

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

**B** This return/report is:     the first return/report     the final return/report  
     an amended return/report     a short plan year return/report (less than 12 months)

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

**D** Check box if filing under:     Form 5558     automatic extension     the DFVC program  
     special extension (enter description)

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

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>SANTA FE EMPLOYEES HOSPITAL ASSOCIATION - COAST LINES</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>501</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SANTA FE EMPLOYEES HOSPITAL ASSOCIATION - COAST LINES</u>  <u>551 E SAN BERNARDINO ROAD</u> <u>COVINA, CA 91723-1723</u>	<b>1c</b> Effective date of plan <u>01/01/1998</u>  <b>2b</b> Employer Identification Number (EIN) <u>95-1191130</u>  <b>2c</b> Plan Sponsor's telephone number <u>626-967-3550</u>  <b>2d</b> Business code (see instructions) <u>524290</u>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	05/05/2025	LARRY PHILIPPI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	777
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	3
	<b>6a(2)</b>	3
	<b>6b</b>	753
	<b>6c</b>	
	<b>6d</b>	756
	<b>6e</b>	
	<b>6f</b>	756
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
4A

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

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

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>SANTA FE EMPLOYEES HOSPITAL ASSOCIATION - COAST LINES</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SANTA FE EMPLOYEES HOSPITAL</b>	<b>D</b> Employer Identification Number (EIN) <b>95-1191130</b>	

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

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

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

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

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

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

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**(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)

CESAR P. CARRANCEJA

4810 CAREFREE DRIVE  
LAS VEGAS, NV 89122

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	CONTRACTOR	54250	Yes <input type="checkbox"/> No <input checked="" 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)

IRON ROAD

1040 N2200 W STE 200  
SALT LAKE CITY, UT 84116

87-0427760

(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?
12	CONTRACTOR	86246	Yes <input type="checkbox"/> No <input checked="" 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)

SUSAN L. BENDIG

232 EAGLE WAY  
NORTH SALT LAKE, UT 84054

52-8724498

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	CONTRACTOR	5900	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

YVONNE R. BAGAMAN

17030 E COLIMA RD UNIT 110  
HACIENDA HTS, CA 91745

95-1191130

(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?
30	EMPLOYEE	140882	Yes <input type="checkbox"/> No <input checked="" 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)

HAYDEE MATA

4689 FAIRBANKS AVE  
JURUPA VALLEY, CA 92509

95-1191130

(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?
30	EMPLOYEE	79566	Yes <input type="checkbox"/> No <input checked="" 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)

WELLS FARGO

MAC E2076-021  
PO BOX 20160  
LONG BEACH, CA 90801

94-1347393

(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?
52	INVESTMENT ADVISOR	111934	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

FIRST HEALTH GROUP CORP

3200 HIGHLAND AVE  
DOWNERS GROVE, IL 60515

20-1736437

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONTRACTOR	14253	Yes <input type="checkbox"/> No <input checked="" 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)

DUMAS & KIM

3435 WILSHIRE BLVD 990  
LOS ANGELES, CA 90010

95-3977828

(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?
29	CONTRACTOR	123797	Yes <input type="checkbox"/> No <input checked="" 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)

DIANA SEDANO

567 ABERY AVE  
LA PUENTE, CA 91744

95-1191130

(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?
30	EMPLOYEE	76280	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

MCMENOMY & ASSOCIATES, CPAS, LLP

876 N MOUNTAIN AVE SUITE 105  
UPLAND, CA 91786

46-1559312

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	CONTRACTOR	28000	Yes <input type="checkbox"/> No <input checked="" 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)

LARRY D PHILIPPI

PO BOX 2513  
LAKE ARROWHEAD, CA 92352

(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?
20	TRUSTEE	18900	Yes <input type="checkbox"/> No <input checked="" 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)

CLIFFORD A REINHOLD

15548 BRONCO DRIVE  
SANTA CLARITA, CA 91387

94-6555763

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	CONTRACTOR	12530	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

STEPHEN T DAWSON

5020 SEPULVEDA AVE  
SAN BERNARDINO, CA 92404

(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?
20	TRUSTEE	8700	Yes <input type="checkbox"/> No <input checked="" 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)

CALIFORNIA DEPOSITION REPORTERS INC

448 E FOOTHILL BLVD STE 101  
SAN DIMAS, CA 91773

95-4168477

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONTRACTOR	5924	Yes <input type="checkbox"/> No <input checked="" 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)

KESSNER UMEBAYASHI BAIN & MATSUNAGA

220 SOUTH KING ST 1900  
HONOLULU, HI 96813

99-0176309

(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?
29	CONTRACTOR	12960	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

INFOCROSSING, LLC

2 TOWER CENTER BLVD SUITE 2200  
EAST BRUNSWICK, NJ 08816

13-3252333

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	CONTRACTOR	17144	Yes <input type="checkbox"/> No <input checked="" 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"/>

(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
WELLS FARGO 94-1347393	52	111934
(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.	
SANTA FE HOSPITAL ASSOC - IMA ERISA 551 E SAN BERNARDINO RD COVINA, CA 91723  95-1191130	BANK FEES CHARGED TO INVESTMENT FUNDS	
(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.

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>SANTA FE EMPLOYEES HOSPITAL ASSOCIATION - COAST LINES</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SANTA FE EMPLOYEES HOSPITAL</b>	<b>D</b> Employer Identification Number (EIN) <b>95-1191130</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	242103	368308
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	728738	727808
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	82969	66667
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	4767305	3176957
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	58723	61143
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	11386176	13195809
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	240000	340000
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	18931	14852

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	134153	119160
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	17659098	18070704
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	1072067	1164638
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	284245	329382
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1356312	1494020
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	16302786	16576684

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	2208865	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	291443	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		2500308
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	202576	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	150894	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	7873941	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	7333986	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	2332588	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		27641
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		5753962

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>	4214017	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		4214017
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	373672	
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	54250	
(4) IQPA audit fees .....	<b>2i(4)</b>	28000	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	111934	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	136757	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	561434	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1266047
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		5480064

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		273898
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: **MCMENOMY & ASSOCIATES, CPAS, LLP**

(2) EIN: **46-1559312**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?		X	
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**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 \_\_\_\_\_.

SANTA FE EMPLOYES HOSPITAL  
ASSOCIATION - COAST LINES

Independent Auditor's Report  
and Financial Statements

December 31, 2024 and 2023



# **McMENOMY & ASSOCIATES CPAs, LLP**

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Members of American Institute of Certified Public Accountants  
California Society of Certified Public Accountants

## **INDEPENDENT AUDITOR'S REPORT**

April 30, 2025

To the Board of Trustees of  
Santa Fe Employes Hospital  
Association - Coast Lines

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

We have performed audits of the accompanying financial statements of Santa Fe Employes Hospital Association - Coast Lines (the Plan), a 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 benefit obligations and net assets available for benefits as of December 31, 2024, and 2023, and the related statement of changes in net assets available for benefits and of changes in benefit obligations for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Santa Fe Employes Hospital Association - Coast Lines 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 certifications from a qualified institution as of December 31, 2024, and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 10 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 financial statements referred to above, 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.
- the information in the financial statements referred to above 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. 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 Santa Fe Employes Hospital Association - Coast Lines and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

Management is responsible for the preparation and fair presentation of 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 Santa Fe Employes Hospital - Coast Lines ability to continue as a going concern for one year after the date of the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and

disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each participant, to determine the benefits due or which may become due to such participants.

#### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with generally accepted auditing standards, 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 Santa Fe Employes Hospital - Coast Lines 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 Santa Fe Employes Hospital - Coast Lines 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.

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 audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

#### **Supplemental Schedules Required by ERISA**

The supplemental schedules of assets held for investment and schedule of reportable transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by 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).

*Mc Menomy + Associates, CPAs, LLP*

Upland, CA

April 30, 2025

SANTA FE EMPLOYEES HOSPITAL ASSOCIATION - COAST LINES

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Investments, at fair value (Note 4):		
Common stock	13,195,809	\$11,386,176
Mutual funds	340,000	240,000
Fixed income	<u>3,186,827</u>	<u>4,778,437</u>
Total investments	16,722,636	16,404,613
Cash and cash equivalents	434,975	325,072
Receivables:		
Prescription drug rebates (Note 2)	719,025	679,782
Due from CMS (Note 3)	<u>8,783</u>	<u>48,956</u>
Total receivables	727,808	728,738
Property and equipment, net (Note 6)	119,160	134,153
Other assets	<u>66,125</u>	<u>66,521</u>
Total assets	18,070,704	17,659,097
Accounts payable and accrued expenses	209,144	146,015
Due to CMS (Note 3)	-	-
Deferred income - member's dues	59,095	79,506
Deferred compensation (Note 9)	<u>61,143</u>	<u>58,723</u>
Total liabilities	329,382	284,244
Net assets	17,741,322	17,374,853
Restricted for self-insurance (Note 7)	<u>2,000,000</u>	<u>2,000,000</u>
Net assets available for benefits	<u>\$15,741,322</u>	<u>\$15,374,853</u>

See accompanying notes to financial statements  
and independent auditor's report.

SANTA FE EMPLOYEES HOSPITAL ASSOCIATION - COAST LINES  
 STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

For the year ended December 31, 2024

Sources of net assets:

Contributions:	
Members	\$ 2,208,865
Medicare (net)	291,443
Other sources	<u>          -</u>
Total contributions	<u>2,500,308</u>
Investment income:	
Net appreciation in fair value of investments	2,872,543
Dividends and interest	<u>381,111</u>
Total investment gain	<u>3,253,654</u>
Total additions	5,753,962

Application of net assets:

Benefits paid	4,121,446
Administrative expenses	<u>1,266,047</u>
Total disbursements	<u>5,387,493</u>

Net decrease in net plan assets available for plan benefits	366,469
--	---------

Net assets available for plan benefits:

Beginning of year	<u>15,374,853</u>
End of year	<u>\$15,741,322</u> =====

See accompanying notes to financial statements  
and independent auditor's report.

SANTA FE EMPLOYEES HOSPITAL ASSOCIATION - COAST LINES

STATEMENT OF BENEFIT OBLIGATIONS

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amount currently payable:		
Claims payable and claims incurred but not reported (Note 5 and Note 11)	<u>\$1,164,638</u>	<u>\$1,072,067</u>

See accompanying notes to financial statements  
and independent auditor's report.

SANTA FE EMPLOYEES HOSPITAL ASSOCIATION - COAST LINES

STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS

For the year ended December 31, 2024

Amounts currently payable:

Balance at the beginning of year	\$ 1,072,067
Claims incurred	4,214,017
Claims paid	<u>(4,121,446)</u>
Balance at the end of the year	<u>\$ 1,164,638</u>

See accompanying notes to financial statements  
and independent auditor's report.

SANTA FE EMPLOYEES HOSPITAL ASSOCIATION - COAST LINES

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 1 - GENERAL DESCRIPTION OF THE PLAN:

Santa Fe Employes Hospital Association - Coast Lines (the Plan) is a health and welfare plan established to provide medical and surgical treatment and care for subscribing employees, retirees, and other beneficiaries of the BNSF Railway Company. As of December 31, 2024, and 2023 there were approximately 756 and 777 participants in the Plan, respectively. The benefits provided to eligible members include medical and prescription drug programs. The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

Active employees can join the association by completing a membership form within six months of becoming an active employee. Since 2013, the Plan's only active employees are those of the Plan itself. Retired employees can join the Association either through converting their active membership to retired status or by undergoing a physical examination. To be eligible for the Medicare plan membership, retired members and their spouses must enroll in Medicare Part A and B. As of December 31, 2024, and 2023, the Plan had 753 and 774 members covered under Medicare.

Health claims of active and retired participants are generally processed by a third-party service provider, while a portion of claims are processed by the Plan's administrator group. However, the responsibility for payments to providers and participants is retained by the Plan.

Dues necessary to provide the eligible benefits of the Plan are made by the participants of the Plan. As of December 31, 2024, and 2023, monthly dues are \$240. Any future change to the monthly dues will be determined by the Board of Trustees. The Plan absorbs the cost of benefits that exceed the dues collected using investment income.

The Board of Trustees, as the Plan Sponsor, has the right under the Plan to modify the benefits provided to active participants. In the event the Plan is terminated, the assets of the Plan would be used for administrative expenses and subscriber benefits.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Plan assets are held by Wells Fargo Bank (See Note 10).

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

### Basis of accounting

The financial statements of the Plan have been prepared using the accrual basis of accounting from information supplied by the Plan and Wells Fargo Bank, N.A., which manages the investments.

### Date of management's review

Subsequent events were evaluated through April 29, 2025, which is the date the financial statements were available to be issued.

### Valuation of investments

Investments are reported at fair value in the accompanying statement of net assets available for benefits. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation (depreciation) of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The fair value measurements accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. The Plan's investments are measured as a Level 1 input, based on quoted prices in active markets.

### Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

### Receivables

Losses on uncollectible accounts are recognized when such losses become known or indicated. No allowance for losses has been recorded as of December 31, 2024, and 2023 as management believes all accounts are fully collectible.

#### Property and equipment

Property and equipment acquisitions are stated at cost. Depreciation is provided over the estimated useful life of each class of depreciable assets using the straight-line method.

#### Subscribers' dues

Income from dues received is recognized in the month coverage is provided. Dues received in advance of coverage are recorded as deferred income and reported as a current liability.

#### Cash and cash equivalents

Cash and cash equivalents include certain investments in highly liquid debt instruments with original maturities of three months or less.

The Plan routinely invests its surplus operating funds in money market mutual funds. These funds generally invest in highly liquid U.S. Government and agency obligations.

#### Concentration of credit risk from financial instruments

Financial instruments that potentially subject the Plan to concentrations of credit risk consist of uninsured cash balances. The Plan maintains its cash balances primarily at two financial institutions located in Southern California. Accounts are insured up to \$250,000 by the Federal Deposit Insurance Corporation. As of December 31, 2024, and 2023 the uninsured cash balance are \$282,420 and \$153,860, respectively.

#### Income tax status

The trust established under the Plan to hold the Plan's assets is qualified pursuant to Section 501(a) of the Internal Revenue Code, and accordingly, the Trust's net investment income is exempt from income taxes. The Plan received favorable tax determination letters from the Internal Revenue Service effective March 26, 1990, and the Plan believes that the trust continues to qualify and to operate in accordance with applicable provisions of the Internal Revenue Code.

#### Rebates receivable

The Plan receives monthly, quarterly, and annual rebates from its prescription drug provider which offset the benefits paid on behalf of members during the year. As of December 31, 2024, and 2023, outstanding rebates receivable total \$719,025 and \$679,782, respectively, which is included in the balance of current assets.

#### NOTE 3 - MEDICARE SETTLEMENTS RECEIVABLE/PAYABLE:

The Plan is a contracted Health Care Prepayment Plan with the Centers

for Medicare and Medicaid Services (CMS), the federal agency that administers Medicare. This contract authorizes the Plan to pay members' Medicare Part B claims to participating providers. For this service, the Plan receives interim payments during the year from CMS to reimburse the portion of the claim that would have been paid by CMS and to compensate the Plan for a portion of its administrative expenses. Annual cost reports are due to CMS to account for claims paid and administrative expenses incurred. Under the contract, final settlement for cost reports filed by the Plan is dependent upon review by CMS staff. Based on CMS cost reports filed for the year ended December 31, 2024, the Plan estimates that CMS owes approximately \$8,783, which is included in the balance of receivables. Based on CMS cost reports filed for the year ended December 31, 2023, the Plan estimates that CMS owes approximately \$48,956, which is included in the balance of receivables.

NOTE 4 - FAIR VALUE MEASUREMENTS:

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

Level 1

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

Level 2

Inputs to the valuation methodology include:

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

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

Level 3

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of valuation methodologies used for assets at fair values. There have been no changes in the methodologies used on December 31, 2024, and 2023.

*Money Market fund:* Amortized cost valued at approximate fair value.

*Common Stock:* Valued at the closing price reported on the active market on which the individual securities are traded.

*Mutual funds:* Valued at the closing price reported in the active market in which the individual security is traded. Mutual funds held by the Fund are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Fund are deemed to be traded actively.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024, and 2023:

Assets at Fair Value as of December 31, 2024

<u>Investment</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common stocks	\$13,195,809			\$13,195,809
Mutual funds	340,000			340,000
Fixed income	<u>3,186,827</u>	<u>-</u>	<u>-</u>	<u>3,186,827</u>
Total	<u>\$16,722,636</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$16,722,636</u>

Assets at Fair Value as of December 31, 2023

<u>Investment</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common stocks	\$11,386,176			\$11,386,176
Mutual funds	240,000			240,000
Fixed income	<u>4,778,437</u>			<u>4,778,437</u>
Total	<u>\$16,404,613</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$16,404,613</u>

NOTE 5 - PLAN BENEFIT OBLIGATIONS:

The Plan benefit obligations consist of claims that are payable and management's estimate for claims incurred but not reported. Management estimates that any future liability is less than the value of future contributions expected to be received from plan participants and investment income. Plan benefit obligations are estimated by the Plan management and total \$1,164,638 and \$1,072,067 as of December 31, 2024, and 2023. See also note 11.

NOTE 6 - PROPERTY AND EQUIPMENT:

Property and equipment consist of the following as of December 31, 2024, and 2023:

	<u>2024</u>	<u>2023</u>
Land and improvements	\$120,426	\$120,426
Building and improvements	188,031	188,031
Equipment and fixtures	101,616	101,616
Furniture	<u>10,520</u>	<u>10,520</u>
Total property and equipment	420,593	420,593
Less accumulated depreciation	( <u>301,433</u> )	( <u>286,440</u> )
Property and equipment, net	<u>\$119,160</u>	<u>\$134,153</u>

Depreciation expense for the years ended December 31, 2024, and 2023 amounted to \$14,993 and \$14,472, respectively.

NOTE 7 - SELF INSURANCE:

The Plan elected to self-insure for professional liability insurance and has reserved \$2,000,000 of the net assets available for benefits.

NOTE 8 - RISKS AND UNCERTAINTIES:

The Plan's future operating results may be affected by a number of factors. The Plan invests in various investment securities. Investment securities are exposed to various 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 could materially affect the amounts reported in the statement of net assets available for benefits. In addition, the Plan's operations are in part dependent on dues collected from participants to cover the cost of healthcare benefits. Significant changes in the cost of healthcare services rendered, benefits covered by the Plan, and the amounts of participants' fees charged could have a favorable or unfavorable impact

on the operating results of the Plan. Also, with the increase in competition from providers of health and welfare benefit plans, the actual number of participants in the Plan could increase or decrease, depending on the Plan's ability to attract participants.

NOTE 9 - DEFERRED COMPENSATION:

The Board of Trustees elected to grant a deferred compensation plan to their long-term employees. Separate investments are set aside for the future compensation of two current employees. The value of these investments and the corresponding deferred compensation liability total \$61,143 and \$58,772 as of December 31, 2024, and 2023, respectively.

NOTE 10 - SUMMARY OF CERTIFIED FINANCIAL DATA:

Wells Fargo Bank holds the majority of the Plan's investments and provides investment management services. The following is a summary of the unaudited information regarding the Plan, included in, and reconciled to, the Plan's financial statements and supplemental schedules, which was prepared by Wells Fargo Bank, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from Wells Fargo that such information is complete and accurate.

The following is a summary of financial data certified by Wells Fargo in accordance with Section 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Differences between certain information summarized below and that which is included in the accompanying financial statements are attributable to cash and other investment accounts not included in the trust account as well as adjustments made by the Plan Administrator to confirm the financial statements and certified data to the accrual basis of accounting. As of December 31, 2024, there were five investments that represented more than 5% of the net plan assets with a total fair value of \$872,340, \$1,011,680, \$1,011,600, \$1,237,328 and \$1,302,613 (5.20%, 5.97%, 6.03%, 7.37% and 7.76% of net assets available for plan benefits). As of December 31, 2023, there were three investments that represented more than 5% of the net plan assets with a total fair value of \$831,450, \$902,496, and \$1,061,568 (5.04%, 5.47%, and 6.44% of net assets available for plan benefits).

	<u>2024</u>	<u>2023</u>
Statement of net assets available for benefits:		
Cash and cash equivalents	\$ 66,666	\$ 82,969
Fixed income	4,526,827	4,778,437
Equities and mutual funds	<u>13,195,809</u>	<u>11,626,176</u>
Total investments	\$17,789,302 =====	\$16,487,582 =====

NOTE 11 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500:

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per financial statements	\$17,741,322	\$17,374,853
Less benefit obligations currently payable	<u>1,164,638</u>	<u>1,072,067</u>
Net assets available for benefits per Form 5500	<u>\$16,576,684</u>	<u>\$16,302,786</u>

The following is a reconciliation of the benefits paid per the financial statements to Form 5500:

Benefits paid per the audited financial statements	\$ 4,121,446
Add amounts currently payable on December 31, 2024	1,164,638
Less amounts currently payable on December 31, 2023	<u>(1,072,067)</u>
Total Benefits provided per Form 5500	<u>\$ 4,214,017</u>

Benefits provided that have been processed and approved for payment at year-end, but not paid and claims incurred but not reported are not considered liabilities under GAAP and therefore are not presented as liabilities or claims paid in the accompanying financial statements but are recorded on Form 5500 as a liability.

NOTE 12 - OTHER ITEMS:

On November 4th, 2024, the Plan entered into a settlement agreement with SFEHA's former chairman, Cecil Davis. As part the settlement, Mr. Davis executed a promissory note secured by a mortgage in favor of the Plan and secured by property in the sum of \$300,000. The promissory note is due upon the sale of the secured property or, if the property has not been sold, within five years of execution of the settlement agreement. The Plan's U.S. District Court lawsuit in the Central District of

California against Mr. Davis as well as Mr. Davis's cross-complaint against the Plan are dismissed. No amounts are accrued at year end. Any gains will be recorded upon collection.

NOTE 13 - SUBSEQUENT EVENTS:

In accordance with FASB ASC Topic 855, Subsequent Events, management has evaluated the possibility of subsequent events existing for the Plan's financial statements through April 29, 2025, the date which the financial statements were available for issuance. The Plan has determined that there are no material events, other than the items noted below that would require recognition to or disclosure in the Plan's financial statements through this date.

The Plan become a Medicare Advantage PPO plan beginning January 1, 2025.

SUPPLEMENTAL SCHEDULES

SANTA FE EMPLOYEES HOSPITAL ASSOCIATION - COAST LINES  
EIN #95-1191130  
Plan #501

SCHEDULE H, LINE 4I, SCHEDULE OF ASSETS HELD FOR INVESTMENT

AT DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
<u>Identity of issuer</u>	<u>Description of investment</u>	<u>Cost</u>	<u>Current</u>	<u>value</u>
Standard bank deposit		66,667		66,667
Federal Home Loan Bank	Bonds; Matures 1/27/25	145,398		149,700
Federal Home Loan Bank	Bonds; Matures 2/28/25	49,971		50,047
Federal Home Loan Bank	Bonds; Matures 5/23/25	244,283		248,712
Federal Home Loan Bank	Bonds; Matures 3/6/26	250,000		250,242
Federal Home Loan Bank	Bonds; Matures 5/1/26	149,959		150,257
Federal Home Loan Bank	Bonds; Matures 7/9/29	185,015		184,904
Federal Home Loan Bank	Bonds; Matures 9/6/29	99,990		99,968
Federal Home Loan Bank	Bonds; Matures 9/13/29	249,975		249,843
Federal Home Loan Bank	Bonds; Matures 10/24/29	99,970		99,746
Federal Home Loan Bank	Bonds; Matures 8/22/30	249,875		249,303
Federal Home Loan Bank	Bonds; Matures 10/22/32	249,688		249,285
Federal Home Loan Bank	Bonds; Matures 10/17/34	249,812		249,735
Federal Home LN MTG	Matures 11/3/29	49,973		49,876
Federal Farm Credit	Bonds; Matures 5/1/26	150,000		150,250
Federal Farm Credit	Bonds; Matures 8/14/28	250,000		249,742
Federal Farm Credit	Bonds; Matures 9/11/30	249,875		249,550
Federal NATL MTG	Matures 6/17/25	237,652		245,797
FNMA Pass Thru Pool	Matures 01/01/37	-		3,343
FNMA Pass Thru Pool	Matures 05/01/37	-		6,526
Alphabet Inc CL C	4,000 shares of common stock	44,696		761,760
Amazon.com Inc	3,000 shares of common stock	53,763		658,170
American Tower Corp	500 shares of common stock	72,980		91,705
Apple Inc	4,000 shares of common stock	13,323		1,001,680
Berkshire Hathaway Inc	1,000 shares of common stock	62,996		453,280
Blackrock Inc	200 shares of common stock	63,118		205,022
CME Group Inc	500 shares of common stock	62,333		116,115
Coca Cola Company	3,500 shares of common stock	82,922		217,910
Costco WHSL Corp	900 shares of common stock	78,417		824,643
Danaher Corp	1,400 shares of common stock	30,678		321,370
Electronic Arts Inc	700 shares of common stock	64,137		102,410
EXXON Mobil Corp	500 shares of common stock	53,750		53,785
First INDL Realty Inc	2,500 shares of common stock	74,030		125,325
Gilead Sciences Inc	2,000 shares of common stock	45,810		184,740
Home Depot Inc	700 shares of commons stock	53,074		272,293
ISHARES	14,000 shares - Core S&P Mid Cap ETF	158,867		872,340
JP Morgan Chase	1,700 shares of common stock	59,590		407,507
Merck & Co, Inc.	1,900 shares of common stock	143,753		189,012
Meta Platforms, Inc.	1,200 shares of common stock	83,568		702,612
Microsoft Corp.	2,400 shares of common stock	71,341		1,011,600
NVIDIA Corp	9,700 shares of common stock	60,664		1,302,613

SANTA FE EMPLOYEES HOSPITAL ASSOCIATION - COAST LINES  
EIN #95-1191130  
Plan #501

SCHEDULE H, LINE 4I, SCHEDULE OF ASSETS HELD FOR INVESTMENT  
AT DECEMBER 31, 2024

(CONTINUED)

Palo Alto Networks	6,800 shares of common stock	151,414	1,237,328
Salesforce Inc	1,500 shares of common stock	106,966	501,495
TE Connectivity LTD	1,500 shares of common stock	112,241	214,455
Thermo Fisher	350 shares of common stock	96,019	182,081
Tractor Supply Co.	5,000 shares of common stock	69,066	265,300
Union Pacific Corp	1,400 shares of common stock	28,600	319,256
United Parcel Service	1,500 shares of common stock	88,851	189,150
Visa Inc. CL A	1,300 shares of common stock	97,734	410,852
Fidelity Treasury Only	340,000 units	<u>340,000</u>	<u>340,000</u>
		\$5,752,804	\$16,789,302

\*Column (a) is blank because there are no parties-in-interest as of December 31, 2024

FEDERAL STATEMENT 9  
SANTA FE EMPLOYEES HOSPITAL ASSOCIATION - COAST LINES

EIN #95-1191130

PLAN #501

DECEMBER 31, 2024

SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b)	(c)	(d)	(e)
<u>Identity of issuer</u>	<u>Description of investment</u>		<u>Cost</u>	<u>Current Value</u>
	Standard bank deposit		66,667	66,667
	Federal Home Loan Bank	Bonds; Matures 1/27/25	145,398	149,700
	Federal Home Loan Bank	Bonds; Matures 2/28/25	49,971	50,047
	Federal Home Loan Bank	Bonds; Matures 5/23/25	244,283	248,712
	Federal Home Loan Bank	Bonds; Matures 3/6/26	250,000	250,242
	Federal Home Loan Bank	Bonds; Matures 5/1/26	149,959	150,257
	Federal Home Loan Bank	Bonds; Matures 7/9/29	185,015	184,904
	Federal Home Loan Bank	Bonds; Matures 9/6/29	99,990	99,968
	Federal Home Loan Bank	Bonds; Matures 9/13/29	249,975	249,843
	Federal Home Loan Bank	Bonds; Matures 10/24/29	99,970	99,746
	Federal Home Loan Bank	Bonds; Matures 8/22/30	249,875	249,303
	Federal Home Loan Bank	Bonds; Matures 10/22/32	249,688	249,285
	Federal Home Loan Bank	Bonds; Matures 10/17/34	249,812	249,735
	Federal Home LN MTG	Matures 11/3/29	49,973	49,876
	Federal Farm Credit	Bonds; Matures 5/1/26	150,000	150,250
	Federal Farm Credit	Bonds; Matures 8/14/28	250,000	249,742
	Federal Farm Credit	Bonds; Matures 9/11/30	249,875	249,550
	Federal NATL MTG	Matures 6/17/25	237,652	245,797
	FNMA Pass Thru Pool	Matures 01/01/37	-	3,343
	FNMA Pass Thru Pool	Matures 05/01/37	-	6,526
	Alphabet Inc CL C	4,000 shares of common stock	44,696	761,760
	Amazon.com Inc	3,000 shares of common stock	53,763	658,170
	American Tower Corp	500 shares of common stock	72,980	91,705
	Apple Inc	4,000 shares of common stock	13,323	1,001,680
	Berkshire Hathaway Inc	1,000 shares of common stock	62,996	453,280
	Blackrock Inc	200 shares of common stock	63,118	205,022
	CME Group Inc	500 shares of common stock	62,333	116,115
	Coca Cola Company	3,500 shares of common stock	82,922	217,910
	Costco WHSL Corp	900 shares of common stock	78,417	824,643
	Danaher Corp	1,400 shares of common stock	30,678	321,370
	Electronic Arts Inc	700 shares of common stock	64,137	102,410
	EXXON Mobil Corp	500 shares of common stock	53,750	53,785
	First INDL Realty Inc	2,500 shares of common stock	74,030	125,325
	Gilead Sciences Inc	2,000 shares of common stock	45,810	184,740
	Home Depot Inc	700 shares of commons stock	53,074	272,293
	ISHARES	14,000 shares - Core S&P Mid Cap ETF	158,867	872,340
	JP Morgan Chase	1,700 shares of common stock	59,590	407,507
	Merck & Co, Inc.	1,900 shares of common stock	143,753	189,012
	Meta Platforms, Inc.	1,200 shares of common stock	83,568	702,612
	Microsoft Corp.	2,400 shares of common stock	71,341	1,011,600
	NVIDIA Corp	9,700 shares of common stock	60,664	1,302,613
	Palo Alto Networks	6,800 shares of common stock	151,414	1,237,328
	Salesforce Inc	1,500 shares of common stock	106,966	501,495
	TE Connectivity LTD	1,500 shares of common stock	112,241	214,455
	Thermo Fisher	350 shares of common stock	96,019	182,081
	Tractor Supply Co.	5,000 shares of common stock	69,066	265,300
	Union Pacific Corp	1,400 shares of common stock	28,600	319,256
	United Parcel Service	1,500 shares of common stock	88,851	189,150
	Visa Inc. CL A	1,300 shares of common stock	97,734	410,852
	Fidelity Treasury Only	340,000 units	340,000	340,000
			5,752,804	16,789,302

\*Column (a) is blank because there are no parties-in-interest at Dec. 31, 2024

FEDERAL STATEMENT 10  
SANTA FE EMPLOYEES HOSPITAL ASSOCIATION - COAST LINES  
EIN #95-1191130  
PLAN #501

DECEMBER 31, 2024

SCHEDULE H, PART IV, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS

SCHEDULE OF TRANSACTIONS OR SERIES OF TRANSACTIONS IN  
EXCESS OF 5% OF THE FAIR VALUE OF PLAN ASSETS

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Fair value of asset on transaction date	(i) Net gain or (loss)
Wells Fargo	Standard bank Deposit							
	Multiple purchase	3,146,633			-	3,146,633	3,146,633	-
	Multiple sale		2,997,936		-	2,997,936	2,997,936	-