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
RIVERSIDE HEALTH SYSTEM RETIREMENT INCOME PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1962

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)
RIVERSIDE MANAGMENT SERVICES, INC

12420 WARWICK BOULEVARD
BUILDING 6, SUITE 6G
NEWPORT NEWS, VA 23606

2b Employer Identification Number (EIN) 52-1241840

2c Plan Sponsor's telephone number 757-534-7000

2d Business code (see instructions) 622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	JAIME COOK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	JAIME COOK
	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**	6158
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)**	1682
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1675
b	Retired or separated participants receiving benefits	**6b**	1774
c	Other retired or separated participants entitled to future benefits	**6c**	2521
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	5970
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	118
f	Total. Add lines **6d** and **6e**.	**6f**	6088
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**	7
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

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 0
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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
RIVERSIDE HEALTH SYSTEM RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
RIVERSIDE MANAGMENT SERVICES, INC

D Employer Identification Number (EIN)
52-1241840

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**	537516315
b Actuarial value	**2b**	526374482

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	1829	303164639	303164639
b For terminated vested participants	2627	108166344	108166344
c For active participants	1635	183774260	188835510
d Total	6091	595105243	600166493

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**	5.46 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	10614629
b Expected plan-related expenses	**6b**	3790804
c Target normal cost	**6c**	14405433

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 — Date: 10/01/2026

MICHAEL T. WHALEN, F.S.A. — Type or print name of actuary

26-05594 — Most recent enrollment number

MARSH — Firm name

804-344-2600 — Telephone number (including area code)

800 EAST CANAL STREET, SUITE 900
RICHMOND, VA 23219

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)	18962927	6406407
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	2447064	0
9	Amount remaining (line 7 minus line 8)	16515863	6406407
10	Interest on line 9 using prior year's actual return of 5.61 %	926540	359399
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		56078
	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 5.32 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		3146
	c Total available at beginning of current plan year to add to prefunding balance		59224
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	17442403	6765806

Part III Funding Percentages

14	Funding target attainment percentage	14	83.67 %
15	Adjusted funding target attainment percentage	15	84.74 %
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	94.02 %
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
04/11/2025	5400000	0			
07/11/2025	5400000	0			
10/14/2025	5400000	0			
01/14/2026	5400000	0			
09/10/2026	3600000	0			
			Totals ► 18(b)	25200000	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	24154787

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	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**	61

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**	14405433
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	98000220	9715820
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	24121253

	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**	24121253
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	24154787
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	33534
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
RIVERSIDE HEALTH SYSTEM RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RIVERSIDE MANAGMENT SERVICES, INC

D Employer Identification Number (EIN)
52-1241840

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).. . . . . [X] 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

MERCER INVESTMENTS LLC

30-0282430

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

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

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

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

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

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

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

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

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

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

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

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

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

PRINCIPAL COSTODIAL 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?
15 21 50	TRUSTEE	350647	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER INVESTMENTS LLC

30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 49 50	INVESTMENT ADVISORY	695195	Yes [X] No [ ]	Yes [X] No [ ]	833884	Yes [ ] No [X]

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	OTHER SERVICES	99877	Yes [X] No [ ]	Yes [X] 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
MERCER INVESTMENTS LLC	27 49 50	833884

(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.
MERCER INVESTMENTS LLC 30-0282430	OTHER

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
RIVERSIDE HEALTH SYSTEM RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
RIVERSIDE MANAGMENT SERVICES, INC

D Employer Identification Number (EIN)
52-1241840

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE:	MERCER EMERGING MARKETS EQUITY		
b Name of sponsor of entity listed in (a):	MERCER COLLECTIVE TRUST		
c EIN-PN	32-6219484-017	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	22836020		
a Name of MTIA, CCT, PSA, or 103-12 IE:	MERCER ERISA HEDGE FUND INV		
b Name of sponsor of entity listed in (a):	MERCER COLLECTIVE TRUST		
c EIN-PN	47-2199849-021	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	26582974		
a Name of MTIA, CCT, PSA, or 103-12 IE:	MERCER LONG DUR PASSIVE FIXED		
b Name of sponsor of entity listed in (a):	MERCER COLLECTIVE TRUST		
c EIN-PN	51-0560117-010	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	48888620		
a Name of MTIA, CCT, PSA, or 103-12 IE:	MERCER NON-US CORE EQ PORT		
b Name of sponsor of entity listed in (a):	MERCER COLLECTIVE TRUST		
c EIN-PN	03-0566617-009	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	55243251		
a Name of MTIA, CCT, PSA, or 103-12 IE:	MERCER OPP FIXED INCOME		
b Name of sponsor of entity listed in (a):	MERCER COLLECTIVE TRUST		
c EIN-PN	36-7630030-020	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	59276949		
a Name of MTIA, CCT, PSA, or 103-12 IE:	MERCER US LARGE CAP EQUITY		
b Name of sponsor of entity listed in (a):	MERCER COLLECTIVE TRUST		
c EIN-PN	03-0566610-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	115894943		
a Name of MTIA, CCT, PSA, or 103-12 IE:	MERCER US SMALL MIDCAP EQUITY		
b Name of sponsor of entity listed in (a):	MERCER COLLECTIVE TRUST		
c EIN-PN	03-0566611-003	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	14721303		

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER LONG ST FIX INC PRTF

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY

c EIN-PN 80-6243236-019	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53009262

a Name of MTIA, CCT, PSA, or 103-12 IE: COHEN & STEERS COLLECTIVE INV

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN 46-3411346-064	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17813112

a Name of MTIA, CCT, PSA, or 103-12 IE: MERCER ACT LNG CORP INV PORT

b Name of sponsor of entity listed in (a): MERCER TRUST COMPANY

c EIN-PN 45-6178743-004	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 125625962

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
RIVERSIDE HEALTH SYSTEM RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RIVERSIDE MANAGMENT SERVICES, INC

D Employer Identification Number (EIN)
52-1241840

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		14000000
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	7900000	9000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	6049	5262
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	29789482	36640170
(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)	497578398	539892396
(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)	3539394	3530795
(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	538813323	603068623
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	538813323	603068623

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)	25200000	
(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)		25200000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	127332	
(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)		127332
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	43283715	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	43702433	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-418718
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	4585226	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		4585226

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		67713998
(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)		
c Other income	2c		731818
d Total income. Add all **income** amounts in column (b) and enter total	2d		97939656
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	28747833	
(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)		28747833
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	695195	
(6) Bank or trust company trustee/custodial fees	2i(6)	450524	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	3790804	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		4936523
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		33684356
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		64255300
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: PBMARES, LLP **(2)** EIN: 54-0737372

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		1500000
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**		X	
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 593812.

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
RIVERSIDE HEALTH SYSTEM RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RIVERSIDE MANAGMENT SERVICES, INC

D Employer Identification Number (EIN)
52-1241840

Part I Distributions

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

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

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

EIN(s): 42-1466678

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** 20

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: 0.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 92.0 %

High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 4.0 % Other: 4.0 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

RIVERSIDE HEALTH SYSTEM
RETIREMENT INCOME PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2025

PBMares SM

ASSURANCE, TAX & ADVISORY SERVICES

RIVERSIDE HEALTH SYSTEM RETIREMENT INCOME PLAN

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITOR'S REPORT	1 – 4
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Statement of Accumulated Plan Benefits	7
Statement of Changes in Accumulated Plan Benefits	8
Notes to Financial Statements	9 – 16
SUPPLEMENTARY INFORMATION	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	17
Schedule H, Line 4j – Schedule of Reportable Transactions	18

INDEPENDENT AUDITOR'S REPORT

Those Charged with Governance
Riverside Health System Retirement Income Plan

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

We have performed audits of the financial statements of Riverside Health System Retirement Income Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of January 1, 2025, and the related statement of changes in accumulated plan benefits for the year 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. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor’s Responsibilities for the Audit of the Financial Statements

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 U.S. GAAP.

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplementary schedules of assets (held at end of year) and reportable transactions as of and 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 audit 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 information in the supplemental schedules related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

PBMares, LLP

Norfolk, Virginia
October 12, 2026

FINANCIAL STATEMENTS

RIVERSIDE HEALTH SYSTEM RETIREMENT INCOME PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
Investment at fair value:		
Common collective trusts	**$ 495,496,310**	$ 440,039,453
Alternative investments	**81,036,256**	87,328,427
Mutual fund	**3,530,795**	3,539,394
Total investments	**580,063,361**	530,907,274
Receivables:		
Employer contributions	**9,000,000**	7,900,000
Accrued interest and dividends	**5,262**	6,049
Total receivables	**9,005,262**	7,906,049
Cash	**14,000,000**	-
Net assets available for benefits	**$ 603,068,623**	$ 538,813,323

See Notes to Financial Statements.

RIVERSIDE HEALTH SYSTEM RETIREMENT INCOME PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2025 and 2024

	2025	2024
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	**$ 71,917,129**	$ 29,534,087
Interest and dividends	**127,332**	163,068
	72,044,461	29,697,155
Employer contributions	**25,200,000**	19,738,750
Total additions	**97,244,461**	49,435,905
Deductions from net assets attributed to:		
Benefits paid to participants	**28,747,833**	30,537,261
Purchase of annuity contract	**-**	42,094,244
Administrative expenses	**450,524**	341,360
PBGC premium expense	**3,790,804**	5,149,661
Total deductions	**32,989,161**	78,122,526
Net change	**64,255,300**	(28,686,621)
Net assets available for benefits:		
Beginning of year	**538,813,323**	567,499,944
End of year	**$ 603,068,623**	$ 538,813,323

See Notes to Financial Statements.

RIVERSIDE HEALTH SYSTEM RETIREMENT INCOME PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS
January 1, 2025

Actuarial present value of accumulated plan benefits	
Vested benefits:	
Active participants	**$ 159,173,323**
Terminated participants with deferred benefits	**93,973,712**
Terminated participants receiving benefits	**279,830,862**
Total vested benefits	**532,977,897**
Nonvested benefits	**4,054,031**
Total actuarial present value of accumulated plan benefits	**$ 537,031,928**

See Notes to Financial Statements.

RIVERSIDE HEALTH SYSTEM RETIREMENT INCOME PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
Year Ended January 1, 2025

Actuarial present value of accumulated plan benefits at beginning of year	**$ 558,947,421**
Increase (decrease) during the year attributable to:	
Increase for interest due to decrease in discount period	**33,772,000**
Benefits accumulated and (gains) losses	**16,940,659**
Benefits paid	**(72,631,505)**
Change in actuarial assumptions	**3,353**
Actuarial present value of accumulated plan benefits at end of year	**$ 537,031,928**

See Notes to Financial Statements.

RIVERSIDE HEALTH SYSTEM RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following brief description of the Riverside Health System (RHS) Retirement Income Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: Riverside Management Services, Inc. is the Plan sponsor. The Plan is a noncontributory defined benefit pension plan covering substantially all employees of participating RHS entities who have completed one year of service and are age twenty-one or older. The Plan covers employees of Riverside Management Services, Inc. and other RHS entities that have adopted the Plan as participating employers (collectively, the Company).

RHS has appointed the Compensation Committee of the Board of Directors of Riverside Healthcare Association, Inc. and certain employees to manage the operation and administration of the Plan. Principal Bank serves as the trustee of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective January 1, 2013, participation in the Plan was frozen and no employee who is hired after this date is eligible to participate in the Plan.

Effective January 1, 2026, the re-entry of participants who transferred or are rehired is eliminated and if a participant is in-pay status for pension payments a suspension upon rehire is not required.

Pension Benefits: Participants are generally eligible for monthly benefit payments upon attaining age 65 and the fifth anniversary of plan participation (normal retirement). The amount of the annual benefit is to be paid in monthly installments, based on the accrued benefit as of December 31, 1975, plus the sum of 2.00% of compensation for each year of credited service after December 31, 1975, for participants who have met the requirements for either early or normal retirement by December 31, 2006. Effective June 2006, for the participants who did not meet the requirements for either early or normal retirement by December 31, 2006, the normal retirement benefit is the accrued benefit as of December 31, 1975, plus the sum of 2.00% of compensation for each year of credited service between January 1, 1976, and December 31, 2006, plus the sum of 1.00% of compensation for each year of credited service after December 31, 2006. A participant is eligible for early retirement on the first of any month following the attainment of age 55 and the completion of 10 years of vesting service or where age plus vesting service equals or exceeds 75 and is at least 50 years of age. The Plan also makes provisions for delayed retirement. Under the current provisions of the Plan, a participant becomes fully vested after completion of five years of service. A vested participant who terminates employment on or after January 1, 2018, may receive a single lump sum provided it is less than $15,000.

Participants from Shore Health Services, Inc. are eligible for monthly benefit payments upon attaining age 65 (normal retirement). The amount of the annual benefit is to be paid in monthly installments. The annual benefit based on service to normal retirement is 0.85% of average compensation (the average of the highest 15 consecutive complete calendar years of compensation out of the last 25 complete calendar years) for each year of service plus 0.65% of such compensation which is in excess of 1/6 of the Social Security Taxable Wage Base for each year of service, but not greater than 35 years. The minimum annual retirement benefit, exclusive of Social Security, shall be $36 multiplied by years of service. Participants may elect early retirement upon attaining age 55 with at least 15 years of qualifying service or age 62 with at least 10 years of qualifying service.

Note 1. Description of Plan (Continued)

Death and Disability Benefits: Under the current provisions of the Plan, no disability benefits are provided. If a participant who is eligible for retirement or is vested dies before benefits commence, their spouse is entitled to a monthly benefit based on the assumption that the participant quits work on their date of death and elects a 50% joint and survivor option payable on the earliest possible retirement date.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of Estimates: The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and 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 and assumptions.

Investment valuation and income recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the trustees and custodians. See Note 3 for discussion of fair value measurements.

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

Payment of benefits: Benefit payments to participants are recorded upon distribution.

Administrative expenses: The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent events: Plan management has evaluated subsequent events through October 12, 2026, the date these financial statements were available to be issued. Plan management has determined that there were no subsequent events that required disclosure pursuant to the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC).

Note 3. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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 upon the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

There have been no changes in the methodologies used at December 31, 2025 and 2024. Following is a description of the valuation methodologies used for assets measured at fair value.

- The mutual fund is valued daily at the closing price reported on the active market on which the fund is traded.
- Common collective trusts and the pooled separate accounts are valued at the net asset value (NAV) based on the fair value of the underlying investments determined by the trustee or custodian. These investments are valued daily and there are no redemption restrictions or unfunded commitments.
- Alternative investments that are valued at NAV of the Plan's units, per audited financial statements of the investments. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the partnership account would be sold for an amount different from the reported NAV.

Note 3. Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024.

	Assets at Fair Value as of December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Common collective trusts	**$ -**	**$ 495,496,310**	**$ -**	**$ 495,496,310**
Alternative investments	**-**	**17,813,112**	**-**	**17,813,112**
Mutual fund	**3,530,795**	**-**	**-**	**3,530,795**
Total assets in the fair value hierarchy	**$ 3,530,795**	**$ 513,309,422**	**$ -**	**516,840,217**
Investments measured at NAV (a)				**63,223,144**
Investments at fair value				**$ 580,063,361**

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Common collective trusts	$ -	$ 440,039,453	$ -	$ 440,039,453
Alternative investments	-	20,334,142	-	20,334,142
Mutual fund	3,539,394	-	-	3,539,394
Total assets in the fair value hierarchy	$ 3,539,394	$ 460,373,595	$ -	463,912,989
Investments measured at NAV (a)				66,994,285
Investments at fair value				$ 530,907,274

(a) In accordance with FASB ASC Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

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

Note 3. Fair Value Measurements (Continued)

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2025 and 2024.

	Fair value at December 31, 2025	Fair value at December 31, 2024	Unfunded Commitment	Other Redemption Restrictions	Redemption Notice
Alternative investments:					
Partnership interests	**$ 36,640,170**	$ 29,789,482	$ 13,290,000	None	N/A
ERISA hedge fund	**26,582,974**	37,204,803	None	Quarterly	100 days
	$ 63,223,144	$ 66,994,285			

Partnership interests consists of interest in three partnerships. Mercer Private Investment Partners IV, LP has an unfunded capital commitment of $3,300,000 at December 31, 2025. The partnership will generally dissolve upon the later of (a) December 30, 2030, and (b) one year after the date by which all of the private investment funds attributable to the partnership and those of each of its classes have been fully liquidated. Mercer Private Investment Partners VI, LP has an unfunded capital commitment of $3,990,000 at December 31, 2025. The partnership will generally dissolve upon the later of (a) October 1, 2033, and (b) one year after the date by which all of the private investment funds attributable to the partnership and those of each of its classes have been fully liquidated. Mercer Private Investment Partners VII, LP has an unfunded capital commitment of $6,000,000 at December 31, 2025. The partnership will generally dissolve upon the later of (a) October 2035, and (b) one year after the date by which all of the private investment funds attributable to the partnership and those of each of its classes have been fully liquidated.

Note 4. Information Certified by the Trustees and Custodians

The accompanying financial statements include the following unaudited information as of and for the years ended December 31, 2025 and 2024 that was obtained from data prepared and certified to be complete and accurate by Principal Bank (trustee), Principal Life Insurance Company (custodian), State Street Bank and Trust Company (custodian) and SEI Trust Company (custodian).

	2025	2024
Investment at fair value:	**$ 580,063,361**	$ 530,907,274
Less certain alternative investments not certified	**(63,223,144)**	(66,994,285)
Investments at fair value - certified	**516,840,217**	463,912,989
Investment income	**72,044,461**	29,697,155
Less investment income not certified	**(8,273,460)**	(6,445,077)
Investment income - certified	**$ 63,771,001**	$ 23,252,078

Note 5. Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in the amount as determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2025 and 2024.

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

Note 6. Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions, which 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 or become disabled; and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' average compensation during their credited service. 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 are excluded from plan assets and are excluded from accumulated plan benefits.

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

The significant actuarial assumptions were (a) the life expectancy of participants (mortality assumptions were based on Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables in 2025 and 2024), (b) an assumed investment rate of return of 6.50%, before expenses for 2025 and 2024 and (c) an assumed withdrawal rate for 2025 and 2024 based on a 2022 review of actual experience. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Note 7. Pension Risk Transfer

Effective June 12, 2024, the Plan was amended to purchase an irrevocable annuity with respect to a subset of the Plan's in-pay status terminated participant, beneficiaries and alternative payees ("2024 Pension Risk Transfer"). 2024 Retiree Transferees are participants, beneficiary or alternate payee whose annuity starting date was on or before January 1, 2024 and whose monthly payment in effect as of January 1, 2024 was $500 or less per month, excluding NY lives and certain period only payments expiring in 2024. The 2024 Pension Risk transfer will guarantee payment of Plan benefits for all 2024 Retire Transferees, maintain benefit payments in the same form that was in effect at the time of transfer, relieve the Plan permanently and irrevocable of any benefit obligation for the 2024 Retiree Transferees on or after October 1, 2024 and commence payment with the first monthly payment to be made on or after October 1, 2024. During 2024, the Plan paid $42,094,244 for the purchase of the annuity contract.

Note 8. Plan Termination

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

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U. S. government agency) up to the applicable limitations (discussed below).

3. All other vested benefits (that is, vested benefits not insured by the PBGC).

4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

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

Note 9. Exempt Party-In-Interest Transactions

Certain plan assets are managed by the custodians. The custodians receive fees for investment advisory services that reduce investment return reported in the financials. The Plan paid Principal Life Insurance Company $450,524 and $341,360 during 2025 and 2024 for administrative services, respectively. The Plan paid Mercer Investments, LLC $695,195 and $951,939 during 2025 and 2024 for investment management fees, respectively. These transactions qualify as exempt party-in-interest transactions.

Note 10. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated January 25, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter, however, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, the plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 11. Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics; all of which are subject to change. Due to uncertainties inherent in the 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.

SUPPLEMENTARY INFORMATION

RIVERSIDE HEALTH SYSTEM RETIREMENT INCOME PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025
EIN: 52-1241840 PN: 001

	(b) Identity of issue, borrower, lessor	(c) Description of investment including maturity date,		(e)
(a)	or similar party	rate of interest, collateral, par, or maturity value	(d) Cost	Current value
	Mutual fund:			
	Allspring Global Investments	Allspring Government Money Market Fund	$ 3,530,795	$ 3,530,795
	Common collective trusts:			
	Cohen & Steers	Global Realty Fund Collective Investment Trust	17,758,987	17,813,112
*	Mercer	US Large Cap Passive Equity Portfolio	79,736,499	115,894,943
*	Mercer	Active Long Corporate Investment Portfolio	124,656,590	125,625,962
*	Mercer	Opportunistic Fixed Income Portfolio	47,664,746	59,276,949
*	Mercer	Non-US Core Equity Portfolio	21,974,335	55,243,251
*	Mercer	Long STRIPS Fixed Income	75,818,444	53,009,262
*	Mercer	Long Duration Passive Fixed Income Portfolio	53,319,627	48,888,620
*	Mercer	ERISA Hedge Fund Investor Portfolio	9,000,000	26,582,974
*	Mercer	US Small/Mid Cap Equity Portfolio	5,786,689	14,721,303
*	Mercer	Emerging Markets Equity Portfolio	15,489,084	22,836,020
	Partnership interests:			
*	Mercer	Private Investment Partners IV, LP	7,700,000	12,686,218
*	Mercer	Private Investment Partners VI, LP	8,010,000	11,505,882
*	Mercer	Private Investment Partners VII, LP	8,494,168	12,448,070
			$ 478,939,964	$ 580,063,361

* Party-in-interest

RIVERSIDE HEALTH SYSTEM RETIREMENT INCOME PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2025
EIN: 52-1241840 PN: 001

Number of Purchases (P) Sales (S)	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)
P-76	Allspring Global Investments	Allspring Government Money Market Fund	$ 41,294,297	$ -	$ 41,294,297	$ 41,294,297	$ -
S-150	Allspring Global Investments	Allspring Government Money Market Fund	-	41,302,894	41,302,894	41,302,894	-
P-1	Mercer	Active Long Corporate Investment Portfolio	51,193,396	-	51,193,396	51,193,396	-
S-4	Mercer	Active Long Corporate Investment Portfolio	-	4,759,018	4,784,364	4,759,018	25,346
			$ 92,487,693	$ 46,061,912	$ 138,574,951	$ 138,549,605	$ 25,346

SCHEDULE H,Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Riverside Health System Retirement Income Plan
EIN 52 1241840
Plan Number 001
Plan Year 01/01/2025 To 11/18/2025

DESCRIPTION OF ASSET	(A) Total Number of Purchases	(B) Total Number of Sales	(C) Total Value of Purchases	(D) Total Value of Sales	(E) Net Gain/(Loss)
Registered Investment Allsprings MMKT Act	76		$41,294,297.00		$0.00
Registered Investment Allsprings MMKT Act		150		$41,302,894.00	$0.00
Common Collective Mercer Act Lng Corp Inv Port	1		$51,193,396.00		$0.00
Common Collective Mercer Act Lng Corp Inv Port		4		$4,759,018.00	$25,346.00

* Schedule is prepared using the alternative way of reporting (iii) series transactions under DOL Regulation 2520.103-6(d)(2).

SCHEDULE H,Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Classification: Internal Use

MARSH

Michael T. Whalen, FSA, EA
Principal

800 East Canal Street, Suite 900
Richmond, VA 23219
804 344 3787
Fax 804 344 2601
michael.whalen@mercer.com
www.marsh.com

Confidential – via email

Jaime Cook
Riverside Health System
12420 Warwick Boulevard
Building 6, Suite 6G
Newport News, VA 23606

October 1, 2026

Subject: 2025 Form 5500 Schedule SB for the Riverside Health System Retirement Income Plan

Dear Jaime:

Enclosed is an electronic copy of the 2025 Schedule SB (Form 5500) with attachments for the Riverside Health System Retirement Income Plan that includes my full signature. It should be retained in your records along with the final signed Form 5500.

As you know, Form 5500 and all attachments must be electronically filed by October 15, 2026.

To submit your Form 5500 to the Department of Labor (DOL), each Filing Signer must register for an IREG UserID and PIN on the DOL website (www.efast.dol.gov); when registering, User type of Filing Signer must be selected.

We have also provided the electronic files needed to incorporate the Schedule SB into your electronic filing. You'll notice the PDF attachment of the Schedule SB includes only my initials, rather than my full signature. This is acceptable under the IRS rules and is a Mercer standard practice to prevent identity theft.

To incorporate the Schedule SB into your filing in-progress, your Filing Author must complete the two steps outlined below.

- Import the Schedule SB: Open your filing in-progress in IFILE and under "Available Schedules," highlight Schedule SB and select *Import* to import the provided XML file. This will add the Schedule SB results to your actual filing.
- Add Attachments: Select *Add Attachments* and import the attachment files provided. In the table below, we have listed the *Attachment Type* names from IFILE and the first portion of the name of the corresponding attachment file provided. The actual file names also include your EIN and the PN to help ensure the attachments are attached to the correct filing.

IFILE Attachment Type	**Attachment File**
Adjusted Funding Target Attainment Percentage	SchSB Ln15 RecDiffAFTAP
Weighted Average Retirement Age	SchSB Ln22 WeightedAvgRtmtAge
Actuarial Assumption Methods	SchSB PartV ActrlAssmptnMthds
Active Participant Data	SchSB Ln26a ActiveParticipData
Projection of Expected Benefit Payments	SchSB Ln26b ProjExptdBnftPmnts
Change in Actuarial Assumptions	SchSB Ln24 NonPrescribedActrlAssmptn

Amortization Bases	SchSB Ln32 AmortzBases
Plan Provisions	SchSB PartV PlanProvisions
Schedule SB Signed by Actuary	SchSB Actuary Initials

There are several areas where information included in the Schedule SB must correspond with entries on the remainder of your Form 5500 filing. We ask that you confirm in particular the following:

- Please ensure that each Schedule and attachment reflects the identical plan name, EIN (Employer Identification Number), and PN (Plan Number)
- Mark Item 4 of Form 5500 Schedule R “No”
- Mark Item 8 of Form 5500 Schedule R "N/A”

As the enrolled actuary signing Schedule SB, Section 103(d)(10) of ERISA requires that I disclose any event which was not taken into account in the actuarial valuation and which would be expected to produce a material increase in plan costs. I prepared the enclosed Schedule SB assuming there were no such events. If you know of such an event (plan amendment, significant increase in participation, etc.), please call me to discuss it and, if necessary, I will prepare a revised Schedule SB commenting on that fact.

Plan sponsors must post basic plan information and Schedule SB on any intranet websites they maintain to communicate exclusively with employees, in accordance with regulations to be issued by the DOL. In addition, the DOL will post this information on its website within 90 days after Form 5500 is filed. While the timing related to the employee intranet posting remains unclear, we recommend doing so within the same 90-day period, pending further guidance from the DOL or your outside counsel. Accordingly, please be sure to post this actuarial information within that 90-day period. If you do not maintain an intranet for employee communications, no internal posting is required.

We would appreciate receiving a copy of your entire signed Form 5500 filing package, including the auditor report, for our records.

Please note that Mercer is not a law firm and cannot provide legal advice. The information contained in this letter represents only our general understanding of the filing and posting requirements for Form 5500; we strongly recommend that you confirm the exact requirements that apply to your situation with your ERISA counsel before making any final decisions.

If you have any questions, please don't hesitate to call me at 804 344 3787.

Sincerely,



Michael T. Whalen, FSA, EA
Principal

Enclosure

Schedule SB, line 15 — Reconciliation of differences between valuation results and amounts used to calculate AFTAP

The 2025 AFTAP was adjusted to reflect an annuity purchase of $42,094,224 completed during the 2024 plan year.

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 61.

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	8%	10,000	800	44,000
56	8%	9,200	736	41,216
57	8%	8,464	677	38,589
58	8%	7,787	623	36,134
59	8%	7,164	573	33,807
60	8%	6,591	527	31,620
61	8%	6,064	485	29,585
62	25%	5,579	1,395	86,490
63	25%	4,184	1,046	65,898
64	25%	3,138	785	50,240
65	35%	2,353	824	53,560
66	35%	1,529	535	35,310
67	35%	994	348	23,316
68	35%	646	226	15,368
69	35%	420	147	10,143
70	100%	273	273	19,110
Total			10,000	614,386
Average				61.43

The above rule does not take into account the alternative rates for those participants reaching the Rule of 75 through the Rule of 85.

Schedule SB, line 24 — Change in Actuarial Assumptions

- Expense assumption was updated from $5,149,661 to $3,790,804.

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

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34		2	3	11	3						19
35–39	2	5	17	54	48	4					130
				92,795	89,825						
40–44	3	7	20	55	71	34	3				193
			76,190	92,168	106,474	73,750					
45–49	1	7	14	42	84	55	27	1			231
				115,632	125,335	97,969	101,660				
50–54	1	11	19	46	84	81	46	25	1		314
				118,259	126,660	105,467	134,635	81,198			
55–59	2	11	21	46	86	56	45	45	22	1	335
			43,987	86,558	128,106	90,631	95,911	129,438	122,244		
60–64		2	8	31	90	43	48	24	34	17	297
				100,913	113,370	104,030	117,948	149,450	104,987		
65–69	2	2	3	12	20	17	12	7	2	7	84
					171,975						
70 & up	1	4	2	2	5	4	4				22
Total	12	51	107	299	491	294	185	102	59	25	1,625

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average pay for 2024 limited to $345,000. Active participants who did not benefit under the plan in 2024 (e.g. 10 transfers) were excluded. Average pay is not shown for cells with fewer than 20 participants.

Schedule SB, line 32 — Schedule of Amortization Bases

Shortfall amortization Charge

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by the Pension Protection Act of 2006 (PPA) took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than $0.

Shortfall bases					
Year established		Outstanding balance	Years remaining		2025 Installment
2023	$	71,620,466	13	$	7,344,220
2024		(18,541,694)	14		(1,806,327)
2025		44,921,448	15		4,177,927
Total	$	98,000,220		$	9,715,820

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

Actuarial Assumptions for January 1, 2025 funding valuation

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	0	
	Stabilized	**Nonstabilized**
• First 5 years	5.00%	5.00%
• Next 15 years	5.27%	5.27%
• Over 20 years	5.50%	5.40%
Mortality sponsor elections		
• Healthy and disabled participants	Section 430(h)(3) prescribed generational annuitant and non-annuitant mortality tables for 2025 plan year funding valuations, in accordance with IRS regulation 1.430(h)(3)-1.	
417(e) lump sums	None Assumed	
Other economic assumptions		
• Salary increases	3.00% per year	
• Social Security wage base	3.00% per year – applies to former Shore participants only	
• Inflation	2.50% per year	
• Expected investment return	6.03% for 2023, 5.99% for 2024, 6.80% for 2025	
• Expenses	$3,790,804 added to current year normal cost	

Rationale for Economic Assumptions

- **Expected investment return –** The expected rate of return on plan assets is based on a blend of the hypothetical past performance of the plan's target asset mix and the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook for the plan's target asset mix, adjusted for active management net of fees of 0.05%; but also adjusted for expected plan expenses, e.g. PBGC premiums, paid from the trust.
- **Salary increases –** The salary increase assumption was selected in conjunction with Riverside Health System as a best estimate of anticipated salary increases.
- **Social Security wage base assumption –** The Social Security wage base assumption is based on the inflation assumption, plus a load of 50 basis points to estimate future increases.
- **Inflation assumption –** This assumption is based on the inflation assumption periodically published by Mercer Investment Consulting in their October 2024 Capital Markets Outlook with an adjustment for historical inflation increases.
- **Expenses –** Beginning with the 2023 plan year, Riverside intends to pay PBGC premiums from the plan's trust. The expense assumption is set equal to the expected premium payments during the year.

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

Demographic assumptions		
• Withdrawal	Employee turnover rates for reasons other than death are assumed to follow 145% of the Mercer Modified SOA Basic Age Table. See table of sample rates.	
• Disability incidence	1985 Unisex Disability Table – applies to former Shore participants only. See table of sample rates.	
• Retirement age	See table of sample rates.	
• Benefit commencement age for		
- Future vested deferred	64	
- Current vested deferred	64	
• Spouse assumptions	**Male participants**	**Female participants**
- Percentage married	70%	40%
- Spouse age difference	2 years younger	2 years older
Form of payment	**Single life**	**50% J&S**
• Active retirements	60%	40%
• Future vested deferred	60%	40%
• Future disabilities- applies to former Shore participants only	60%	40%
• Future deaths	0%	100%
• Current vested deferred	60%	40%
Unpredictable contingent event assumptions	Not applicable.	

Deferred participants over age 65 – Based on an analysis of historical plan data through January 1, 2022, only 70% of current deferred participants over age 65 are assumed to be located and commence benefits. Back payments to current deferred participants over age 65 are valued with interest accumulated at 6.00%.

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

Table of Sample Rates

Retirement

Attained age	Before “Rule of 75”	Combined “Rule of 75” & “Rule of 85”
50	0.00%	3.50%
51	0.00%	3.50%
52	0.00%	3.50%
53	0.00%	3.50%
54	0.00%	3.50%
55	8.00%	3.50%
56	8.00%	8.00%
57	8.00%	8.00%
58	8.00%	8.00%
59	8.00%	8.00%
60	8.00%	8.00%
61	8.00%	8.00%
62	25.00%	25.00%
63	25.00%	16.00%
64	25.00%	16.00%
65	35.00%	38.00%
66	35.00%	38.00%
67	35.00%	38.00%
68	35.00%	38.00%
69	35.00%	38.00%
70	100.00%	100.00%

Withdrawal

Attained age	Rate
20	37.70%
25	26.10%
30	17.69%
35	12.61%
40	10.00%
45	8.85%
50	8.12%
55	6.38%
60	4.93%
65	3.63%

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

Disability

Attained age	Decrement
20	0.030%
25	0.043%
30	0.064%
35	0.098%
40	0.158%
45	0.259%
50	0.448%
55	0.845%
60	1.204%
65	1.540%

Rationale for Demographic Assumptions

- **Withdrawal –** The withdrawal assumption was developed based on a 2022 review of plan experience. The plan sponsor expects that future experience will follow the study results, and plan experience is reviewed annually to confirm that it remains reasonable
- **Retirement age –** The retirement age assumption was developed based on a 2022 review of plan experience. The plan sponsor expects that future experience will follow the study results, and plan experience is reviewed annually to confirm that it remains reasonable.
- **Benefit commencement age –** The benefit commencement age was set based on 2022 review of plan experience. The plan sponsor expects that future experience will follow the study results, and plan experience is reviewed annually to confirm that it remains reasonable.
- **Spouse assumptions –** Spousal assumptions were developed based on a 2022 review of plan experience. The plan sponsor expects that future experience will follow the study results, and plan experience is reviewed annually to confirm that it remains reasonable.
- **Form of payment –** Form of Payment assumptions were developed based on a 2022 review of plan experience. The plan sponsor expects that future experience will follow the study results, and plan experience is reviewed annually to confirm that it remains reasonable.

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

Actuarial Methods for Funding

Asset Methods

The asset valuation method is an annual average of the adjusted market value for each month during the last two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

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

Participant Methods

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

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

Minimum Funding Methods

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

A detailed description of the calculation follows:

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

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

Effective date and plan year	Original plan: June 1, 1962 Restated plan: January 1, 2015 Most recent amendment: First plan amendment signed 2017 Plan year: January 1 – December 31
Status of the plan	The plan has ongoing benefit accruals; and new employees hired before January 1, 2012 are eligible to participate in the plan once they satisfy the participation requirements.
Significant events that occurred during the year	Approximately 1,450 retired participants and beneficiaries in pay status were part of an annuity buyout transaction completed with Nationwide in July 2024.
Definitions	
• Covered employees	A person employed by Riverside. For Riverside Physician Services, Inc. “Employee” includes only persons employed by the Cost Centers identified under the heading “Riverside Physician Services, Inc.” in Appendix B of the plan document.
• Participation	Employees become participants on the first of the month coinciding with or next following later of the attainment of age 21 and the completion of one year of eligibility service. No new employee shall become a participant in the plan after January 1, 2013.
• Employee contributions	None.
• Vesting service	The number of plan years in which the employee works 1,000 or more hours.
• Credited service	The number of plan years in which the participant works 1,000 or more hours, but excluding service before becoming a participant.
• Compensation	Compensation is defined as total compensation including all compensation shown on the W-2 form.
• Open window	There was an open window on August 1, 1997. To be eligible you must have been 60 years of age and met the Rule of 75 at that date. If a participant retired under the window they would have 3 years added to their age and service for calculation of benefits. Also, participants choosing to retire under the window would have postretirement medical benefits until age 65.
• Accrued benefit	The accrued benefit is determined in the same manner as the normal retirement benefit using credited service to date.

Schedule SB, Part V — Summary of Plan Provisions

Normal retirement	
• Eligibility	For an employee becoming a participant on or after January 1, 1988, normal retirement date is the first of the month coinciding with or next following the later of the attainment of age 65 and the fifth anniversary of plan participation. For employees who became participants prior to January 1, 1988, normal retirement date is the first of the month coinciding with or next following age 65.
• Benefit	The plan was amended in June 2006. (a) The normal retirement is the accrued benefit as of December 31, 1975 plus the sum of 2% compensation for each year of credited service after December 31, 1975. (b) Effective June 2006, the normal retirement benefit is the accrued benefit as of December 31, 1975 plus the sum of 2.00% of compensation for each year of credited service between January 1, 1976 and December 31, 2006 plus the sum of 1.00% of compensation for each year of credited service after December 31, 2006. For participants who have met requirement for either early or normal retirement by December 31, 2006, their accrued benefit calculation remains as stated in (a).
Early retirement	
• Eligibility	A participant is eligible for early retirement on the first of any month following the attainment of age 55 and the completion of 10 years of vesting service or where age plus vesting service equals or exceeds 75 and a participant is at least 50 years of age.

Schedule SB, Part V — Summary of Plan Provisions

- Benefit

(a) The early retirement factors are as follows:

Age	Factor
55	.4600
56	.4960
57	.5320
58	.5680
59	.6040
60	.6400
61	.7120
62	.7840
63	.8560
64	.9280
65	1.0000

(b) After meeting eligibility for the Rule of 75, the early retirement factors are as follows:

Age	Rule of 75	Rule of 77	Rule of 79	Rule of 81	Rule of 83
50	.6400	.7120	.7840	.8560	.9280
51	.6580	.7260	.7950	.8630	.9320
52	.6760	.7410	.8060	.8700	.9350
53	.6940	.7550	.8160	.8780	.9390
54	.7120	.7700	.8270	.8850	.9420
55	.7300	.7840	.8380	.8920	.9460
56	.7480	.7980	.8490	.8990	.9500
57	.7660	.8130	.8600	.9060	.9530
58	.7840	.8270	.8700	.9140	.9570
59	.8020	.8420	.8810	.9210	.9600
60	.8200	.8560	.8920	.9280	.9640
61	.8560	.8850	.9140	.9420	.9710
62	.8920	.9140	.9350	.9570	.9780
63	.9280	.9420	.9570	.9710	.9860
64	.9640	.9710	.9780	.9860	.9930
65	1.000	1.000	1.000	1.000	1.000

There is no reduction after meeting the Rule of 85.

Effective for employees with a plan participation date after January 1, 2007, a participant is eligible for early retirement on the first of any month following the attainment of age 55 and the completion of 10 years of vesting service and the early retirement factors are equal to those listed in the table in (a), but is not eligible for the Rule of 75/85 subsidies.

Schedule SB, Part V — Summary of Plan Provisions

Deferred vested	
• Eligibility	A participant is 100% vested after completing 5 years of service.
• Benefit	A vested participant will receive his accrued benefit payable at normal retirement date. If eligible for early retirement, a vested participant may receive his benefit under the early retirement provisions. A vested participant who terminates employment on or after January 1, 2021 may receive a single lump sum provided it is less than $15,000 on an Actuarial Equivalence basis.
Late retirement	
• Eligibility	The Delayed Retirement Date is the first of the month coinciding with or next following termination after Normal Retirement Date.
• Benefit	The delayed retirement benefit is the greater of the benefit determined in the same manner as the normal retirement benefit using credited service to actual retirement date and the benefit as of the normal retirement date increased by the appropriate late retirement adjustment factor.
Disability	
• Eligibility	Not applicable currently. Prior to January 1, 1995, a person who is receiving disability benefits from any Employer funded non-governmental program may retire on their early or normal retirement.
• Benefit	None provided.
Pre-retirement death	
• Eligibility	If a participant who is eligible for retirement or is vested dies before benefits commence, his spouse is entitled to a monthly benefit.
• Benefit	If a participant is married at the time of death, the benefit is determined as if the participant quits work on his date of death and elects a 50% joint & survivor option payable on the earliest possible retirement date.
Form of benefits	
• Automatic form for unmarried participants	Life annuity.
• Automatic form for married participants	50% joint and survivor.
• Optional forms	Life annuity, joint and survivor option, ten year certain and continuous, Social Security leveling and lump sum are available.

Schedule SB, Part V — Summary of Plan Provisions

• Optional form conversion factors	1971 Group Annuity Mortality Table for male lives, with ages set back 5 years and ages for spouses and contingent pensioners set back 1 year at the interest rate of 6%. Effective December 31, 2007, the lump sum option is determined by the mortality prescribed by Revenue Ruling 2007-67 beginning with the 2008 plan year. The interest rate is prescribed by the Pension Protection Act for the month of December preceding year of distribution.
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2025, the limit is $350,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.

Plan Provision Changes Since Prior Valuation

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2024 to 2025.

Summary of Major Plan Provisions – Former Hampton Roads Specialty Hospital Income Plan

Effective date and plan year	Original plan: June 1, 2006 Most recent amendment: August 1, 2012 Plan year: January 1 – December 31
Status of the plan	The plan has ongoing benefit accruals; however, participation in the plan is frozen as of January 1, 2013. The plan was merged into the Riverside Health System Retirement Income Plan effective December 31, 2010.
Significant events that occurred during the year	None

Schedule SB, Part V — Summary of Plan Provisions

Definitions	
• Covered employees	If an employee transferred to Hampton Roads Specialty Hospital from Riverside Health System and was a participant in the Riverside Health System Retirement Income Plan on that date, they immediately become a participant in the Hampton Roads Specialty Hospital plan.
• Participation	Employees become participants on the first of the month coinciding with or next following later of the attainment of age 21 and the completion of one year of eligibility service. No employee shall become a participant in the plan after January 1, 2013.
• Employee contributions	None.
• Vesting service	Vesting purposes service is the number of plan years in which the employee works 1,000 or more hours. Years of vesting service will also be credited based on a participant's service with Riverside Health System.
• Credited service	The number of plan years in which the participant works 1,000 or more hours, but excluding service before becoming a participant.
• Compensation	Compensation is defined as total compensation including all compensation shown on the W-2 form.
• Accrued benefit	The accrued benefit is determined in the same manner as the normal retirement benefit using compensation and credited service to date.
Normal retirement	
• Eligibility	Normal retirement date is the first of the month coinciding with or next following the later of the attainment of age 65 and the fifth anniversary of plan participation.
• Benefit	The normal retirement benefit is the sum of 2.00% of compensation for participants in the plan during the 2006 plan year and the sum of 1.25% of compensation for each year of credited service after December 31, 2006.
Early retirement	
• Eligibility	A participant is eligible for early retirement on the first of any month following the attainment of age 55 and the completion of 10 years of vesting service or where age plus vesting service equals or exceeds 75 and a participant is at least 50 years of age.

Schedule SB, Part V — Summary of Plan Provisions

- Benefit

(a) The early retirement factors are as follows:

Age	Factor
55	.4600
56	.4960
57	.5320
58	.5680
59	.6040
60	.6400
61	.7120
62	.7840
63	.8560
64	.9280
65	1.0000

(b) After meeting eligibility for the Rule of 75, the early retirement factors are as follows:

Age	Rule of 75	Rule of 77	Rule of 79	Rule of 81	Rule of 83
50	.6400	.7120	.7840	.8560	.9280
51	.6580	.7260	.7950	.8630	.9320
52	.6760	.7410	.8060	.8700	.9350
53	.6940	.7550	.8160	.8780	.9390
54	.7120	.7700	.8270	.8850	.9420
55	.7300	.7840	.8380	.8920	.9460
56	.7480	.7980	.8490	.8990	.9500
57	.7660	.8130	.8600	.9060	.9530
58	.7840	.8270	.8700	.9140	.9570
59	.8020	.8420	.8810	.9210	.9600
60	.8200	.8560	.8920	.9280	.9640
61	.8560	.8850	.9140	.9420	.9710
62	.8920	.9140	.9350	.9570	.9780
63	.9280	.9420	.9570	.9710	.9860
64	.9640	.9710	.9780	.9860	.9930
65	1.000	1.000	1.000	1.000	1.000

- Benefit

There is no reduction after meeting the Rule of 85.

Effective for employees with a plan participation date after January 1, 2007, a participant is eligible for early retirement on the first of any month following the attainment of age 55 and the completion of 10 years of vesting service and the early retirement factors are equal to those listed in the table in (a), but is not eligible for the Rule of 75/85 subsidies.

Schedule SB, Part V — Summary of Plan Provisions

Deferred vested	
• Eligibility	A participant is 100% vested after completing five years of vesting service; or upon attainment of normal retirement age.
• Benefit	A vested participant will receive his accrued benefit payable at his normal retirement date.
Late retirement	
• Eligibility	The Delayed Retirement Date is the first of the month coinciding with or next following termination after Normal Retirement Date.
• Benefit	The delayed retirement benefit is the greater of the benefit determined in the same manner as the normal retirement benefit using credited service to actual retirement date and the benefit as of the normal retirement date increased by the appropriate late retirement adjustment factor.
Disability	
• Eligibility	Not applicable currently.
• Benefit	None provided.
Pre-retirement death	
• Eligibility	If a participant who is eligible for retirement or is vested dies before benefits commence, his spouse is entitled to a monthly benefit.
• Benefit	If a participant is married at the time of death, the benefit is determined as if the participant quits work on his date of death and elects a 50% joint & survivor option payable on the earliest possible retirement date.
Form of benefits	
• Automatic form for unmarried participants	Life annuity.
• Automatic form for married participants	50% joint and survivor.
• Optional forms	Life annuity, joint and survivor option, ten year certain and continuous, Social Security leveling and lump sum are available.
• Optional form conversion factors	1971 Group Annuity Mortality Table for male lives, with ages set back 5 years and ages for spouses and contingent pensioners set back 1 year at the interest rate of 6%. Effective December 31, 2007, the lump sum option is determined by the mortality prescribed by Revenue Ruling 2007-67 beginning with the 2008 plan year. The interest rate is prescribed by the Pension

Schedule SB, Part V — Summary of Plan Provisions

	Protection Act for the month of December preceding year of distribution.

Miscellaneous	
• Maximum Compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2025, the limit is $350,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.

Plan Provision Changes Since Prior Valuation

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2024 to 2025.

Summary of major plan provisions – Former Shore Health Services, Inc. Pension Plan

Effective date and plan year	Original plan: January 1, 1974 Most recent amendment: August 1, 2012 Plan year: January 1 – December 31
Status of the plan	The plan has ongoing benefit accruals for current active participants. Employees hired on or after January 1, 2006 are not eligible to participate in the plan. The plan was merged into Riverside Health System Retirement Income Plan effective December 31, 2010. For participants who are employees of Shore Life Care, Inc., benefit accruals are frozen effective December 31, 2013. Shore Life Care, Inc. shall no longer participate as an Employer in the Plan effective January 1, 2014.
Significant events that occurred during the year	None
Definitions	
• Covered employees	Employees hired on or after January 1, 2006 are not eligible to participate in the plan. Employees who terminate and are reemployed after March 1, 2006 are not eligible to accrue additional benefits under the plan. Flexi-pool division employees are not eligible to participate.

Schedule SB, Part V — Summary of Plan Provisions

• Participation	All employees of the Employer who work 1,000 hours a year or more are eligible to participate in the Plan on the earlier of (1) the January 1 following the completion of one year of service, or (2) the date six months after the completion of one year of service, with the exception of those not covered by the plan. Shore Life Care, Inc. shall no longer participate as an Employer in the Plan effective January 1, 2014.
• Employee contributions	None.
• Service	Service shall equal total years of service with the Employer. A year of service is credited for each plan year in which an employee works 1,000 hours. If on or after March, 1 2006 a participant terminates and is reemployed no further benefits shall accrue. However, years of service for vesting purposes shall be credited. A break in service occurs at the start of any plan year in which the employee works 500 hours or less for the Employer in such year. Service will not be interrupted by: (a) A leave of absence not in excess of one year granted by the employer. (b) A period of service in the Armed Forces of the United States under which employment rights are granted. (c) A period of disability during which the participant is being paid directly or indirectly by the employer. An employee will be given credit for his pre-break service if any of the following occurs: (a) The employee had a vested interest in his accrued benefit at the time of his break in service, or (b) The employee's number of years of breaks in service is less than the greater of five (one, prior to January 1, 1985) or his aggregate number of years of service before such breaks. (c) Former member or member has to complete a year of service after the break in service. An employee of Shore Life Care, Inc. shall not earn service for any period commencing after December 31, 2013.
• Pensionable earnings	Compensation shall mean W-2 compensation plus amounts deferred under tax-sheltered annuities and Section 125 plans. Compensation does not include expense allowances, fringe benefits, moving expenses, any welfare benefits or deferred compensation. For an employee of Shore Life Care, Inc. compensation paid after December 31, 2013 shall not be taken into account.

Schedule SB, Part V — Summary of Plan Provisions

• Average Compensation	Average compensation is the average of the highest 15 consecutive complete calendar years of compensation out of the last 25 complete calendar years.
• Accrued benefit	The accrued benefit at any time prior to a participant's normal retirement date shall be the product of (a) and (b) where: (a) Is a fraction, the numerator of which is the years of service at the benefit accrual date and the denominator of which is the years of service expected at normal retirement date, and (b) Is the normal retirement benefit. For participants who are employees of Shore Life Care, Inc., the accrued benefit is frozen effective December 31, 2013.
Normal retirement	
• Eligibility	Normal retirement date is the first day of the month coincident with or next following attainment of age 65 or the 5th anniversary of participation in the plan, if later. The earliest normal retirement date is December 31, 1974.
• Benefit	The amount of annual benefit to be paid in monthly installments for life, based on service to normal retirement date, is: (a) .85% of average compensation for each year of service, plus (b) .65% of such compensation, which is in excess of 1/6 of the Social Security Taxable Wage Base for each year of service, but not greater than 35 years. The minimum annual retirement benefit (exclusive of Social Security) shall be $36 multiplied by years of service. The plan provisions in effect on December 31, 1999 will remain in effect and be used to calculate a prior plan minimum benefit until December 31, 2004 for all employees that were plan participants on January 1, 2000. On December 31, 2004, that benefit became a frozen minimum benefit. For participants who are employees of Shore Life Care, Inc., the accrued benefit is frozen effective December 31, 2013.
Early retirement	
• Eligibility	Upon the completion of 15 years of service and the attainment of age 55, or upon the completion of 10 years of service and the attainment of age 62, a participant may elect to retire.

Schedule SB, Part V — Summary of Plan Provisions

- Benefit

The participant may receive a monthly benefit for life beginning at his normal retirement date equal to the benefit accrued at early retirement date. Payments may begin immediately, with the benefit being multiplied by the appropriate factor from the table below:

Early Retirement Reduction Factors	
Age	**Percentage of Accrued Benefit Payable**
65	100.00%
64	92.3%
63	84.6%
62	76.9%
61	73.1%
60	69.2%
59	65.4%
58	61.5%
57	57.7%
56	52.9%
55	48.6%

For participants who are employees of Shore Life Care, Inc., the accrued benefit is frozen effective December 31, 2013.

Delayed retirement

- Eligibility

A participant may continue in employment of the Employer after his normal retirement date.

- Benefit

The participant will receive at actual retirement the benefit provided under the normal retirement benefit formula based on continued accrual of service and compensation as of the late retirement date. In no event shall this benefit be less than the actuarial equivalent of the participant's normal retirement benefit.

For participants who are employees of Shore Life Care, Inc., the accrued benefit is frozen effective December 31, 2013.

Deferred vested

- Eligibility

Termination of employment after 5 or more years of service results in 100% vesting in the accrued benefit to be paid at the participant's normal retirement date.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	The participant will receive the accrued benefit at his normal retirement date, or may elect to receive a reduced benefit at age 62 if he has at least 10 years of service or at age 55 if he had at least 15 years of service at date of termination. See the description of the early retirement benefit. If the actuarial equivalent of the benefit is less than $1,000, it shall be paid in an immediate lump sum. If the actuarial equivalent of the benefit is more than $1,000 but less than or equal to $5,000, it may be paid as a lump sum if the participant consents. If the actuarial equivalent of a participant's vested accrued benefit is $0, the participant shall be deemed to have received a distribution of such vested accrued benefit. For participants who are employees of Shore Life Care, Inc., the accrued benefit is frozen effective December 31, 2013.
Disability	
• Eligibility	A participant who becomes totally and permanently disabled after completion of 10 years of service may retire.
• Benefit	The participant will receive a disability retirement benefit calculated as his accrued benefit on date of disability. In the case of a single participant, the benefit is payable for life only and in the case of a married participant, the benefit is payable as a joint and one-half survivor annuity. The disability benefit is payable only to age 65 or until his recovery. At age 65, the participant may elect to receive his accrued benefit in an option form of payment. For participants who are employees of Shore Life Care, Inc., the accrued benefit is frozen effective December 31, 2013.
Death benefit	
• Eligibility	A participant is eligible for a death benefit if he has 5 or more years of vesting service.
• Benefit prior to early or normal retirement	If a married vested participant dies prior to becoming eligible for early or normal retirement, his surviving spouse shall receive a benefit, payable when the participant would have been eligible for retirement, based on a joint and one-half survivor benefit. For participants who are employees of Shore Life Care, Inc., the accrued benefit is frozen effective December 31, 2013.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit after early or normal retirement	In the event of a married participant's death after having become eligible for early or normal retirement, the participant's surviving spouse shall be entitled to receive a benefit computed as if the participant had retired on the day prior to death and elected a joint and one-half survivor benefit. If an unmarried participant dies after becoming eligible for normal retirement or after the attainment of age 62 and the completion of 10 years of service, it will be assumed the participant had retired on the first of the month in which he died and had elected a 10-year certain and life benefit. Married participants may also elect this form of benefit if they have met the requirements of the preceding sentence. For participants who are employees of Shore Life Care, Inc., the accrued benefit is frozen effective December 31, 2013.
• Option forms	All optional methods of settlement are actuarially equivalent to the normal form of annuity. If a married participant does not elect the normal form of annuity or does not elect one of the optional forms of payment described below, then the participant's retirement benefit shall automatically be paid under option (a) below. The options are: (a) A reduced benefit to be paid during the participant's lifetime with one-half the reduced benefit to be continued to his spouse for her lifetime after his death. (b) A reduced benefit to be paid during the participant's lifetime with the same or 75% of the reduced benefit to be continued to his spouse for her lifetime after his death. (c) A reduced benefit to be paid for 120 months certain and thereafter for life. (d) A lump sum settlement shall be paid if the value does not exceed $1,000. Lump sum settlements from $1,000 to $5,000 may be paid with the participant's consent.
• Option form conversion factors	All optional forms of payment, other than a lump sum settlement, for nondisabled participants are actuarially equivalent to the normal form of annuity on a unisex basis based on the UP-1984 Mortality Table adjusted for an 80% female content in the participant group and 7.5% interest. Lump sum payments will be based on the average annual interest rate on 30-year Treasury Securities for the second month (November) before the first day of the current plan year and the 1994 Group Annuity Reserving Table. Optional methods of settlement for disabled participants are based upon the female disabled mortality rates published by the Pension Benefit Guaranty Corporation.

Schedule SB, Part V — Summary of Plan Provisions

Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2025, the limit is $350,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2025, the limit is $280,000.

Plan Provision Changes Since Prior Valuation

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2024 to 2025.

Benefits Included or Excluded

Unless noted below, all benefits provided by the plan, as restated January 1, 2015 and amended through Amendment #1, are included in this valuation:

- **Most recent plan amendments included:** Amendment #1
- **Plan amendments excluded:** None
- **Late retirement increases:**
  - *Active participants:* The actuarially increased normal retirement benefit as of the valuation date is valued as a minimum benefit for any participant over normal retirement age.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued using the monthly retirement benefit payable at normal retirement age.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Schedule SB, Part V — Summary of Plan Provisions

Plan Provisions Specific to Funding

Additional Benefits Included or Excluded

- **IRC Section 436 benefit restrictions:**
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

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
RIVERSIDE HEALTH SYSTEM RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
RIVERSIDE MANAGEMENT SERVICES, INC.

D Employer Identification Number (EIN)
52-1241840

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**	537,516,315
b Actuarial value	**2b**	526,374,482

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	1,829	303,164,639	303,164,639
b For terminated vested participants	2,627	108,166,344	108,166,344
c For active participants	1,635	183,774,260	188,835,510
d Total	6,091	595,105,243	600,166,493

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**	5.46%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	10,614,629
b Expected plan-related expenses	**6b**	3,790,804
c Target normal cost	**6c**	14,405,433

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

MTW

Signature of actuary

10/01/2026
Date

MICHAEL T. WHALEN, F.S.A.
Type or print name of actuary

2605594
Most recent enrollment number

MARSH
Firm name

804-344-2600
Telephone number (including area code)

800 EAST CANAL STREET, SUITE 900

RICHMOND VA 23219
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)	18,962,927	6,406,407
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	2,447,064	0
9	Amount remaining (line 7 minus line 8)	16,515,863	6,406,407
10	Interest on line 9 using prior year's actual return of 5.61%	926,540	359,399
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		56,078
	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 5.32%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		3,146
	c Total available at beginning of current plan year to add to prefunding balance		59,224
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	17,442,403	6,765,806

Part III Funding Percentages

14	Funding target attainment percentage	14	83.67%
15	Adjusted funding target attainment percentage	15	84.74%
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	94.02%
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
04/11/2025	5,400,000	0			
07/11/2025	5,400,000	0			
10/14/2025	5,400,000	0			
01/14/2026	5,400,000	0			
09/10/2026	3,600,000	0			
			Totals ► 18(b)	25,200,000	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	24,154,787

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	61

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**	14,405,433
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	98,000,220	9,715,820
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	24,121,253

	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**	24,121,253
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	24,154,787

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

a Total (excess, if any, of line 37 over line 36)	**38a**	33,534
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

F051TF

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

R H S R I P

EIN 52 1241840
PLAN NUMBER 001
PLAN YEAR 01/01/2025 TO 12/31/2025

(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
	Allspring	Registered Investment Company Allspring Money Market Fund	$ 3,530,795.01	$ 3,530,795.01
	SEI TRUST COMPANY	Common/Collective Trust COHEN & STEERS COLLECTIVE INV	$ 17,758,986.75	$ 17,813,112.11
	Mercer Collective Trust	Common/Collective Trust Mercer Emerging Markets Equity	$ 15,489,084.48	$ 22,836,019.57
	Mercer Collective Trust	Common/Collective Trust Mercer ERISA Hedge Fund Inv	$ 15,065,637.87	$ 26,582,974.37
	Mercer Collective Trust	Common/Collective Trust Mercer Long Dur Passive Fixed	$ 53,319,626.89	$ 48,888,620.30
	Mercer Collective Trust	Common/Collective Trust Mercer Non-US Core Eq Port	$ 21,974,335.29	$ 55,243,250.64
	Mercer Collective Trust	Common/Collective Trust Mercer Opp Fixed Income	$ 47,664,746.16	$ 59,276,949.16
	Mercer Collective Trust	Partnership / Joint Venture Mercer Private Inv Partners IV	$ 5,688,348.67	$ 12,686,218.00
	MERCER TRUST COMPANY	Partnership / Joint Venture Mercer Pv Inv Partners VII, LP	$ 9,000,000.00	$ 12,448,070.00
	Mercer Collective Trust	Common/Collective Trust Mercer US Large Cap Equity	$ 79,736,499.11	$115,894,942.64
	Mercer Collective Trust	Common/Collective Trust Mercer US Small Midcap Equity	$ 5,786,688.62	$ 14,721,302.78
	MERCER TRUST COMPANY	Common/Collective Trust MERCER ACT LNG CORP INV PORT	$124,656,589.57	$125,625,961.99
	MERCER TRUST COMPANY	Common/Collective Trust MERCER LONG ST FIX INC PRTF	$ 75,818,443.68	$ 53,009,262.38
	MERCER TRUST COMPANY	Partnership / Joint Venture MERCER PRIVATE INV PTN VI	$ 8,010,000.00	$ 11,505,882.00
	MERCER TRUST COMPANY	Non Interest Bearing Cash NON INTEREST BEARING CASH	$ 14,000,000.00	$ 14,000,000.00

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