

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>NORTHSHORE UNIVERSITY HEALTHSYSTEM 401K PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>008</u></p>
<p><b>2a</b> 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) <u>NORTHSHORE UNIVERSITY HEALTHSYSTEM</u></p> <p><u>1301 CENTRAL STREET</u> <u>EVANSTON, IL 60201</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/2020</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>36-2167060</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>847-570-5365</u></p> <p><b>2d</b> Business code (see instructions) <u>622000</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/30/2024	STEPHEN WALLNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/30/2024	DIANNA SPARACINO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	727
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	620
	<b>6a(2)</b>	0
	<b>6b</b>	0
	<b>6c</b>	0
	<b>6d</b>	0
	<b>6e</b>	0
	<b>6f</b>	0
	<b>6g(1)</b>	702
	<b>6g(2)</b>	0
<b>6h</b>	17	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2E 2F 2G 2J 2K 3D

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  1  </u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

<b>A</b> Name of plan <b>NORTHSHORE UNIVERSITY HEALTHSYSTEM 401K PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>008</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHSHORE UNIVERSITY HEALTHSYSTEM</b>		<b>D</b> Employer Identification Number (EIN) <b>36-2167060</b>	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>71-0294708</b>	<b>86509</b>	<b>664484</b>	<b>0</b>	<b>01/01/2023</b>	<b>12/31/2023</b>

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	0

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<b>7c(6)</b>	
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</b>	
(5) Total deductions .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)     
  **b** Dental     
  **c** Vision     
  **d** Life insurance  
 **e** Temporary disability (accident and sickness)     
  **f** Long-term disability     
  **g** Supplemental unemployment     
  **h** Prescription drug  
 **i** Stop loss (large deductible)     
  **j** HMO contract     
  **k** PPO contract     
  **l** Indemnity contract  
 **m** Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....	<b>9a(1)</b>	
(2) Increase (decrease) in amount due but unpaid.....	<b>9a(2)</b>	
(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>	
(4) Earned ((1) + (2) - (3)).....		<b>9a(4)</b>
<b>b</b> Benefit charges (1) Claims paid.....	<b>9b(1)</b>	
(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>	
(3) Incurred claims (add (1) and (2)).....		<b>9b(3)</b>
(4) Claims charged .....		<b>9b(4)</b>
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions .....	<b>9c(1)(A)</b>	
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	
(D) Other expenses .....	<b>9c(1)(D)</b>	
(E) Taxes .....	<b>9c(1)(E)</b>	
(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>	
(G) Other retention charges .....	<b>9c(1)(G)</b>	
(H) Total retention .....		<b>9c(1)(H)</b>
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>
(2) Claim reserves .....		<b>9d(2)</b>
(3) Other reserves.....		<b>9d(3)</b>
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A?.....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

<b>A</b> Name of plan <b>NORTHSHORE UNIVERSITY HEALTHSYSTEM 401K PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>008</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHSHORE UNIVERSITY HEALTHSYSTEM</b>	<b>D</b> Employer Identification Number (EIN) <b>36-2167060</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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**71-0294708**

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

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

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

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

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(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	SERVICE PROVIDER	14493	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

**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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:



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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b>	
<b>A</b> Name of plan <b>NORTHSHORE UNIVERSITY HEALTHSYSTEM 401K PLAN</b>	<b>B</b> Three-digit plan number (PN) <b>008</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>NORTHSHORE UNIVERSITY HEALTHSYSTEM</b>	<b>D</b> Employer Identification Number (EIN) <b>36-2167060</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	0
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	0
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	1d(1)		
(2) Employer real property .....	1d(2)		
e Buildings and other property used in plan operation .....	1e		
f Total assets (add all amounts in lines 1a through 1e) .....	1f	17002102	0
<b>Liabilities</b>			
g Benefit claims payable .....	1g		
h Operating payables .....	1h		
i Acquisition indebtedness .....	1i		
j Other liabilities .....	1j		
k Total liabilities (add all amounts in lines 1g through 1j) .....	1k	0	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	17002102	0

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers .....	2a(1)(A)	1936144	
(B) Participants .....	2a(1)(B)	3004389	
(C) Others (including rollovers) .....	2a(1)(C)	1304192	
(2) Noncash contributions .....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....	2a(3)		6244725
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	2b(1)(A)		
(B) U.S. Government securities .....	2b(1)(B)		
(C) Corporate debt instruments .....	2b(1)(C)		
(D) Loans (other than to participants) .....	2b(1)(D)		
(E) Participant loans .....	2b(1)(E)	6365	
(F) Other .....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)		6365
(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)	611163	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		611163
(3) Rents .....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds .....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate .....	2b(5)(A)		
(B) Other .....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		11866
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		3145433
<b>c</b> Other income .....	<b>2c</b>		-1978
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		10017574

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	974810	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		974810
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		17924
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	14293	
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	717	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	200	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		15210
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		1007944

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		9009630
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		26011732

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

- (1)  Unmodified    (2)  Qualified    (3)  Disclaimer    (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

- (1)  DOL Regulation 2520.103-8    (2)  DOL Regulation 2520.103-12(d)    (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: MITCHELL & TITUS, LLP

(2) EIN: 13-2781641

**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
<b>a</b> 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.) .....		X	
<b>b</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.).....		X	
<b>c</b> 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.) .....		X	
<b>d</b> 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.).....		X	
<b>e</b> Was this plan covered by a fidelity bond?.....	X		15000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> 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? .....		X	
<b>h</b> 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?.....		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
<b>j</b> 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.).....		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....	X		
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	X		
<b>n</b> 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. ....	X		

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?.....  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
ENDEAVOR HEALTH 401(K) PLAN (FORMERLY KNOWN AS NS-EEH 401(K) PLAN)	87-4520691	001

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

<b>A</b> Name of plan <u>NORTHSHORE UNIVERSITY HEALTHSYSTEM 401K PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>008</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>NORTHSHORE UNIVERSITY HEALTHSYSTEM</u>	<b>D</b> Employer Identification Number (EIN) <u>36-2167060</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
<b>2</b> 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): <u>71-0294708</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	

<b>Part II</b>	<b>Funding Information</b> (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.)
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<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b		
<b>c</b> 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		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> 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. ....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (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.
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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</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.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) .....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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 .....	<b>16b</b>	

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

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

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation.....

**Part VII IRS Compliance Questions**

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

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

**NORTHSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN**

**Financial Statements and Supplemental Schedule  
For Years Ended December 31, 2023 and 2022  
With Independent Auditor's Report**



**MITCHELL TITUS**  
ACHIEVING EXCELLENCE TOGETHER

**NORTHSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN**  
Financial Statements and Supplemental Schedule  
Years Ended December 31, 2023 and 2022

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**Note:** Supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



## INDEPENDENT AUDITOR'S REPORT

To the Endeavor Health Retirement Plan Committee

### ***Scope and Nature of the ERISA Section 103(a)(3)(c) Audit***

We have performed audits of the financial statements of the NorthShore University HealthSystem 401(k) 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, 2023 and 2022, the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of December 31, 2023 and 2022 and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

### ***Opinion***

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

- The amounts and disclosures in the accompanying 2023 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.

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- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the 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.

### ***Emphasis of Matter – Plan Merger***

As further discussed in Note 2 to the financial statements, effective 11:59:59 p.m. Central Time on December 31, 2023 (the Merger Date), the Plan was merged with and into the NS-EEH 401(k) Plan, with the NS-EEH 401(k) Plan being the surviving plan following the merger. The Plan's assets were transferred to the NS-EEH 401(k) Plan's Trust as soon as administratively practicable on or after the Merger Date. Our opinion is not modified with respect to this matter.

### ***Responsibilities of Management for the Financial Statements***

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are 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 of the Financial Statement 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, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

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

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



## MITCHELL TITUS

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 accounting principles generally accepted in the United States of America.

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

*Mitchell Titus, LLP*

September 27, 2024

**NORTHSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN**

Statements of Net Assets Available for Benefits

December 31, 2023 and 2022

*(Dollars in Thousands)*

	<u>2023</u>	<u>2022</u>
<b>ASSETS</b>		
Investments, at fair value	\$ -	\$ 16,909
Notes receivable from participants	-	93
<i>Contribution receivable</i>		
Employee	-	77
Employer	-	512
Total contribution receivable	-	589
<b>Net assets available for benefits</b>	<b>\$ -</b>	<b>\$ 17,591</b>

The accompanying notes are an integral part of these financial statements.

**NORTHSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN**  
Statement of Changes in Net Assets Available for Benefits  
Year Ended December 31, 2023  
(Dollars in Thousands)

**ADDITIONS**

*Investment income*

Net appreciation in fair value of investments	\$ 3,156
Interest and dividends	611
	<u>3,767</u>

Interest income on notes receivable from participants	<u>6</u>
---	----------

*Contributions*

Employee	2,927
Employer	1,424
Rollovers	1,304
	<u>5,655</u>

Total additions	<u>9,428</u>
-----------------	--------------

**DEDUCTIONS**

Benefit payments	992
Administrative expenses	15
	<u>1,007</u>

Increase in net assets before transfers	8,421
---	-------

Transfers out (see "Plan Merger" under Note 2)	<u>(26,012)</u>
--	-----------------

Net decrease after transfers	(17,591)
------------------------------	----------

*Net assets available for benefits*

Beginning of year	<u>17,591</u>
-------------------	---------------

<b>End of year</b>	<u><u>\$ -</u></u>
--------------------	--------------------

The accompanying notes are an integral part of these financial statements.

## **NORTHSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN**

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

*(Dollars in Thousands)*

### **NOTE 1      DESCRIPTION OF THE PLAN**

#### General

The following description of the NorthShore University HealthSystem 401(k) Plan (formerly known as the 401(k) SC Management Services Plan) (the Plan) provides only general information. The description of the Plan referenced below reflects the provisions of the Plan during 2023, which was prior to the merger with and into the NS-EEH 401(k) Plan (see “Plan Merger” in Note 2). Subsequent to the merger, the NS-EEH 401(k) Plan was renamed the Endeavor Health 401(k) Plan. Participants should refer to the plan document for a more complete description of the Plan's provisions.

Endeavor Health Clinical Operations, formerly known as NorthShore University HealthSystem before December 5, 2023, (the Corporation), maintains the Plan for the benefit of eligible employees of Swedish Covenant Management Services, Inc. (the Swedish Medical Group). Effective January 1, 2020, the Swedish Medical Group became part of the Corporation.

The purpose of the Plan is to provide eligible employees with a method of long-term, tax-deferred savings and retirement benefits.

The Plan was established effective as of January 1, 2020, with the intent that it satisfies the requirements of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and satisfies Section 401(k) of the Internal Revenue Code of 1986 (the Code), as amended.

The Corporation adopted the Voya Retirement Insurance and Annuity Company Prototype Non-Standardized 401(k) Profit Sharing Plan and Adoption Agreement (Prototype Plan) for the Plan, effective January 1, 2020. On December 30, 2020, the Corporation adopted a custom amendment to the Plan, which added a discretionary employer contribution for certain eligible employees. As a result of the custom amendment, the Corporation was no longer able to rely on Voya's Prototype Plan document for the Plan. Consequently, the Plan was restated effective January 1, 2021 to adopt an individualized (custom) plan document for the Plan.

The 401(k) Plan was restated, effective January 1, 2021, to change the Plan name to the NorthShore University HealthSystem 401(k) Plan from the 401(k) SC Management Services Plan.

#### Plan Administrator

The Plan Administrator is the Endeavor Health Retirement Plan Committee (Committee), the members of which are appointed by the Chief Executive Officer of Endeavor Health (formerly known as NS-EE Holdings) or the Chief People Officer of Endeavor Health. Endeavor Health is the parent company of the Corporation. The Plan Administrator has the complete authority to control and manage the operation and administration of the Plan.

## NORTSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

*(Dollars in Thousands)*

### NOTE 1      DESCRIPTION OF THE PLAN *(continued)*

#### Participation and Eligibility

All employees of the Swedish Medical Group are immediately eligible to participate in the Plan on their first day of work by properly electing to make employee elective deferrals.

#### Contributions and Funding

##### *Employee Contributions*

For the 2023 plan year, once participants determine the amount they want to contribute to the Plan (between 1% and 45% of eligible earnings not to exceed Internal Revenue Service [IRS] limits), the amount is deducted every pay period and deposited into a participant's employee elective deferrals account.

Participants are allowed to contribute to the Plan in the following manner for the 2023 plan year:

- (a) **Elective Deferrals** – The employee must complete the written or electronic enrollment forms required under the enrollment procedures prescribed by the Plan Administrator.
- (b) **Catch-Up Contributions** – Participants who attain age 50 before the close of a given plan year may elect to make a catch-up contribution (between 1% and 35% of eligible earnings not to exceed IRS limits). Amounts contributed shall not be eligible for employer matching contributions.
- (c) **Rollover Contributions** – Participants may elect to roll over all or a portion of their eligible rollover distribution into the Plan at any time after their employment commencement date. Amounts contributed shall not be eligible for employer matching contributions. Participants may not roll over their account balance under the Swedish Covenant Management Services, Inc. Retirement Plan into the Plan or any other retirement plan sponsored by the Corporation or any related entity.
- (d) **Roth After-Tax Contributions** – The Plan includes a qualified Roth after-tax contribution program within the meaning of Code Section 402A.
- (e) **Roth Rollover Contributions** – The Plan allows participants to roll over the amounts of any Roth after-tax contributions under a 403(b), 401(k) or governmental 457(b) plan at a previous employer.
- (f) **In-Plan Roth Transfers** – The Plan allows participants to convert their vested accounts under the Plan into designated Roth after-tax accounts pursuant to Code Section 402A(c) and the guidance issued thereunder.

## NORTHSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

*(Dollars in Thousands)*

### NOTE 1 DESCRIPTION OF THE PLAN *(continued)*

#### Contributions and Funding *(continued)*

##### *Employer Contributions*

The Corporation shall be entitled to make the following contributions to the Plan for the 2023 plan year:

- (a) **Employer Matching Contributions** – Effective on and after January 1, 2021, and before January 1, 2024, the Corporation may make an annual discretionary employer matching contribution in an amount up to 50% of a participant's pre-tax and/or Roth after-tax contributions, on up to 6% of eligible earnings for the applicable calendar year. The match percentage can fluctuate between 0% and 50%, and is based on the Corporation's business performance. To receive an allocation of the employer matching contribution for a given calendar year, the participant must be employed by the Swedish Medical Group or a related entity on the last day of such calendar year. However, if, while actively employed by the Swedish Medical Group or a related entity, the participant dies, terminates employment due to disability (as defined in the Plan document) or retires after attaining age 62 during a given calendar year, the participant will be entitled to an employer matching contribution for such calendar year, regardless of whether he or she is employed on the last day of such calendar year.

Employer matching contributions made before January 1, 2024 will become 100% vested after a participant completes 12 consecutive months of employment in which the participant earns at least one hour of service with the Swedish Medical Group or any related entity.

- (b) **Base Employer Contributions** – Effective on and after January 1, 2021, and before January 1, 2024, the Corporation makes a base employer contribution equal to 3% of an employee's eligible compensation each payroll period, regardless of whether the eligible employee makes employee contributions to the Plan. The 3% base employer contributions will become 100% vested after an employee completes 12 consecutive months of employment in which the employee earns at least one hour of service with the Swedish Medical Group or any related entity.
- (c) **Supplemental Contributions** – The Corporation may, for any plan year, make qualified non-elective contributions on behalf of participants. No such contributions were made for 2023.

## NORTHSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

*(Dollars in Thousands)*

### NOTE 1      **DESCRIPTION OF THE PLAN** *(continued)*

#### Contributions and Funding *(continued)*

- (d) **Discretionary Employer Contributions** – The Corporation may in its sole discretion (but is not required to) make a discretionary employer contribution from plan year to plan year during the continuance of the Plan in such amounts as the Corporation determines in its sole discretion from time to time. Discretionary employer contributions are 100% vested at all times. No discretionary employer contributions were made for the 2023 plan year.
- (e) **Other Required Contributions** – In addition to any other contributions, the Corporation shall make any contribution required to provide for reinstatement of forfeitures.

#### Contribution Limitations

The annual additions to a participant's account under the Plan shall not exceed the IRS limit or 100% of the participant's Code Section 415(c)(3) compensation during that limitation year.

#### Investment Funds

The investment manager and investment vehicles from which participants can choose are determined by the Committee. The Committee reviews the funds' performance at least annually and switches eligible funds, as necessary. Participants are able to make investment elections for new money with the record-keeper to invest in specified multiples from 1% up to 100%. Prior to January 1, 2024, Voya was the record-keeper for the Plan. Effective January 1, 2024, Fidelity is the record-keeper for the Plan. Participants may elect to change the investment of future contributions in any multiple of 1%. Participants may each elect to change the investment of the existing balance of their account with Voya in whole percentages or dollar amounts.

Effective January 1, 2021, if a participant does not make any investment elections, the participant's account under the Plan will automatically be invested in the qualified default investment alternative option designated by the Committee.

The Plan is intended to constitute a plan as described in ERISA Section 404(c), and the Plan's fiduciaries may be relieved of any liability for any losses that are the direct and necessary result of the investment decisions made, and investment instructions given, by a participant.

## **NORTHSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN**

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

(Dollars in Thousands)

### **NOTE 1      DESCRIPTION OF THE PLAN** *(continued)*

#### Expenses

Expenses incurred in the administration of the Plan and the management of Plan assets are paid by Plan participants, except to the extent paid by the Corporation. Participants currently pay two types of fees under the Plan, investment fees and administrative fees.

Investment fees are generally charged by the investment firms that manage the investment options offered under the Plan and are seen as expense ratios. Expense ratios are expressed as a percentage of assets (*i.e.*, the total dollar value invested in that fund) and are factored in the net asset value (NAV) of each investment option under the Plan. NAV includes the investment fund management fee and other related investment fund fees of the investment options offered under the Plan.

These fees are not directly deducted from a participant's individual account but, rather, are deducted from the investment fund assets before investment returns are calculated for anyone invested in that particular fund.

Administrative fees generally cover costs related to the daily operation and administration of the Plan for the benefit of participants (*e.g.*, record-keeping expenses paid to the record-keeper). For the 2023 plan year, the participant will incur an asset-based fee that is an annual administrative fee equal to a percentage of their account balance under the Plan. This fee is charged to a participant's account at the end of each calendar quarter for various administrative services utilized by the Plan. The participant will see the fee amount as a separate line item on their quarterly statement.

Additionally, there are certain transaction-type fees (including, but not limited to, loan initiation fees, payment processing fees, and overnight mail) that will be charged against the account of the participant to whom the transaction relates.

#### Participant Accounts

For the 2023 plan year, each participant's account is credited with the participant's contributions; the Corporation's employer matching contributions, base employer contributions and discretionary employer contributions, if any; and allocations of Plan earnings (losses), and is charged an administrative fee. Plan earnings (losses) are allocated based on the participant's share of net earnings or losses of their respective elected investment options.

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

## **NORTHSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN**

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

*(Dollars in Thousands)*

### **NOTE 1      DESCRIPTION OF THE PLAN** *(continued)*

#### Participant Loans

For the 2023 plan year, participants may borrow from their account from employee elective deferrals subject to minimum and maximum amounts described in the Plan document. A participant shall be allowed to receive only one loan in any 12-month period. A participant may have no more than one loan outstanding at any time.

Each loan shall bear a reasonable rate of interest. In general, any loan initiated on or after October 3, 2022 shall be repaid via ACH debit. For loans issued before October 3, 2022, loan repayments shall be repaid via ACH debit on and after January 1, 2023. The repayment period for a loan issued before January 1, 2024 shall be no longer than 57 months, or 15 years if borrowed for a dwelling. The minimum term for any loan under the Plan is 12 months. Loans shall be repaid in substantially equal amortized installments, but in no event less frequently than quarterly.

In the event a participant defaults on any loan, the Plan Administrator may declare the full amount of the loan to be due and payable. Any applicable fees associated with the loan (such as an origination fee and/or annual maintenance fees) shall be charged directly to the account of the participant requesting such loan.

A participant's separation from service shall not cause the participant to default on the loan. In this circumstance, participants are able to continue to repay their loans directly to the record-keeper.

#### Benefit Payments

Participants may request at any time and for any reason to receive an in-service distribution of all or a portion of the balance of their account attributable to rollover contributions. Participants who have attained age 59½ may request to receive an in-service distribution of all or a portion of the vested percentage of their account. Before employment termination, a participant may also request a hardship withdrawal. There is no limit as to the number of hardship withdrawals participants may take over their lifetime.

If a participant is on active military duty for more than 30 days as defined in the Heroes Earnings Assistance and Relief Tax Act of 2008, the participant may withdraw all or a portion of their account attributable to employee elective deferrals, provided, however, the participant may not make any employee elective deferrals or other employee contributions for six months following such a withdrawal. Notwithstanding the foregoing, the six-month suspension will not apply if the participant is also entitled to a qualified reservist distribution described directly below.

## **NORTHSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN**

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

*(Dollars in Thousands)*

### **NOTE 1      DESCRIPTION OF THE PLAN *(continued)***

#### Benefit Payments *(continued)*

If a participant is a member of a reserve component (as defined in 37 USC 101) and is called into active military duty for a period in excess of 179 days or an indefinite period, the participant may request to receive a distribution of all or a portion of their vested account without incurring an early withdrawal penalty.

#### Forfeitures and Other

If an unvested participant leaves the Swedish Medical Group and all related entities and receives a distribution of the vested portion of their account balance, the non-vested portion of the participant's account will be forfeited as of their termination date. If a participant leaves the Swedish Medical Group and all related entities and does not receive a distribution of the vested portion of their account balance, the non-vested portion of the participant's account will be forfeited as of the date their break-in-service equals five years. The Plan uses forfeitures to offset the cost of future employer contributions and to pay administrative and/or the Plan's expenses. Unallocated forfeitures balance as of December 31, 2023 and 2022, was \$0 and \$5, respectively.

#### Plan Termination

The Corporation may terminate the Plan at any time and for any reason subject to the provisions of ERISA. Upon termination of the Plan, the Corporation shall give written notice to the Plan Administrator and participants and affected participants will become 100% vested in their accounts.

### **NOTE 2      SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

#### Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting.

#### Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. No allowance for credit losses has been recorded as of December 31, 2023.

If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be a distribution, the participant loan balance is reduced, and a benefit payment is recorded.

## **NORTHSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN**

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

*(Dollars in Thousands)*

### **NOTE 2      SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(continued)***

#### Excess Employee Contributions

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability, with a corresponding reduction to contributions. There were no excess contributions as of December 31, 2023.

#### Investment Valuation and Income Recognition

Investments held by the Plan are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (*i.e.*, an exit price). See Note 5 for further discussion of fair value.

Purchases and sales of investments 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 bought and sold as well as held during the year.

#### Payment of Benefits

Benefit payments are recorded when paid.

#### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States (U.S. GAAP) requires the Plan Administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

#### Plan merger

Effective 11:59:59 p.m. Central Time on December 31, 2023 (the Merger Date), the Plan was merged with and into the NS-EEH 401(k) Plan, with the NS-EEH 401(k) Plan being the surviving plan following the merger. The Plan's assets were transferred to the NS-EEH 401(k) Plan's Trust as soon as administratively practicable on or after the Merger Date. Also, effective on the Merger Date, eligible participants, beneficiaries and alternate payees covered by the Plan became participants in the NS-EEH 401(k) Plan. Effective January 1, 2024, the NS-EEH 401(k) Plan was renamed the Endeavor Health 401(k) Plan.

## **NORTHSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN**

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

(Dollars in Thousands)

### **NOTE 3 INCOME TAX STATUS**

The Corporation originally adopted the Prototype Plan for the Plan, effective January 2020. Therefore, the Corporation was permitted to rely on the favorable opinion letter issued by the IRS on September 1, 2014 for the Prototype Plan as evidence that the Plan is qualified under Code Section 401 to the extent provided in Revenue Procedure 2011-49 and subsequent guidance.

On December 30, 2020, the Corporation adopted a custom amendment to the Plan, which added a discretionary employer contribution for certain eligible employees. As a result of the custom amendment, the Corporation was no longer able to rely on Voya's Prototype Plan document for the Plan. Consequently, the Plan was restated effective January 1, 2021 to adopt an individualized (custom) plan document for the Plan. The individualized (custom) plan document for the Plan received a determination letter from the IRS dated October 21, 2021, stating that the Plan is qualified under Section 401(a) of the Code, and, therefore, the related trust is exempt from taxation. Plan management believes that the Plan is currently being operated in accordance with the Code. Therefore, they believe that the Plan was qualified, and the related trust was tax-exempt as of the Merger Date.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan and has concluded that there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### **NOTE 4 RISKS AND UNCERTAINTIES**

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

### **NOTE 5 FAIR VALUE MEASUREMENTS**

The Plan's investments must be measured in accordance with the Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, prescribed fair value hierarchy and related valuation methodologies. ASC 820 defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC 820 specifies a hierarchy of valuation techniques based on whether the inputs to each measurement are observable or unobservable.

## NORTHSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

(Dollars in Thousands)

### NOTE 5 FAIR VALUE MEASUREMENTS (continued)

Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect the Plan's assumptions a market participant would make. The prescribed fair value hierarchy and related valuation techniques and inputs are as follows:

Level 1: Inputs are quoted prices for identical instruments in active markets.

Level 2: Inputs are quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-derived valuations in which all significant inputs are observable in active markets.

Level 3: Inputs are valuations derived from valuation techniques in which one or more significant inputs are unobservable.

The Plan did not have any financial assets as of December 31, 2023.

The levels of the Plan's financial assets that are carried at fair value as of December 31, 2022, were as follows:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds <sup>(a)</sup>	\$ 5	\$ -	\$ -	\$ 5
Mutual funds <sup>(b)</sup>	16,488	-	-	16,488
	<u>\$ 16,493</u>	<u>\$ -</u>	<u>\$ -</u>	<u>16,493</u>
Stable value fund <sup>(c)</sup>				<u>416</u>
<b>Total assets at fair value</b>				<u><b>\$ 16,909</b></u>

- (a) Money market funds are held in bank and interest-bearing accounts. The fair value is equal to the account balance.
- (b) Mutual funds are investments in registered investment companies. Registered investment company funds are valued at fair value based on the closing NAV for which identical quotes exist on active exchanges.
- (c) Stable Value fund is a pooled separate account measured at NAV: This category consists of a pooled separate account that is designed to deliver stability by preserving principal and accumulating earnings. This fund is primarily invested in guaranteed investment contracts and synthetic investment contracts. Participant-directed redemptions have no restrictions; however, the Plan is required to provide a one-year redemption notice to liquidate its entire share in the fund.

## NORTHSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

(Dollars in Thousands)

### NOTE 6 INFORMATION CERTIFIED BY VOYA

The following is a summary of the Plan's financial information as of December 31, 2023 and 2022, and for the year ended December 31, 2023, included throughout the Plan's financial statements and supplemental information, that was prepared by or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following assets and liabilities is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental information related to the following assets and liabilities:

	<u>2023</u>	<u>2022</u>
<i>Investments, at fair value</i>		
Mutual funds	\$ -	\$ 16,488
Money market funds	-	5
Stable value fund	-	416
Notes receivable from participants	-	93
	<u>\$ -</u>	<u>\$ 17,002</u>

The trustee also certified the completeness and accuracy of \$3,156 of net appreciation in fair value of investments, \$611 of interest and dividends related to the aforementioned investments, and \$6 of interest from notes receivable from participants for the year ended December 31, 2023.

### NOTE 7 RECONCILIATION TO THE FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	<u>2023</u>	<u>2022</u>
Net assets available for benefits per the financial statements	\$ -	\$ 17,591
Less: Accrual for contributions		
Employee	-	(77)
Employer	-	(512)
<b>Net assets available for benefits per the Form 5500</b>	<u>\$ -</u>	<u>\$ 17,002</u>

## **NORTHSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN**

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

*(Dollars in Thousands)*

### **NOTE 7 RECONCILIATION TO THE FORM 5500** *(continued)*

The following is a reconciliation of total additions per the financial statements to total income per the Form 5500 for the year ended December 31, 2023:

Total additions per the financial statements	\$ (17,591)
Change in accrual of employee contributions	77
Change in accrual of employer contributions	<u>512</u>
<b>Total additions per the Form 5500</b>	<b><u>\$ (17,002)</u></b>

### **NOTE 8 RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS**

The Plan invests in various mutual funds that are professionally managed by Voya, the holder of the Plan's assets, and the trustee, as defined by the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA.

The Corporation provides certain other administrative services at no cost to the Plan.

### **NOTE 9 SUBSEQUENT EVENTS**

Management evaluated events and transactions for the Plan occurring subsequent to December 31, 2023 through September 27, 2024, the date the accompanying financial statements were available to be issued.



**NORTHSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN**

**Financial Statements and Supplemental Schedule  
For Years Ended December 31, 2023 and 2022  
With Independent Auditor's Report**



**MITCHELL TITUS**  
ACHIEVING EXCELLENCE TOGETHER

**NORTHSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN**  
Financial Statements and Supplemental Schedule  
Years Ended December 31, 2023 and 2022

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**Note:** Supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



## INDEPENDENT AUDITOR'S REPORT

To the Endeavor Health Retirement Plan Committee

### ***Scope and Nature of the ERISA Section 103(a)(3)(c) Audit***

We have performed audits of the financial statements of the NorthShore University HealthSystem 401(k) 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, 2023 and 2022, the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of December 31, 2023 and 2022 and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

### ***Opinion***

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

- The amounts and disclosures in the accompanying 2023 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.

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- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the 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.

### ***Emphasis of Matter – Plan Merger***

As further discussed in Note 2 to the financial statements, effective 11:59:59 p.m. Central Time on December 31, 2023 (the Merger Date), the Plan was merged with and into the NS-EEH 401(k) Plan, with the NS-EEH 401(k) Plan being the surviving plan following the merger. The Plan's assets were transferred to the NS-EEH 401(k) Plan's Trust as soon as administratively practicable on or after the Merger Date. Our opinion is not modified with respect to this matter.

### ***Responsibilities of Management for the Financial Statements***

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are 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 of the Financial Statement 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, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

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

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



## MITCHELL TITUS

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 accounting principles generally accepted in the United States of America.

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

*Mitchell Titus, LLP*

September 27, 2024

**NORTHSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN**

Statements of Net Assets Available for Benefits

December 31, 2023 and 2022

*(Dollars in Thousands)*

	<u>2023</u>	<u>2022</u>
<b>ASSETS</b>		
Investments, at fair value	\$ -	\$ 16,909
Notes receivable from participants	-	93
<i>Contribution receivable</i>		
Employee	-	77
Employer	-	512
Total contribution receivable	-	589
<b>Net assets available for benefits</b>	<u>\$ -</u>	<u>\$ 17,591</u>

The accompanying notes are an integral part of these financial statements.

**NORTHSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN**  
Statement of Changes in Net Assets Available for Benefits  
Year Ended December 31, 2023  
(Dollars in Thousands)

**ADDITIONS**

*Investment income*

Net appreciation in fair value of investments	\$ 3,156
Interest and dividends	611
	<u>3,767</u>

Interest income on notes receivable from participants	<u>6</u>
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*Contributions*

Employee	2,927
Employer	1,424
Rollovers	1,304
	<u>5,655</u>

Total additions	<u>9,428</u>
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**DEDUCTIONS**

Benefit payments	992
Administrative expenses	15
	<u>1,007</u>

Increase in net assets before transfers	8,421
---	-------

Transfers out (see "Plan Merger" under Note 2)	<u>(26,012)</u>
--	-----------------

Net decrease after transfers	(17,591)
------------------------------	----------

*Net assets available for benefits*

Beginning of year	<u>17,591</u>
<b>End of year</b>	<u>\$ -</u>

The accompanying notes are an integral part of these financial statements.

## **NORTHSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN**

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

*(Dollars in Thousands)*

### **NOTE 1      DESCRIPTION OF THE PLAN**

#### General

The following description of the NorthShore University HealthSystem 401(k) Plan (formerly known as the 401(k) SC Management Services Plan) (the Plan) provides only general information. The description of the Plan referenced below reflects the provisions of the Plan during 2023, which was prior to the merger with and into the NS-EEH 401(k) Plan (see “Plan Merger” in Note 2). Subsequent to the merger, the NS-EEH 401(k) Plan was renamed the Endeavor Health 401(k) Plan. Participants should refer to the plan document for a more complete description of the Plan's provisions.

Endeavor Health Clinical Operations, formerly known as NorthShore University HealthSystem before December 5, 2023, (the Corporation), maintains the Plan for the benefit of eligible employees of Swedish Covenant Management Services, Inc. (the Swedish Medical Group). Effective January 1, 2020, the Swedish Medical Group became part of the Corporation.

The purpose of the Plan is to provide eligible employees with a method of long-term, tax-deferred savings and retirement benefits.

The Plan was established effective as of January 1, 2020, with the intent that it satisfies the requirements of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and satisfies Section 401(k) of the Internal Revenue Code of 1986 (the Code), as amended.

The Corporation adopted the Voya Retirement Insurance and Annuity Company Prototype Non-Standardized 401(k) Profit Sharing Plan and Adoption Agreement (Prototype Plan) for the Plan, effective January 1, 2020. On December 30, 2020, the Corporation adopted a custom amendment to the Plan, which added a discretionary employer contribution for certain eligible employees. As a result of the custom amendment, the Corporation was no longer able to rely on Voya's Prototype Plan document for the Plan. Consequently, the Plan was restated effective January 1, 2021 to adopt an individualized (custom) plan document for the Plan.

The 401(k) Plan was restated, effective January 1, 2021, to change the Plan name to the NorthShore University HealthSystem 401(k) Plan from the 401(k) SC Management Services Plan.

#### Plan Administrator

The Plan Administrator is the Endeavor Health Retirement Plan Committee (Committee), the members of which are appointed by the Chief Executive Officer of Endeavor Health (formerly known as NS-EE Holdings) or the Chief People Officer of Endeavor Health. Endeavor Health is the parent company of the Corporation. The Plan Administrator has the complete authority to control and manage the operation and administration of the Plan.

## NORTSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

*(Dollars in Thousands)*

### NOTE 1      DESCRIPTION OF THE PLAN *(continued)*

#### Participation and Eligibility

All employees of the Swedish Medical Group are immediately eligible to participate in the Plan on their first day of work by properly electing to make employee elective deferrals.

#### Contributions and Funding

##### *Employee Contributions*

For the 2023 plan year, once participants determine the amount they want to contribute to the Plan (between 1% and 45% of eligible earnings not to exceed Internal Revenue Service [IRS] limits), the amount is deducted every pay period and deposited into a participant's employee elective deferrals account.

Participants are allowed to contribute to the Plan in the following manner for the 2023 plan year:

- (a) **Elective Deferrals** – The employee must complete the written or electronic enrollment forms required under the enrollment procedures prescribed by the Plan Administrator.
- (b) **Catch-Up Contributions** – Participants who attain age 50 before the close of a given plan year may elect to make a catch-up contribution (between 1% and 35% of eligible earnings not to exceed IRS limits). Amounts contributed shall not be eligible for employer matching contributions.
- (c) **Rollover Contributions** – Participants may elect to roll over all or a portion of their eligible rollover distribution into the Plan at any time after their employment commencement date. Amounts contributed shall not be eligible for employer matching contributions. Participants may not roll over their account balance under the Swedish Covenant Management Services, Inc. Retirement Plan into the Plan or any other retirement plan sponsored by the Corporation or any related entity.
- (d) **Roth After-Tax Contributions** – The Plan includes a qualified Roth after-tax contribution program within the meaning of Code Section 402A.
- (e) **Roth Rollover Contributions** – The Plan allows participants to roll over the amounts of any Roth after-tax contributions under a 403(b), 401(k) or governmental 457(b) plan at a previous employer.
- (f) **In-Plan Roth Transfers** – The Plan allows participants to convert their vested accounts under the Plan into designated Roth after-tax accounts pursuant to Code Section 402A(c) and the guidance issued thereunder.

## NORTHSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

(Dollars in Thousands)

### NOTE 1 DESCRIPTION OF THE PLAN (continued)

#### Contributions and Funding (continued)

##### *Employer Contributions*

The Corporation shall be entitled to make the following contributions to the Plan for the 2023 plan year:

- (a) **Employer Matching Contributions** – Effective on and after January 1, 2021, and before January 1, 2024, the Corporation may make an annual discretionary employer matching contribution in an amount up to 50% of a participant's pre-tax and/or Roth after-tax contributions, on up to 6% of eligible earnings for the applicable calendar year. The match percentage can fluctuate between 0% and 50%, and is based on the Corporation's business performance. To receive an allocation of the employer matching contribution for a given calendar year, the participant must be employed by the Swedish Medical Group or a related entity on the last day of such calendar year. However, if, while actively employed by the Swedish Medical Group or a related entity, the participant dies, terminates employment due to disability (as defined in the Plan document) or retires after attaining age 62 during a given calendar year, the participant will be entitled to an employer matching contribution for such calendar year, regardless of whether he or she is employed on the last day of such calendar year.

Employer matching contributions made before January 1, 2024 will become 100% vested after a participant completes 12 consecutive months of employment in which the participant earns at least one hour of service with the Swedish Medical Group or any related entity.

- (b) **Base Employer Contributions** – Effective on and after January 1, 2021, and before January 1, 2024, the Corporation makes a base employer contribution equal to 3% of an employee's eligible compensation each payroll period, regardless of whether the eligible employee makes employee contributions to the Plan. The 3% base employer contributions will become 100% vested after an employee completes 12 consecutive months of employment in which the employee earns at least one hour of service with the Swedish Medical Group or any related entity.
- (c) **Supplemental Contributions** – The Corporation may, for any plan year, make qualified non-elective contributions on behalf of participants. No such contributions were made for 2023.

## NORTHSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

*(Dollars in Thousands)*

### NOTE 1 DESCRIPTION OF THE PLAN *(continued)*

#### Contributions and Funding *(continued)*

- (d) **Discretionary Employer Contributions** – The Corporation may in its sole discretion (but is not required to) make a discretionary employer contribution from plan year to plan year during the continuance of the Plan in such amounts as the Corporation determines in its sole discretion from time to time. Discretionary employer contributions are 100% vested at all times. No discretionary employer contributions were made for the 2023 plan year.
- (e) **Other Required Contributions** – In addition to any other contributions, the Corporation shall make any contribution required to provide for reinstatement of forfeitures.

#### Contribution Limitations

The annual additions to a participant's account under the Plan shall not exceed the IRS limit or 100% of the participant's Code Section 415(c)(3) compensation during that limitation year.

#### Investment Funds

The investment manager and investment vehicles from which participants can choose are determined by the Committee. The Committee reviews the funds' performance at least annually and switches eligible funds, as necessary. Participants are able to make investment elections for new money with the record-keeper to invest in specified multiples from 1% up to 100%. Prior to January 1, 2024, Voya was the record-keeper for the Plan. Effective January 1, 2024, Fidelity is the record-keeper for the Plan. Participants may elect to change the investment of future contributions in any multiple of 1%. Participants may each elect to change the investment of the existing balance of their account with Voya in whole percentages or dollar amounts.

Effective January 1, 2021, if a participant does not make any investment elections, the participant's account under the Plan will automatically be invested in the qualified default investment alternative option designated by the Committee.

The Plan is intended to constitute a plan as described in ERISA Section 404(c), and the Plan's fiduciaries may be relieved of any liability for any losses that are the direct and necessary result of the investment decisions made, and investment instructions given, by a participant.

## **NORTHSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN**

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

*(Dollars in Thousands)*

### **NOTE 1      DESCRIPTION OF THE PLAN** *(continued)*

#### Expenses

Expenses incurred in the administration of the Plan and the management of Plan assets are paid by Plan participants, except to the extent paid by the Corporation. Participants currently pay two types of fees under the Plan, investment fees and administrative fees.

Investment fees are generally charged by the investment firms that manage the investment options offered under the Plan and are seen as expense ratios. Expense ratios are expressed as a percentage of assets (*i.e.*, the total dollar value invested in that fund) and are factored in the net asset value (NAV) of each investment option under the Plan. NAV includes the investment fund management fee and other related investment fund fees of the investment options offered under the Plan.

These fees are not directly deducted from a participant's individual account but, rather, are deducted from the investment fund assets before investment returns are calculated for anyone invested in that particular fund.

Administrative fees generally cover costs related to the daily operation and administration of the Plan for the benefit of participants (*e.g.*, record-keeping expenses paid to the record-keeper). For the 2023 plan year, the participant will incur an asset-based fee that is an annual administrative fee equal to a percentage of their account balance under the Plan. This fee is charged to a participant's account at the end of each calendar quarter for various administrative services utilized by the Plan. The participant will see the fee amount as a separate line item on their quarterly statement.

Additionally, there are certain transaction-type fees (including, but not limited to, loan initiation fees, payment processing fees, and overnight mail) that will be charged against the account of the participant to whom the transaction relates.

#### Participant Accounts

For the 2023 plan year, each participant's account is credited with the participant's contributions; the Corporation's employer matching contributions, base employer contributions and discretionary employer contributions, if any; and allocations of Plan earnings (losses), and is charged an administrative fee. Plan earnings (losses) are allocated based on the participant's share of net earnings or losses of their respective elected investment options.

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

## **NORTHSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN**

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

*(Dollars in Thousands)*

### **NOTE 1      DESCRIPTION OF THE PLAN** *(continued)*

#### Participant Loans

For the 2023 plan year, participants may borrow from their account from employee elective deferrals subject to minimum and maximum amounts described in the Plan document. A participant shall be allowed to receive only one loan in any 12-month period. A participant may have no more than one loan outstanding at any time.

Each loan shall bear a reasonable rate of interest. In general, any loan initiated on or after October 3, 2022 shall be repaid via ACH debit. For loans issued before October 3, 2022, loan repayments shall be repaid via ACH debit on and after January 1, 2023. The repayment period for a loan issued before January 1, 2024 shall be no longer than 57 months, or 15 years if borrowed for a dwelling. The minimum term for any loan under the Plan is 12 months. Loans shall be repaid in substantially equal amortized installments, but in no event less frequently than quarterly.

In the event a participant defaults on any loan, the Plan Administrator may declare the full amount of the loan to be due and payable. Any applicable fees associated with the loan (such as an origination fee and/or annual maintenance fees) shall be charged directly to the account of the participant requesting such loan.

A participant's separation from service shall not cause the participant to default on the loan. In this circumstance, participants are able to continue to repay their loans directly to the record-keeper.

#### Benefit Payments

Participants may request at any time and for any reason to receive an in-service distribution of all or a portion of the balance of their account attributable to rollover contributions. Participants who have attained age 59½ may request to receive an in-service distribution of all or a portion of the vested percentage of their account. Before employment termination, a participant may also request a hardship withdrawal. There is no limit as to the number of hardship withdrawals participants may take over their lifetime.

If a participant is on active military duty for more than 30 days as defined in the Heroes Earnings Assistance and Relief Tax Act of 2008, the participant may withdraw all or a portion of their account attributable to employee elective deferrals, provided, however, the participant may not make any employee elective deferrals or other employee contributions for six months following such a withdrawal. Notwithstanding the foregoing, the six-month suspension will not apply if the participant is also entitled to a qualified reservist distribution described directly below.

## **NORTHSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN**

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

*(Dollars in Thousands)*

### **NOTE 1      DESCRIPTION OF THE PLAN *(continued)***

#### Benefit Payments *(continued)*

If a participant is a member of a reserve component (as defined in 37 USC 101) and is called into active military duty for a period in excess of 179 days or an indefinite period, the participant may request to receive a distribution of all or a portion of their vested account without incurring an early withdrawal penalty.

#### Forfeitures and Other

If an unvested participant leaves the Swedish Medical Group and all related entities and receives a distribution of the vested portion of their account balance, the non-vested portion of the participant's account will be forfeited as of their termination date. If a participant leaves the Swedish Medical Group and all related entities and does not receive a distribution of the vested portion of their account balance, the non-vested portion of the participant's account will be forfeited as of the date their break-in-service equals five years. The Plan uses forfeitures to offset the cost of future employer contributions and to pay administrative and/or the Plan's expenses. Unallocated forfeitures balance as of December 31, 2023 and 2022, was \$0 and \$5, respectively.

#### Plan Termination

The Corporation may terminate the Plan at any time and for any reason subject to the provisions of ERISA. Upon termination of the Plan, the Corporation shall give written notice to the Plan Administrator and participants and affected participants will become 100% vested in their accounts.

### **NOTE 2      SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

#### Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting.

#### Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. No allowance for credit losses has been recorded as of December 31, 2023.

If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be a distribution, the participant loan balance is reduced, and a benefit payment is recorded.

## **NORTHSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN**

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

*(Dollars in Thousands)*

### **NOTE 2      SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES** *(continued)*

#### Excess Employee Contributions

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability, with a corresponding reduction to contributions. There were no excess contributions as of December 31, 2023.

#### Investment Valuation and Income Recognition

Investments held by the Plan are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (*i.e.*, an exit price). See Note 5 for further discussion of fair value.

Purchases and sales of investments 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 bought and sold as well as held during the year.

#### Payment of Benefits

Benefit payments are recorded when paid.

#### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States (U.S. GAAP) requires the Plan Administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

#### Plan merger

Effective 11:59:59 p.m. Central Time on December 31, 2023 (the Merger Date), the Plan was merged with and into the NS-EEH 401(k) Plan, with the NS-EEH 401(k) Plan being the surviving plan following the merger. The Plan's assets were transferred to the NS-EEH 401(k) Plan's Trust as soon as administratively practicable on or after the Merger Date. Also, effective on the Merger Date, eligible participants, beneficiaries and alternate payees covered by the Plan became participants in the NS-EEH 401(k) Plan. Effective January 1, 2024, the NS-EEH 401(k) Plan was renamed the Endeavor Health 401(k) Plan.

## **NORTHSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN**

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

(Dollars in Thousands)

### **NOTE 3 INCOME TAX STATUS**

The Corporation originally adopted the Prototype Plan for the Plan, effective January 2020. Therefore, the Corporation was permitted to rely on the favorable opinion letter issued by the IRS on September 1, 2014 for the Prototype Plan as evidence that the Plan is qualified under Code Section 401 to the extent provided in Revenue Procedure 2011-49 and subsequent guidance.

On December 30, 2020, the Corporation adopted a custom amendment to the Plan, which added a discretionary employer contribution for certain eligible employees. As a result of the custom amendment, the Corporation was no longer able to rely on Voya's Prototype Plan document for the Plan. Consequently, the Plan was restated effective January 1, 2021 to adopt an individualized (custom) plan document for the Plan. The individualized (custom) plan document for the Plan received a determination letter from the IRS dated October 21, 2021, stating that the Plan is qualified under Section 401(a) of the Code, and, therefore, the related trust is exempt from taxation. Plan management believes that the Plan is currently being operated in accordance with the Code. Therefore, they believe that the Plan was qualified, and the related trust was tax-exempt as of the Merger Date.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan and has concluded that there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### **NOTE 4 RISKS AND UNCERTAINTIES**

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

### **NOTE 5 FAIR VALUE MEASUREMENTS**

The Plan's investments must be measured in accordance with the Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, prescribed fair value hierarchy and related valuation methodologies. ASC 820 defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC 820 specifies a hierarchy of valuation techniques based on whether the inputs to each measurement are observable or unobservable.

## NORTHSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

(Dollars in Thousands)

### NOTE 5 FAIR VALUE MEASUREMENTS (continued)

Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect the Plan's assumptions a market participant would make. The prescribed fair value hierarchy and related valuation techniques and inputs are as follows:

Level 1: Inputs are quoted prices for identical instruments in active markets.

Level 2: Inputs are quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-derived valuations in which all significant inputs are observable in active markets.

Level 3: Inputs are valuations derived from valuation techniques in which one or more significant inputs are unobservable.

The Plan did not have any financial assets as of December 31, 2023.

The levels of the Plan's financial assets that are carried at fair value as of December 31, 2022, were as follows:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds <sup>(a)</sup>	\$ 5	\$ -	\$ -	\$ 5
Mutual funds <sup>(b)</sup>	16,488	-	-	16,488
	<u>\$ 16,493</u>	<u>\$ -</u>	<u>\$ -</u>	<u>16,493</u>
Stable value fund <sup>(c)</sup>				<u>416</u>
<b>Total assets at fair value</b>				<u><b>\$ 16,909</b></u>

- (a) Money market funds are held in bank and interest-bearing accounts. The fair value is equal to the account balance.
- (b) Mutual funds are investments in registered investment companies. Registered investment company funds are valued at fair value based on the closing NAV for which identical quotes exist on active exchanges.
- (c) Stable Value fund is a pooled separate account measured at NAV: This category consists of a pooled separate account that is designed to deliver stability by preserving principal and accumulating earnings. This fund is primarily invested in guaranteed investment contracts and synthetic investment contracts. Participant-directed redemptions have no restrictions; however, the Plan is required to provide a one-year redemption notice to liquidate its entire share in the fund.

## NORTHSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

(Dollars in Thousands)

### NOTE 6 INFORMATION CERTIFIED BY VOYA

The following is a summary of the Plan's financial information as of December 31, 2023 and 2022, and for the year ended December 31, 2023, included throughout the Plan's financial statements and supplemental information, that was prepared by or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following assets and liabilities is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental information related to the following assets and liabilities:

	<u>2023</u>	<u>2022</u>
<i>Investments, at fair value</i>		
Mutual funds	\$ -	\$ 16,488
Money market funds	-	5
Stable value fund	-	416
Notes receivable from participants	-	93
	<u>\$ -</u>	<u>\$ 17,002</u>

The trustee also certified the completeness and accuracy of \$3,156 of net appreciation in fair value of investments, \$611 of interest and dividends related to the aforementioned investments, and \$6 of interest from notes receivable from participants for the year ended December 31, 2023.

### NOTE 7 RECONCILIATION TO THE FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	<u>2023</u>	<u>2022</u>
Net assets available for benefits per the financial statements	\$ -	\$ 17,591
Less: Accrual for contributions		
Employee	-	(77)
Employer	-	(512)
<b>Net assets available for benefits per the Form 5500</b>	<u>\$ -</u>	<u>\$ 17,002</u>

## **NORTHSHORE UNIVERSITY HEALTHSYSTEM 401(k) PLAN**

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

*(Dollars in Thousands)*

### **NOTE 7 RECONCILIATION TO THE FORM 5500** *(continued)*

The following is a reconciliation of total additions per the financial statements to total income per the Form 5500 for the year ended December 31, 2023:

Total additions per the financial statements	\$ (17,591)
Change in accrual of employee contributions	77
Change in accrual of employer contributions	<u>512</u>
<b>Total additions per the Form 5500</b>	<b><u>\$ (17,002)</u></b>

### **NOTE 8 RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS**

The Plan invests in various mutual funds that are professionally managed by Voya, the holder of the Plan's assets, and the trustee, as defined by the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA.

The Corporation provides certain other administrative services at no cost to the Plan.

### **NOTE 9 SUBSEQUENT EVENTS**

Management evaluated events and transactions for the Plan occurring subsequent to December 31, 2023 through September 27, 2024, the date the accompanying financial statements were available to be issued.

