Rates	See Table 3
Disability Rates	See Table 4
Decrement Timing	Middle of year decrements with 100 percent retirement occurring at the beginning of the year.
Surviving Spouse Benefit	
Males	It is assumed that 80 percent of males have an eligible spouse with females four years younger than males.
Females	It is assumed that 50 percent of females have an eligible spouse with females three years younger than males.
Valuation Compensation	Negotiated Base Pay as of January 1, 2025.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC Section 415 maximum benefit of $280,000 and the IRC Section 401(a) (17) compensation limit of $350,000.

Schedule SB Attachment (Form 5500) —2025 Plan Year
UPG Clinicians Supplemental Retirement Plan
EIN: 54-1124769 PN: 009

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90 percent nor more than 110 percent of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	6.75 percent, limited to 5.74 percent
2024 Plan Year	6.75 percent, limited to 5.59 percent
2025 Plan Year	6.75 percent, limited to 5.50 percent
Trust Expenses Included in Target Normal Cost	$652,000 (prior years's expenses rounded to the nearest $1,000).
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Schedule SB Attachment (Form 5500) —2025 Plan Year
UPG Clinicians Supplemental Retirement Plan
EIN: 54-1124769 PN: 009

Actuarial Assumptions and Methods

Table 1

Salary Merit Increase Rates

Age	Rate	Age	Rate
25	4.50%	45	4.50%
26	4.50%	46	4.50%
27	4.50%	47	4.50%
28	4.50%	48	4.50%
29	4.50%	49	4.50%
30	4.50%	50	3.50%
31	4.50%	51	3.50%
32	4.50%	52	3.50%
33	4.50%	53	3.50%
34	4.50%	54	3.50%
35	4.50%	55	3.50%
36	4.50%	56	3.50%
37	4.50%	57	3.50%
38	4.50%	58	3.50%
39	4.50%	59	3.50%
40	4.50%	60	3.00%
41	4.50%	61	3.00%
42	4.50%	62	3.00%
43	4.50%	63	3.00%
44	4.50%	64	3.00%
		65	3.00%

Schedule SB Attachment (Form 5500) —2025 Plan Year
UPG Clinicians Supplemental Retirement Plan
EIN: 54-1124769 PN: 009

Table 2

Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	3.00%
61	3.00%
62	5.00%
63	5.00%
64	10.00%
65	10.00%
66	10.00%
67	15.00%
68	15.00%
69	15.00%
70	40.00%
71	20.00%
72	15.00%
73	15.00%
74	15.00%
75	100.00%

Table 3

Withdrawal Rates

Age	Rate
30	10.80%
31	10.20%
32	9.60%
33	9.00%
34	8.50%
35	7.90%
36	7.40%
37	6.90%
38	6.50%
39	6.00%
40	5.60%
41	5.20%
42	4.90%
43	4.70%
44	4.50%
45	4.30%
46	4.20%
47	4.00%
48	3.90%
49	3.70%
50	3.50%
51	3.30%
52	3.10%
53	2.90%
54	2.70%
55+	2.60%

Table 4

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	40	0.08%	0.13%
16	0.03%	0.03%	41	0.09%	0.15%
17	0.03%	0.03%	42	0.10%	0.17%
18	0.03%	0.03%	43	0.12%	0.19%
19	0.03%	0.03%	44	0.14%	0.22%
20	0.03%	0.03%	45	0.16%	0.24%
21	0.03%	0.03%	46	0.18%	0.27%
22	0.03%	0.03%	47	0.21%	0.30%
23	0.03%	0.03%	48	0.25%	0.33%
24	0.03%	0.03%	49	0.28%	0.36%
25	0.03%	0.03%	50	0.33%	0.40%
26	0.03%	0.03%	51	0.39%	0.44%
27	0.03%	0.03%	52	0.46%	0.49%
28	0.03%	0.04%	53	0.53%	0.54%
29	0.03%	0.04%	54	0.61%	0.59%
30	0.03%	0.04%	55	0.69%	0.64%
31	0.03%	0.05%	56	0.77%	0.69%
32	0.03%	0.05%	57	0.86%	0.74%
33	0.03%	0.06%	58	0.95%	0.80%
34	0.03%	0.06%	59	1.05%	0.85%
35	0.04%	0.07%	60	1.15%	0.90%
36	0.04%	0.08%	61	1.26%	0.96%
37	0.05%	0.09%	62	1.38%	1.01%
38	0.06%	0.10%	63	1.51%	1.05%
39	0.07%	0.12%	64	1.64%	1.09%
			65+	0.00%	0.00%

University of Virginia Physicians Group
Clinicians Supplemental Retirement Plan

Schedule H, Line 4j—Schedule of Reportable Transactions

EIN: 54-1124769 **Plan Number: 009**

Year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (iii) - a Series of Transactions						
* **	ALLSPRING TREAS PLUS MM FD-INST	$ 3,943	$ -	$ 3,943	$ 3,943	$ -
* **	ALLSPRING TREAS PLUS MM FD-INST	2,064,025	-	2,064,025	2,064,025	-
* **	ALLSPRING TREAS PLUS MM FD-INST	494,919	-	494,919	494,919	-
* **	ALLSPRING TREAS PLUS MM FD-INST	4,411	-	4,411	4,411	-
* **	ALLSPRING TREAS PLUS MM FD-INST	559,728	-	559,728	559,728	-
* **	ALLSPRING TREAS PLUS MM FD-INST	2,064,025	-	2,064,025	2,064,025	-
* **	ALLSPRING TREAS PLUS MM FD-INST	147,877	-	147,877	147,877	-
* **	ALLSPRING TREAS PLUS MM FD-INST	529,546	-	529,546	529,546	-
* **	ALLSPRING TREAS PLUS MM FD-INST	693,271	-	693,271	693,271	-
* **	ALLSPRING TREAS PLUS MM FD-INST	1,925,125	-	1,925,125	1,925,125	-
* **	ALLSPRING TREAS PLUS MM FD-INST	627,012	-	627,012	627,012	-
* **	ALLSPRING TREAS PLUS MM FD-INST	695,734	-	695,734	695,734	-
* **	ALLSPRING TREAS PLUS MM FD-INST	6,631	-	6,631	6,631	-
* **	ALLSPRING TREAS PLUS MM FD-INST	1,631	-	1,631	1,631	-
* **	ALLSPRING TREAS PLUS MM FD-INST	1,925,125	-	1,925,125	1,925,125	-
* **	ALLSPRING TREAS PLUS MM FD-INST	559,097	-	559,097	559,097	-
* **	ALLSPRING TREAS PLUS MM FD-INST	700,000	-	700,000	700,000	-
* **	ALLSPRING TREAS PLUS MM FD-INST	152,462	-	152,462	152,462	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	620,632	620,632	620,632	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	3,943	3,943	3,943	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	962	962	962	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	3,141	3,141	3,141	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	48,610	48,610	48,610	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	3,559	3,559	3,559	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	2,358,971	2,358,971	2,358,971	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	4,411	4,411	4,411	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	842	842	842	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	13,506	13,506	13,506	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	1,061	1,061	1,061	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	138,854	138,854	138,854	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	200,385	200,385	200,385	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	3,408	3,408	3,408	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	13,506	13,506	13,506	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	18,550	18,550	18,550	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	7,179	7,179	7,179	-

University of Virginia Physicians Group
Clinicians Supplemental Retirement Plan

Schedule H, Line 4j—Schedule of Reportable Transactions

EIN: 54-1124769 **Plan Number: 009**

Year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (iii) - a Series of Transactions (continued)						
* **	ALLSPRING TREAS PLUS MM FD-INST	$ -	$ 569,937	$ 569,937	$ 569,937	$ -
* **	ALLSPRING TREAS PLUS MM FD-INST	-	6,098	6,098	6,098	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	8,718	8,718	8,718	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	40,248	40,248	40,248	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	1,096,381	1,096,381	1,096,381	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	725,499	725,499	725,499	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	13,506	13,506	13,506	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	45,791	45,791	45,791	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	2,725	2,725	2,725	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	37,977	37,977	37,977	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	4,048	4,048	4,048	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	147,877	147,877	147,877	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	16,867	16,867	16,867	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	842	842	842	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	70,774	70,774	70,774	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	581,004	581,004	581,004	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	20,698	20,698	20,698	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	3,086	3,086	3,086	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	665,033	665,033	665,033	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	8,589	8,589	8,589	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	2,500	2,500	2,500	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	5,592	5,592	5,592	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	21,181	21,181	21,181	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	13,506	13,506	13,506	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	1,540	1,540	1,540	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	6,001	6,001	6,001	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	1,201,185	1,201,185	1,201,185	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	621,727	621,727	621,727	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	5,285	5,285	5,285	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	1,608	1,608	1,608	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	52,689	52,689	52,689	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	616,152	616,152	616,152	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	29,550	29,550	29,550	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	13,890	13,890	13,890	-

University of Virginia Physicians Group
Clinicians Supplemental Retirement Plan

Schedule H, Line 4j—Schedule of Reportable Transactions

EIN: 54-1124769 **Plan Number: 009**

Year ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (iii) - a Series of Transactions (continued)						
* **	ALLSPRING TREAS PLUS MM FD-INST	$ -	$ 21,900	$ 21,900	$ 21,900	$ -
* **	ALLSPRING TREAS PLUS MM FD-INST	-	23,152	23,152	23,152	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	631,311	631,311	631,311	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	6,631	6,631	6,631	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	1,631	1,631	1,631	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	7,118	7,118	7,118	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	6,408	6,408	6,408	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	3,079	3,079	3,079	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	16,041	16,041	16,041	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	40,189	40,189	40,189	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	919,080	919,080	919,080	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	38,417	38,417	38,417	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	759,370	759,370	759,370	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	700,000	700,000	700,000	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	17,034	17,034	17,034	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	6,373	6,373	6,373	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	9,917	9,917	9,917	-
* **	ALLSPRING TREAS PLUS MM FD-INST	-	14,139	14,139	14,139	-
Total Category (iii)		$13,154,562	$13,321,414	$26,475,976	$26,475,976	$ -

* Party-in-interest, as defined by ERISA.
** Transactions made on the market by Principal.

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
University of Virginia Physicians Group Clinicians Supplemental Retirement Plan

B Three-digit plan number (PN) ▶ 009

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
University of Virginia Physicians Group

D Employer Identification Number (EIN)
54-1124769

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**	223,173,302
b Actuarial value	**2b**	221,820,212

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	189	75,951,686	75,951,686
b For terminated vested participants	121	9,242,336	9,242,336
c For active participants	447	93,954,128	97,436,631
d Total	757	179,148,150	182,630,653

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**	5.35%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	11,781,242
b Expected plan-related expenses	**6b**	652,000
c Target normal cost	**6c**	12,433,242

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

Rachel Panos RAP — Signature of actuary

08/14/2026 — Date

Rachel Panos — Type or print name of actuary

2607687 — Most recent enrollment number

Aon Consulting, Inc. — Firm name

202-223-0673 — Telephone number (including area code)

2001 K Street, NW
SUITE 625 North
Washington DC 20006
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)	21,880,054	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	21,880,054	0
10	Interest on line 9 using prior year's actual return of 2.99%	654,214	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		8,380,389
	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 5.21%		436,618
	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		8,817,007
	d Portion of (c) to be added to prefunding balance		
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)	22,534,268	0

Part III Funding Percentages

14	Funding target attainment percentage	14	109.11%
15	Adjusted funding target attainment percentage	15	121.45%
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	135.80%
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
01/13/2025	2,064,025	0			
04/14/2025	2,064,025	0			
07/15/2025	1,925,125	0			
10/10/2025	1,925,125	0			
			Totals ► 18(b)	7,978,300	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	7,815,791

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.00 %	5.27 %	5.50%	

b Applicable month (enter code)	**21b**	0
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**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	12,433,242
b Excess assets, if applicable, but not greater than line 31a	**31b**	12,433,242

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	0	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**	7,815,791
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	7,815,791
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Schedule SB Attachment (Form 5500) —2025 Plan Year
UPG Clinicians Supplemental Retirement Plan
EIN: 54-1124769 PN: 009

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2025

Date	Amount		Days to Discount to 1/1/2025 at 5.35%	Interest Adjusted Contribution	
January 13, 2025	$	2,064,025	12	$	2,060,491
April 14, 2025		2,064,025	103		2,033,891
July 15, 2025		1,925,125	195		1,872,262
October 10, 2025		1,925,125	282		1,849,147
Total Contribution	$	7,978,300		$	7,815,791

Schedule SB Attachment (Form 5500) —2025 Plan Year
UPG Clinicians Supplemental Retirement Plan
EIN: 54-1124769 PN: 009

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	3.00%	0.7738	1.40
61.5	3.00%	0.7506	1.38
62.5	5.00%	0.7281	2.28
63.5	5.00%	0.6916	2.20
64.5	10.00%	0.6571	4.24
65.5	10.00%	0.5914	3.87
66.5	10.00%	0.5322	3.54
67.5	15.00%	0.4790	4.85
68.5	15.00%	0.4072	4.18
69.5	15.00%	0.3461	3.61
70.5	40.00%	0.2942	8.30
71.5	20.00%	0.1765	2.52
72.5	15.00%	0.1412	1.54
73.5	15.00%	0.1200	1.32
74.5	15.00%	0.1020	1.14
75	100.00%	0.0867	6.50
		Weighted Average	65.85

Schedule SB Attachment (Form 5500) —2025 Plan Year
UPG Clinicians Supplemental Retirement Plan
EIN: 54-1124769 PN: 009

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	January 1, 2002, restated as of January 1, 2023.
Eligible Employee	Executive director of the Foundation or clinician first employed after August 1, 1985 and not a Participant in the University of Virginia Health Services Foundation Clinicians Retirement Income Plan. The plan was closed as of December 15, 2017 to any new entrants who had not completed a 12-month period of service by that date. Additionally, effective June 1, 2021 any employee who is an Inactive Participant as of June 1, 2021, or becomes and Inactive Participant on or after June 1, 2021 cannot requalify for participation in the plan.
Participation Date	The first of the month following the completion of a one-year period of service, or if later the date on which an employee becomes an eligible employee.
Definition of:	
Credited Service	One year of Benefit Service for each 12-month period of Service with the employer.
Vesting Service	One year of Vesting Service for each 12-month period of Service with the employer.
Compensation	Base salary up to the IRC Section 401(a) (17) limit.
Average Monthly Pay	The monthly average of pay during the sixty highest consecutive months over career.
Primary Social Security Benefit	The estimated primary insurance amount payable at age 65 determined using the provisions of the Social Security Act in effect as of termination, assuming pay remains level until age 65 and assuming past pay has increased the same as national wages.

Section 401(a) Plan Account	A record maintained by the Foundation of contributions made to the Optional Retirement Plan by the University of Virginia credited with interest at 5.50 percent per year. The current formula for future contributions to the Section 401(a) Annuity Account is: For clinicians hired before January 1, 1991, the greater of: (a) 11.5 percent of base pay from the University of Virginia up to $100,000; or (b) 10.4 percent of base pay from the University of Virginia. For clinicians hired on or after January 1, 1991, with a contract date before July 1, 2010: 10.4 percent of base pay from the University of Virginia. For clinicians with a contract date on or after July 1, 2010: 8.9 percent of base pay from the University of Virginia.
Pre-2010 Section 401(a) Plan Account	A participant's Section 401(a) Plan Account, determined as of December 31, 2009.
BEST Account	A record maintained by the Foundation of the after-tax contributions made by the Foundation to the BEST plan credited with interest 5.50 percent per year. The current formula for future after-tax contributions to the BEST account equals 65 percent of: (a) Lesser of 21 percent of total negotiated compensation and $12,500; plus (b) 10.4 percent of total negotiated compensation in excess of $120,192; minus (c) The University's contribution to the Optional Retirement Plan.
Pre-2010 BEST Account	A participant's BEST Account, determined as of December 31, 2009.

Section 401(a) Account Annuity	The monthly benefit, commencing at age 65 (or retirement age, if later), in the form of a straight life annuity which would be the actuarial equivalent of the participant's Section 401(a) Plan Account as of his termination of employment.
Pre-2010 Section 401(a) Plan Account Annuity	The monthly benefit, commencing at age 65 (or retirement age, if later), in the form of a straight life annuity which would be the grandfathered basis actuarial equivalent of the participant's Pre-2010 Section 401(a) Plan Account as of his termination of employment.
BEST Account Annuity	The monthly benefit, commencing at age 65 (or retirement age, if later), in the form of a straight life annuity which would be the actuarial equivalent of the participant's BEST Account as of his termination of employment.
Pre-2010 BEST Account Annuity	The monthly benefit, commencing at age 65 (or retirement age, if later), in the form of a straight life annuity which would be the grandfathered basis actuarial equivalent of the participant's Pre-2010 BEST Account as of his termination of employment.
Prior Plan Benefit	Annuity equivalent of benefit distributed from the terminated Retirement Income Plan.

Normal Retirement

Eligibility	Age 65 and five years of Service.
Monthly Benefit	The monthly benefit is the greater of (i), (ii) and (iii) below: i. (a) plus (b) less (c) less (d) less (e) below: (a) 2.4 percent of average monthly pay for each year of benefit service up to 25. (b) 1.0 percent of average monthly pay for each year of benefit service in excess of 25, up to 10. (c) 2.0 percent of the Primary Social Security benefit for each year of benefit service up to 25.

(d) Section 401(a) Account Annuity, if applicable, plus BEST Account Annuity, if applicable.

(e) Prior Plan Benefit, if applicable.

ii. $5 for each year of benefit service.

iii. (a) plus (b) less (c) less (d) less (e) below:

(a)2.4 percent of average monthly pay as of December 31, 2009 for each year of benefit service earned through December 31, 2009, up to 25.

(b) 1.0 percent of average monthly pay as of December 31, 2009 for each year of benefit service in excess of 25 earned through December 31, 2009, up to 10.

(c) 2.0 percent of the Primary Social Security benefit for each year of benefit service up to 25.

(d) Pre-2010 Section 401(a) Account Annuity, if applicable, plus Pre-2010 BEST Account Annuity, if applicable.

(e) Prior Plan Benefit, if applicable.

Early Retirement

Eligibility	Age 55 with ten or more years of Vesting Service.
Benefit	Immediate benefit equal to the accrued normal retirement pension reduced 0.4167 percent for each month by which commencement of his Early Retirement benefit precedes Age 62.

Vested Termination

Eligibility	Five years of Vesting Service
Benefit	Benefit equal to the accrued normal retirement pension payable at age 65, or a reduced benefit payable before age 65.

Disability	
Eligibility	Disablement on or after five years of Vesting Service
Benefit	An amount payable at age 65, determined using the normal retirement formula, average monthly pay at disablement and benefit service continued to age 65 assuming full-time employment during the period of disability.
Death Benefit	
Eligibility	Death on or after becoming vested.
Benefit	The survivor benefit is equal to the amount the survivor would have received had the participant terminated employment just prior to his death, lived to earliest retirement date, elected a joint and 50 percent Survivor Annuity, and died immediately thereafter. Payments begin in the month following the participant's death, or when the participant would have reached earliest retirement age, whichever is later.

Plan Changes Since the Prior Year

The funding and plan reporting valuations reflect the following plan changes since the prior year:

- The legislated increase in the Section 401(a)(17) recognizable pay limit from $345,000 for 2024 to $350,000 for 2025.
- The legislated increase in the Section 415 dollar limits for defined benefit plans from $275,000 for 2024 to $280,000 for 2025.

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

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

University of Virginia Physicians Group
Clinicians Supplemental Retirement Plan

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

EIN: 54-1124769 **Plan Number: 009**

December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Money Market Fund			
	Allspring	Treasury Plus Money Market Fund	$ 805,000	$ 807,080
	Mutual Funds			
*	Vanguard	Long-Term Investment-Grade Fund Admiral Shares	104,616,796	88,380,019
*	Vanguard	Total Stock Market Index Fund Institutional Shares	29,172,510	64,615,964
*	Vanguard	Extended Duration Treasury Index Fund Institutional Shares	84,218,321	51,801,869
*	Vanguard	Total International Stock Index Fund Institutional Shares	31,610,490	44,485,061
	Total		$ 250,423,117	$ 250,089,993

* Party-in-interest, as defined by ERISA.

Schedule SB Attachment (Form 5500) —2025 Plan Year
UPG Clinicians Supplemental Retirement Plan
EIN: 54-1124769 PN: 009

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- The interest rate used to convert Pre-2010 Section 401(a) and BEST Accounts to annuities was updated from 4.25 percent to 4.75 percent to better reflect anticipated plan experience.

This change was made to better reflect the anticipated plan experience. The funding assumption change did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.