

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

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, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
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.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: NORTHSHORE UNIVERSITY HEALTHSYSTEM RETIREMENT CONTRIBUTION PLAN
1b Three-digit plan number (PN): 006
1c Effective date of plan: 01/01/2013
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 36-2167060
2c Plan Sponsor's telephone number: 847-570-5365
2d Business code (see instructions): 622000

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Stephen Wallner (plan administrator) and Dianna Sparacino (employer/plan sponsor).

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	8223
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	6249
	6a(2)	0
	6b	0
	6c	0
	6d	0
	6e	0
	6f	0
	6g(1)	7468
	6g(2)	0
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2F 2G 2T 3H

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

9a Plan funding arrangement (check all that apply)	9b 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)

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

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 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 _____

**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**

A Name of plan NORTHSHORE UNIVERSITY HEALTHSYSTEM RETIREMENT CONTRIBUTION PLAN		B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHSHORE UNIVERSITY HEALTHSYSTEM		D Employer Identification Number (EIN) 36-2167060

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) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VFZ398	0	01/01/2023	12/31/2023

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.

(a) Total amount of commissions paid	(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) 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	

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(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	

Part II	Investment and Annuity Contract Information	
	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.	
4	Current value of plan's interest under this contract in the general account at year end	4 0
5	Current value of plan's interest under this contract in separate accounts at year end.....	5
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year.....	6c
d	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 ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	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)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ ANNUITY CONTRACTS	
b	Balance at the end of the previous year	7b 18651560
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits	7c(2)
	(3) Interest credited during the year	7c(3) 284865
	(4) Transferred from separate account.....	7c(4)
	(5) Other (specify below)	7c(5)
	(6) Total additions	7c(6) 284865
d	Total of balance and additions (add lines 7b and 7c(6))	7d 18936425
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 2921272
	(2) Administration charge made by carrier	7e(2) 205856
	(3) Transferred to separate account.....	7e(3)
	(4) Other (specify below)	7e(4) 15809297
	▶ TRANSFER TO MUTUAL FUNDS FORFEITURES TRANSFERRED ASSETS	
	(5) Total deductions	7e(5) 18936425
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f 0

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:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
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	10b	

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. ▶

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

A Name of plan NORTHSHORE UNIVERSITY HEALTHSYSTEM RETIREMENT CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHSHORE UNIVERSITY HEALTHSYSTEM	D Employer Identification Number (EIN) 36-2167060	

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(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)

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(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	304272	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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>NORTHSHORE UNIVERSITY HEALTHSYSTEM RETIREMENT CONTRIBUTION PLAN</u>	B Three-digit plan number (PN) ▶	<u>006</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NORTHSHORE UNIVERSITY HEALTHSYSTEM</u>	D Employer Identification Number (EIN) <u>36-2167060</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>VANGUARD TARGET RETIREMENT INC & GR</u>		
b Name of sponsor of entity listed in (a):	<u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>87-6418227-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>VANGUARD TARGET RETIREMENT 2020 TRU</u>		
b Name of sponsor of entity listed in (a):	<u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>90-6083983-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>VANGUARD TARGET RETIREMENT 2025 TRU</u>		
b Name of sponsor of entity listed in (a):	<u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>90-6083981-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>VANGUARD TARGET RETIREMENT 2030 TRU</u>		
b Name of sponsor of entity listed in (a):	<u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>90-6083979-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>VANGUARD TARGET RETIREMENT 2035 TRU</u>		
b Name of sponsor of entity listed in (a):	<u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>90-6083977-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>VANGUARD TARGET RETIREMENT 2040 TRU</u>		
b Name of sponsor of entity listed in (a):	<u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>90-6083975-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>VANGUARD TARGET RETIREMENT 2045 TRU</u>		
b Name of sponsor of entity listed in (a):	<u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>90-6083973-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2050 TRU

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

c EIN-PN 90-6083969-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2055 TRU

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

c EIN-PN 27-6715074-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2060 TRU

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

c EIN-PN 45-3799212-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2065 TRU

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

c EIN-PN 82-6190443-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT INCOME T

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

c EIN-PN 90-6083968-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2070 TRU

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

c EIN-PN 87-7039453-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan NORTHSHORE UNIVERSITY HEALTHSYSTEM RETIREMENT CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHSHORE UNIVERSITY HEALTHSYSTEM	D Employer Identification Number (EIN) 36-2167060

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	121623903	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	40167903	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	18651560	0
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	180443366	0
Liabilities			
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
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	180443366	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.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	284865	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		284865
(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)	1095273	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		1095273
(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.....	2b(6)		19970241
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		8956939
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		30307318

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	15630169	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		15630169
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	109929	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)	4412	
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)		
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	194343	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		308684
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		15938853

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14368465
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		194811831

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) 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 _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>NORTHSHORE UNIVERSITY HEALTHSYSTEM RETIREMENT CONTRIBUTION PLAN</u>	B Three-digit plan number (PN) ▶	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NORTHSHORE UNIVERSITY HEALTHSYSTEM</u>	D Employer Identification Number (EIN) <u>36-2167060</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>71-0294708</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 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
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 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
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 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:

a 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)	14a	
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)	14b	
c 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).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

**NORTHSHORE UNIVERSITY HEALTHSYSTEM
RETIREMENT CONTRIBUTION PLAN**

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



MITCHELL TITUS
ACHIEVING EXCELLENCE TOGETHER

**NORTHSHORE UNIVERSITY HEALTHSYSTEM
RETIREMENT CONTRIBUTION 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 Retirement Contribution 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 Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 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
RETIREMENT CONTRIBUTION PLAN**
Statements of Net Assets Available for Benefits
December 31, 2023 and 2022
(Dollars In Thousands)

	<u>2023</u>	<u>2022</u>
ASSETS		
Investments at fair value	\$ -	\$ 161,792
Fully benefit-responsive investment contract at contract value	-	18,652
Total investments	-	180,444
Net assets available for benefits	<u>\$ -</u>	<u>\$ 180,444</u>

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

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

ADDITIONS

Investment income

Net (depreciation) in fair value of investments	\$ 28,927
Interest and dividends	1,380

30,307

Total additions	<u>30,307</u>
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DEDUCTIONS

Benefit payments	15,630
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Administrative expenses	309
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Total deductions	<u>15,939</u>
------------------	---------------

Increase in net assets before transfers	14,368
---	--------

Transfers out (see "Plan Merger" under Note 2)	<u>(194,812)</u>
--	------------------

Net decrease after transfers	(180,444)
------------------------------	-----------

Net assets available for benefits

Beginning of year	<u>180,444</u>
-------------------	----------------

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

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

**NORTHSHORE UNIVERSITY HEALTHSYSTEM
RETIREMENT CONTRIBUTION PLAN**

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

(Dollars in Thousands)

NOTE 1 DESCRIPTION OF THE PLAN

General

Endeavor Health Clinical Operations, formerly known as NorthShore University HealthSystem before December 5, 2023, (the Corporation), an Illinois not-for-profit corporation, established the NorthShore University HealthSystem Retirement Contribution Plan (the Plan), effective January 1, 2013. The information described provides only general information. The description of the Plan referenced below reflects the provisions of the Plan during 2023, 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.

The purpose of the Plan is to provide eligible employees with benefits at retirement. The Plan is intended to satisfy the requirements of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and Sections 401 and 501 of the Internal Revenue Code of 1986 (the Code), as amended.

Due to the financial uncertainties related to COVID-19, the Corporation amended the Plan, effective May 1, 2020, to provide that: (i) employees hired or rehired on or after May 1, 2020 are not eligible to participate in the Plan; and (ii) employees who transfer from Swedish Hospital or its subsidiaries to the Corporation on or after May 1, 2020 are not eligible to participate in the Plan.

Also, the Corporation amended the Plan, effective May 1, 2020, to suspend the 2020 employer contribution, except for those participants who terminated employment due to death, disability or retirement following attainment of normal retirement age (as defined in the Plan) on or after January 1, 2020 and before May 1, 2020 to the extent required by Code Section 411(d)(6).

The Corporation amended the Plan to provide that the Plan is frozen after December 31, 2020 with respect to all participants. Consequently, no participant is eligible to earn any additional benefits under the Plan for Plan years beginning on and after January 1, 2021.

Plan Administrator

The Plan Administrator is the Endeavor Health Retirement Plan Committee (the Committee), the members of which are appointed by the Chief Executive Officer of Endeavor Health (formally 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.

**NORTHSHORE UNIVERSITY HEALTHSYSTEM
RETIREMENT CONTRIBUTION 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

Subject to the Plan freeze described above, all eligible employees of the Corporation who were hired or rehired before May 1, 2020 and who attained age 21 and completed at least 1,000 hours of service during a consecutive 12-month period with the Corporation were eligible to participate in the Plan.

Contributions and Funding

For the 2023 Plan year, employee contributions, including rollover contributions, are not permitted under the Plan. The Plan accepts transfers on a participant's behalf from other retirement plans sponsored by the Corporation or a related entity as part of a plan merger or similar event. A participant is always 100% vested in these contributions.

Subject to the allocation requirements described below and the Plan freeze described above, the Corporation made an annual employer contribution to a participant's account equal to a percentage of their earnings, as defined in the Plan, for each full or partial year of credited service (as defined in the Plan). The contribution was between 2% and 5% of eligible earnings based on the sum of the participant's age and total year(s) of credited service.

In order to receive an allocation of the employer contribution for a given calendar year, a participant must generally have been employed by the Corporation or a related entity on the last day of such calendar year and earned a full or fraction of a year of credited service for such calendar year (*i.e.*, the participant generally must have completed at least 1,000 hours of service). Special rules applied to participants who, while actively employed by the Corporation or a related entity, died, terminated employment due to disability (as defined in the Plan), or retired after attaining normal retirement age (as defined in the Plan).

Notwithstanding the foregoing, the Plan is frozen to all participants after December 31, 2020. As a result, no participant is eligible to earn any additional employer contributions under the Plan for Plan years beginning on and after January 1, 2021.

A participant becomes vested in their employer contributions (including any investment earnings) upon the earliest of the date he or she: (i) completes three years of vesting service (as defined in the Plan); (ii) attains normal retirement age (as defined in the Plan) while actively employed by the Corporation or a related entity; or (iii) terminates employment from the Corporation or a related entity due to disability (as defined in the Plan). Notwithstanding the foregoing, each participant became fully vested in his or her account balance under the Plan as of 11:59:59 p.m. Central Time on December 31, 2023 (the Merger Date).

**NORTHSHORE UNIVERSITY HEALTHSYSTEM
RETIREMENT CONTRIBUTION 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)*

Any forfeitures that arise under the Plan are used to pay administrative and/or Plan expenses. Unallocated forfeiture balances as of December 31, 2023 and 2022, were \$0 and \$327, respectively.

Participants can choose to invest their account balance in one or more of the investment options offered under the Plan through the record-keeper. 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. If a participant does not make any investment elections, the participant's account will be defaulted to 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.

Expenses

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 presented 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, this is an asset-based fee where a participant will incur 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 and the participant will see this as a separate line item on their quarterly statement.

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

**NORTHSHORE UNIVERSITY HEALTHSYSTEM
RETIREMENT CONTRIBUTION PLAN**

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

(Dollars in Thousands)

NOTE 1 DESCRIPTION OF THE PLAN (continued)

Benefit Payments

Regardless of the amount of a participant's account balance, for the 2023 plan year a participant may elect to receive their vested Plan account balance as a:

- Single lump-sum payment; or
- Direct rollover to a traditional individual retirement account or another eligible plan.

For the 2023 Plan year, the Plan does not allow loans or in-service withdrawals (including hardship withdrawals).

Plan Termination

The Corporation may terminate the Plan at any time and for any reason subject to the provisions of ERISA. Upon any termination of the Plan, the Corporation must give written notice to the Plan Administrator and participants. Upon termination of the Plan, each affected participant will become fully vested in their account balance under the Plan.

Participant Accounts

Each participant's account is credited with any employer contribution made before the Plan freeze on January 1, 2021, and allocations of any 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.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). A description of those accounting policies of particular significance follows.

**NORTHSHORE UNIVERSITY HEALTHSYSTEM
RETIREMENT CONTRIBUTION PLAN**

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

(Dollars in Thousands)

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

Investment Valuation and Income Recognition

Investments held by the Plan (except for fully benefit-responsive investment contracts) 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 measurements.

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.

Plan investments held in fully benefit-responsive investment contracts are reported at contract value, represents contributions made, plus earnings, less participant withdrawals and administrative expenses. See Note 7 for further discussion.

Payment of Benefits

Benefit payments are recorded when paid.

Administrative Expenses

Administrative expenses of the Plan are paid by the Plan to the extent they are not paid by the Corporation and are permitted by law.

Use of Estimates

The preparation of financial statements in conformity with the 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
RETIREMENT CONTRIBUTION PLAN**

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

(Dollars in Thousands)

NOTE 3 INCOME TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated October 20, 2016, stating that the Plan is qualified under Section 401(a) of the Code, and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believed the Plan was being operated in compliance with the applicable requirements of the Code and, therefore, believed the Plan, as amended, was qualified and the related trust was tax exempt as of December 31, 2023 (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 tax 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 were 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 fair value hierarchy and related valuation methodologies prescribed by Accounting Standards Codification (ASC) 820, *Fair Value Measurement*. 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
RETIREMENT CONTRIBUTION 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>
Mutual funds ^(a)	\$ 40,168	\$ -	\$ -	\$ 40,168
Target date funds ^(b)				121,624
Total assets at fair value				<u>\$ 161,792</u>

- a) 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. The closing NAV is used for transactions for these funds and is observable to a market participant.
- b) Common collective trusts include investments in highly diversified funds designed to remain appropriate for investors in terms of risk throughout a variety of life circumstances. Investments are valued using NAV, where it is used as a practical expedient to estimate fair value. The value is based on the fair value of the fund's underlying assets less liabilities.

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.

**NORTHSHORE UNIVERSITY HEALTHSYSTEM
RETIREMENT CONTRIBUTION PLAN**

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

(Dollars in Thousands)

NOTE 6 INFORMATION CERTIFIED BY VOYA (continued)

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>
Investments at fair value	\$ -	\$ 161,792
Fully benefit-responsive investment contract at contract value	-	18,652
	<u>\$ -</u>	<u>\$ 180,444</u>

The trustee also certified the completeness and accuracy of \$28,927 of net appreciation in fair value of investments and \$1,380 of interest and dividends related to the aforementioned investments for the year ended December 31, 2023.

NOTE 7 INVESTMENT CONTRACT WITH INSURANCE COMPANIES

The Plan holds a guaranteed investment contract (GIC) that meets the fully benefit-responsive investment criteria and, therefore, is reported at contract value. In connection with the change in record-keepers from Voya to Fidelity, participation in the Voya Fixed Plus Account III investment fund under the Plan was discontinued effective January 1, 2024, as required by the Fund's terms. Monies in the fund will be liquidated over a five-year period. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

The crediting interest rate is based on a formula agreed upon with the issuer; such interest rates are reviewed and may be reset on a quarterly basis. The minimum guaranteed interest rate is 1% annually.

**NORTHSHORE UNIVERSITY HEALTHSYSTEM
RETIREMENT CONTRIBUTION PLAN**

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

(Dollars in Thousands)

NOTE 7 INVESTMENT CONTRACT WITH INSURANCE COMPANIES *(continued)*

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, or (c) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

The GIC issuer may discontinue the contract with the Plan under any of the following circumstances:

- The Plan fails to meet any of its obligations under the contracts or under any related agreements.
- All amounts under the contracts are withdrawn.
- The Plan is no longer a qualified plan under the Code.
- The Plan is terminated.
- The Plan, without the issuers' written agreement, attempts to assign the Plan's interest in the contracts.
- The Plan rejects an amendment to the contracts proposed by the issuer under the Amendments section.
- The issuers elect to discontinue accepting deposits for all contracts of this class.
- Employees of the Corporation are no longer eligible to participate in the Plan (any such discontinuance affects only those ineligible employees).
- A change in applicable laws and regulations (including tax laws and regulations) materially affects the taxation of the contracts or separate accounts, or otherwise materially affects the issuers' obligations hereunder.

**NORTHSHORE UNIVERSITY HEALTHSYSTEM
RETIREMENT CONTRIBUTION PLAN**

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

(Dollars in Thousands)

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

The Plan invests in various mutual funds and a GIC 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
RETIREMENT CONTRIBUTION PLAN**

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



MITCHELL TITUS
ACHIEVING EXCELLENCE TOGETHER

**NORTHSHORE UNIVERSITY HEALTHSYSTEM
RETIREMENT CONTRIBUTION 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 Retirement Contribution 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 Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 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
RETIREMENT CONTRIBUTION PLAN**
Statements of Net Assets Available for Benefits
December 31, 2023 and 2022
(Dollars In Thousands)

	<u>2023</u>	<u>2022</u>
ASSETS		
Investments at fair value	\$ -	\$ 161,792
Fully benefit-responsive investment contract at contract value	-	18,652
Total investments	-	180,444
Net assets available for benefits	<u>\$ -</u>	<u>\$ 180,444</u>

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

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

ADDITIONS

Investment income

Net (depreciation) in fair value of investments	\$ 28,927
Interest and dividends	1,380

30,307

Total additions	<u>30,307</u>
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DEDUCTIONS

Benefit payments	15,630
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Administrative expenses	309
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Total deductions	<u>15,939</u>
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Increase in net assets before transfers	14,368
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Transfers out (see "Plan Merger" under Note 2)	<u>(194,812)</u>
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Net decrease after transfers	(180,444)
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Net assets available for benefits

Beginning of year	<u>180,444</u>
-------------------	----------------

End of year	<u>\$ -</u>
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The accompanying notes are an integral part of these financial statements.

**NORTHSHORE UNIVERSITY HEALTHSYSTEM
RETIREMENT CONTRIBUTION PLAN**

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

(Dollars in Thousands)

NOTE 1 DESCRIPTION OF THE PLAN

General

Endeavor Health Clinical Operations, formerly known as NorthShore University HealthSystem before December 5, 2023, (the Corporation), an Illinois not-for-profit corporation, established the NorthShore University HealthSystem Retirement Contribution Plan (the Plan), effective January 1, 2013. The information described provides only general information. The description of the Plan referenced below reflects the provisions of the Plan during 2023, 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.

The purpose of the Plan is to provide eligible employees with benefits at retirement. The Plan is intended to satisfy the requirements of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and Sections 401 and 501 of the Internal Revenue Code of 1986 (the Code), as amended.

Due to the financial uncertainties related to COVID-19, the Corporation amended the Plan, effective May 1, 2020, to provide that: (i) employees hired or rehired on or after May 1, 2020 are not eligible to participate in the Plan; and (ii) employees who transfer from Swedish Hospital or its subsidiaries to the Corporation on or after May 1, 2020 are not eligible to participate in the Plan.

Also, the Corporation amended the Plan, effective May 1, 2020, to suspend the 2020 employer contribution, except for those participants who terminated employment due to death, disability or retirement following attainment of normal retirement age (as defined in the Plan) on or after January 1, 2020 and before May 1, 2020 to the extent required by Code Section 411(d)(6).

The Corporation amended the Plan to provide that the Plan is frozen after December 31, 2020 with respect to all participants. Consequently, no participant is eligible to earn any additional benefits under the Plan for Plan years beginning on and after January 1, 2021.

Plan Administrator

The Plan Administrator is the Endeavor Health Retirement Plan Committee (the Committee), the members of which are appointed by the Chief Executive Officer of Endeavor Health (formally 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.

**NORTHSHORE UNIVERSITY HEALTHSYSTEM
RETIREMENT CONTRIBUTION 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

Subject to the Plan freeze described above, all eligible employees of the Corporation who were hired or rehired before May 1, 2020 and who attained age 21 and completed at least 1,000 hours of service during a consecutive 12-month period with the Corporation were eligible to participate in the Plan.

Contributions and Funding

For the 2023 Plan year, employee contributions, including rollover contributions, are not permitted under the Plan. The Plan accepts transfers on a participant's behalf from other retirement plans sponsored by the Corporation or a related entity as part of a plan merger or similar event. A participant is always 100% vested in these contributions.

Subject to the allocation requirements described below and the Plan freeze described above, the Corporation made an annual employer contribution to a participant's account equal to a percentage of their earnings, as defined in the Plan, for each full or partial year of credited service (as defined in the Plan). The contribution was between 2% and 5% of eligible earnings based on the sum of the participant's age and total year(s) of credited service.

In order to receive an allocation of the employer contribution for a given calendar year, a participant must generally have been employed by the Corporation or a related entity on the last day of such calendar year and earned a full or fraction of a year of credited service for such calendar year (*i.e.*, the participant generally must have completed at least 1,000 hours of service). Special rules applied to participants who, while actively employed by the Corporation or a related entity, died, terminated employment due to disability (as defined in the Plan), or retired after attaining normal retirement age (as defined in the Plan).

Notwithstanding the foregoing, the Plan is frozen to all participants after December 31, 2020. As a result, no participant is eligible to earn any additional employer contributions under the Plan for Plan years beginning on and after January 1, 2021.

A participant becomes vested in their employer contributions (including any investment earnings) upon the earliest of the date he or she: (i) completes three years of vesting service (as defined in the Plan); (ii) attains normal retirement age (as defined in the Plan) while actively employed by the Corporation or a related entity; or (iii) terminates employment from the Corporation or a related entity due to disability (as defined in the Plan). Notwithstanding the foregoing, each participant became fully vested in his or her account balance under the Plan as of 11:59:59 p.m. Central Time on December 31, 2023 (the Merger Date).

**NORTHSHORE UNIVERSITY HEALTHSYSTEM
RETIREMENT CONTRIBUTION 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)*

Any forfeitures that arise under the Plan are used to pay administrative and/or Plan expenses. Unallocated forfeiture balances as of December 31, 2023 and 2022, were \$0 and \$327, respectively.

Participants can choose to invest their account balance in one or more of the investment options offered under the Plan through the record-keeper. 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. If a participant does not make any investment elections, the participant's account will be defaulted to 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.

Expenses

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 presented 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, this is an asset-based fee where a participant will incur 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 and the participant will see this as a separate line item on their quarterly statement.

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

**NORTHSHORE UNIVERSITY HEALTHSYSTEM
RETIREMENT CONTRIBUTION PLAN**

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

(Dollars in Thousands)

NOTE 1 DESCRIPTION OF THE PLAN (continued)

Benefit Payments

Regardless of the amount of a participant's account balance, for the 2023 plan year a participant may elect to receive their vested Plan account balance as a:

- Single lump-sum payment; or
- Direct rollover to a traditional individual retirement account or another eligible plan.

For the 2023 Plan year, the Plan does not allow loans or in-service withdrawals (including hardship withdrawals).

Plan Termination

The Corporation may terminate the Plan at any time and for any reason subject to the provisions of ERISA. Upon any termination of the Plan, the Corporation must give written notice to the Plan Administrator and participants. Upon termination of the Plan, each affected participant will become fully vested in their account balance under the Plan.

Participant Accounts

Each participant's account is credited with any employer contribution made before the Plan freeze on January 1, 2021, and allocations of any 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.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). A description of those accounting policies of particular significance follows.

**NORTHSHORE UNIVERSITY HEALTHSYSTEM
RETIREMENT CONTRIBUTION PLAN**

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

(Dollars in Thousands)

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

Investment Valuation and Income Recognition

Investments held by the Plan (except for fully benefit-responsive investment contracts) 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 measurements.

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.

Plan investments held in fully benefit-responsive investment contracts are reported at contract value, represents contributions made, plus earnings, less participant withdrawals and administrative expenses. See Note 7 for further discussion.

Payment of Benefits

Benefit payments are recorded when paid.

Administrative Expenses

Administrative expenses of the Plan are paid by the Plan to the extent they are not paid by the Corporation and are permitted by law.

Use of Estimates

The preparation of financial statements in conformity with the 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
RETIREMENT CONTRIBUTION PLAN**

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

(Dollars in Thousands)

NOTE 3 INCOME TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated October 20, 2016, stating that the Plan is qualified under Section 401(a) of the Code, and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believed the Plan was being operated in compliance with the applicable requirements of the Code and, therefore, believed the Plan, as amended, was qualified and the related trust was tax exempt as of December 31, 2023 (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 tax 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 were 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 fair value hierarchy and related valuation methodologies prescribed by Accounting Standards Codification (ASC) 820, *Fair Value Measurement*. 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
RETIREMENT CONTRIBUTION 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>
Mutual funds ^(a)	\$ 40,168	\$ -	\$ -	\$ 40,168
Target date funds ^(b)				121,624
Total assets at fair value				<u>\$ 161,792</u>

- a) 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. The closing NAV is used for transactions for these funds and is observable to a market participant.
- b) Common collective trusts include investments in highly diversified funds designed to remain appropriate for investors in terms of risk throughout a variety of life circumstances. Investments are valued using NAV, where it is used as a practical expedient to estimate fair value. The value is based on the fair value of the fund's underlying assets less liabilities.

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.

**NORTHSHORE UNIVERSITY HEALTHSYSTEM
RETIREMENT CONTRIBUTION PLAN**

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

(Dollars in Thousands)

NOTE 6 INFORMATION CERTIFIED BY VOYA (continued)

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>
Investments at fair value	\$ -	\$ 161,792
Fully benefit-responsive investment contract at contract value	-	18,652
	<u>\$ -</u>	<u>\$ 180,444</u>

The trustee also certified the completeness and accuracy of \$28,927 of net appreciation in fair value of investments and \$1,380 of interest and dividends related to the aforementioned investments for the year ended December 31, 2023.

NOTE 7 INVESTMENT CONTRACT WITH INSURANCE COMPANIES

The Plan holds a guaranteed investment contract (GIC) that meets the fully benefit-responsive investment criteria and, therefore, is reported at contract value. In connection with the change in record-keepers from Voya to Fidelity, participation in the Voya Fixed Plus Account III investment fund under the Plan was discontinued effective January 1, 2024, as required by the Fund's terms. Monies in the fund will be liquidated over a five-year period. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

The crediting interest rate is based on a formula agreed upon with the issuer; such interest rates are reviewed and may be reset on a quarterly basis. The minimum guaranteed interest rate is 1% annually.

**NORTHSHORE UNIVERSITY HEALTHSYSTEM
RETIREMENT CONTRIBUTION PLAN**

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

(Dollars in Thousands)

NOTE 7 INVESTMENT CONTRACT WITH INSURANCE COMPANIES *(continued)*

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, or (c) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

The GIC issuer may discontinue the contract with the Plan under any of the following circumstances:

- The Plan fails to meet any of its obligations under the contracts or under any related agreements.
- All amounts under the contracts are withdrawn.
- The Plan is no longer a qualified plan under the Code.
- The Plan is terminated.
- The Plan, without the issuers' written agreement, attempts to assign the Plan's interest in the contracts.
- The Plan rejects an amendment to the contracts proposed by the issuer under the Amendments section.
- The issuers elect to discontinue accepting deposits for all contracts of this class.
- Employees of the Corporation are no longer eligible to participate in the Plan (any such discontinuance affects only those ineligible employees).
- A change in applicable laws and regulations (including tax laws and regulations) materially affects the taxation of the contracts or separate accounts, or otherwise materially affects the issuers' obligations hereunder.

**NORTHSHORE UNIVERSITY HEALTHSYSTEM
RETIREMENT CONTRIBUTION PLAN**

Notes to Financial Statements

Years Ended December 31, 2023 and 2022

(Dollars in Thousands)

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

The Plan invests in various mutual funds and a GIC 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.

