

<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>
---	--	---

<b>Part I</b>	<b>Annual Report Identification Information</b>
---------------	---

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>
----------------	---

<b>1a</b> Name of plan <u>POMONA VALLEY HOSPITAL MEDICAL CENTER RETIREMENT SAVINGS PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>003</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>POMONA VALLEY HOSPITAL MEDICAL CENTER</u>  <u>1798 NORTH GAREY AVENUE</u> <u>POMONA, CA 91767-2918</u>	<b>1c</b> Effective date of plan <u>09/15/1969</u>  <b>2b</b> Employer Identification Number (EIN) <u>95-1115230</u>  <b>2c</b> Plan Sponsor's telephone number <u>909-469-9397</u>  <b>2d</b> Business code (see instructions) <u>622000</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.	07/30/2025	JANET GARCIA
	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>	5053
<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>	4023
	<b>6a(2)</b>	4018
	<b>6b</b>	70
	<b>6c</b>	767
	<b>6d</b>	4855
	<b>6e</b>	14
	<b>6f</b>	4869
	<b>6g(1)</b>	4219
	<b>6g(2)</b>	4318
<b>h</b>	0	
<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:  
 2F 2G 2L 2M 2T 2R 2A

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

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

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

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

---

**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

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

**A** Name of plan  
**POMONA VALLEY HOSPITAL MEDICAL CENTER RETIREMENT SAVINGS PLAN**

**B** Three-digit plan number (PN) ▶ **003**

**C** Plan sponsor's name as shown on line 2a of Form 5500  
**POMONA VALLEY HOSPITAL MEDICAL CENTER**

**D** Employer Identification Number (EIN)  
**95-1115230**

**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  
**THE LINCOLN NATIONAL LIFE INSURANCE 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
35-0472300	65676	CR02719	679	01/01/2024	12/31/2024

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

<b>(a)</b> Total amount of commissions paid 80285	<b>(b)</b> Total amount of fees paid 0
--	---

**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  
**LINCOLN FINANCIAL ADVISORS** 1300 S CLINTON ST STE 150  
FORT WAYNE, IN 46802-9999

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
80285			4

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

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

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

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

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

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

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

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

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

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

(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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**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. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

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

- a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶ GROUP VARIABLE ANNUITY W/GUAR FUND

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	35118587	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	0	
	<b>7c(2)</b>	0	
	<b>7c(3)</b>	1147773	
	<b>7c(4)</b>	10826	
	<b>7c(5)</b>	0	
▶ MAY INCLUDE LOAN PAY/FORF/TAKEOVERS/ADJUST			
(6) Total additions .....	<b>7c(6)</b>	1158599	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	36277186	
<b>e</b> Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	5200148
	(2) Administration charge made by carrier.....	<b>7e(2)</b>	955
	(3) Transferred to separate account .....	<b>7e(3)</b>	80004
	(4) Other (specify below) .....	<b>7e(4)</b>	12208
▶ MAY INCLUDE NEW LOANS/FORF/FEES/CORRECTIVES/ADJUST			
(5) Total deductions .....	<b>7e(5)</b>	5293315	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	30983871	

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

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

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
---	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>POMONA VALLEY HOSPITAL MEDICAL CENTER RETIREMENT SAVINGS PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>003</b></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>POMONA VALLEY HOSPITAL MEDICAL CENTER</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>95-1115230</b></p>	

**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  
**THE LINCOLN NATIONAL LIFE INSURANCE CO**

(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
35-0472300	65676	893265-007	1052	01/01/2024	12/31/2024

**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.

<p><b>(a)</b> Total amount of commissions paid <b>42446</b></p>	<p><b>(b)</b> Total amount of fees paid <b>0</b></p>
---	--

**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  
**LINCOLN FINANCIAL ADVISORS** **1300 S CLINTON ST, STE 150**  
**FORT WAYNE, IN 46802-9999**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
42446			4

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

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

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

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

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

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

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

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

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

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

(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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**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. .... **6d**  
 Specify nature of costs ▶

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

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

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶ STABLE VALUE

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	84474420
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	6201542
	<b>7c(2)</b>	0
	<b>7c(3)</b>	2642935
	<b>7c(4)</b>	5353506
	<b>7c(5)</b>	2331967
▶ MAY INCLUDE LOAN PAY/FORF/TAKEOVERS/ADJUST		
(6) Total additions .....	<b>7c(6)</b>	16529950
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	101004370
<b>e</b> Deductions:		
	<b>7e(1)</b>	12967781
	<b>7e(2)</b>	2541
	<b>7e(3)</b>	4739085
(4) Other (specify below) .....	<b>7e(4)</b>	788352
▶ MAY INCLUDE NEW LOANS/FORF/FEEES/CORRECTIVES/ADJUST		
(5) Total deductions .....	<b>7e(5)</b>	18497759
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	82506611

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

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

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

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

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

**Part IV Provision of Information**

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

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

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

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>POMONA VALLEY HOSPITAL MEDICAL CENTER RETIREMENT SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>POMONA VALLEY HOSPITAL MEDICAL CENTER</b>	<b>D</b> Employer Identification Number (EIN) <b>95-1115230</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

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

LINCOLN NATIONAL CORPORATION

35-1140070

(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?
13 27	SERVICE PROVIDER	41707	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)

MORNINGSTAR

36-3297908

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	SERVICE PROVIDER	23135	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"/>

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<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>
--	--	--

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>POMONA VALLEY HOSPITAL MEDICAL CENTER RETIREMENT SAVINGS PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>POMONA VALLEY HOSPITAL MEDICAL CENTER</b>	<b>D</b> Employer Identification Number (EIN) <b>95-1115230</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>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	11960089	12856221
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1806112	2254554
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	9573982	10939140
<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>		
<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>	379651199	450959099
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	119593007	113490482
<b>(15)</b> Other .....	<b>1c(15)</b>	2616882	3697662

<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>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	525201271	594197158
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	525201271	594197158

**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>	15600222	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	27680020	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	2124633	
(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>		45404875
<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>	87834	
<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>	623352	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	3790709	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		4501895
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	13023071	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		13023071
<b>(3)</b> 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>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<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>		
<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>		47128882
<b>c</b> Other income .....	<b>2c</b>		355662
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		110414385

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	41071271	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		41071271
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		5917
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		276377
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	64843	
(3) Recordkeeping fees .....	<b>2i(3)</b>	90	
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		64933
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		41418498

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		68995887
<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: FARBER HASS HURLEY LLP

(2) EIN: 20-4207759

**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		500000
<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.			

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>POMONA VALLEY HOSPITAL MEDICAL CENTER RETIREMENT SAVINGS PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>POMONA VALLEY HOSPITAL MEDICAL CENTER</u>	<b>D</b> Employer Identification Number (EIN) <u>95-1115230</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

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

1		0
---	--	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 04-2456637 35-1140070

**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		196
---	--	-----

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline?.....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....  Yes  No  N/A

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock?.....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market?.....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

***FINANCIAL STATEMENTS***

**POMONA VALLEY HOSPITAL MEDICAL CENTER RETIREMENT SAVINGS PLAN**

***DECEMBER 31, 2024 AND 2023***

**FARBER HASS HURLEY LLP  
CERTIFIED PUBLIC ACCOUNTANTS**

## INDEX

INDEPENDENT AUDITORS' REPORT	1 - 4
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits - December 31, 2024 and 2023	5
Statement of Changes in Net Assets Available for Benefits - Year Ended December 31, 2024	6
NOTES TO FINANCIAL STATEMENTS	7 - 17
SUPPLEMENTAL SCHEDULE FURNISHED PURSUANT TO DOL REGULATIONS UNDER ERISA - DECEMBER 31, 2024	
Schedule H, line 4i - Schedule of Assets (Held at End of Year)	19 - 26



## INDEPENDENT AUDITORS' REPORT

To the Personnel Practices Committee of  
Pomona Valley Hospital Medical Center Retirement Savings Plan

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

We have performed audits of the financial statements of Pomona Valley Hospital Medical Center Retirement Savings 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, 2024 and 2023, and the related statement of changes in net assets available for benefits 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 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 certifications from qualified institutions 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 C 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 Auditors' 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.
- 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Pomona Valley Hospital Medical Center Retirement Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 Pomona Valley Hospital Medical Center Retirement Savings Plan's ability to continue as a going concern for one year after the date 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 of the participants, to determine the benefits due or which may become due to such participants.

### ***Auditors' 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Pomona Valley Hospital Medical Center Retirement Savings 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 Pomona Valley Hospital Medical Center Retirement Savings 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.

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.


***Other Matter - Supplemental Schedule Required by ERISA***

The supplemental Schedule H, line 4i-Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is 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 schedule, other than the information in the supplemental schedule 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 schedule 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).

A handwritten signature in black ink, appearing to read "Farber Hass Hurley LLP". The signature is written in a cursive, somewhat stylized font.

Farber Hass Hurley LLP

Chatsworth, California  
July 25, 2025

**POMONA VALLEY HOSPITAL MEDICAL CENTER RETIREMENT SAVINGS PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2024 AND 2023**

	2024	2023
<b>ASSETS:</b>		
Investments at fair value	\$ 456,911,315	\$ 384,074,193
Investments at contract value	113,490,482	119,593,007
<b>Receivables:</b>		
Notes receivable from participants	10,939,140	9,573,982
Employer matching contributions	7,759,064	7,082,043
Employer non-elective contributions	5,097,157	4,878,046
Total receivables	23,795,361	21,534,071
Net assets available for benefits	\$ 594,197,158	\$ 525,201,271

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

**POMONA VALLEY HOSPITAL MEDICAL CENTER RETIREMENT SAVINGS PLAN**  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
YEAR ENDED DECEMBER 31, 2024

**Additions to net assets attributed to:**

Investment income:

Net appreciation in fair value of investments	\$ 47,480,893
Interest and dividend income	16,898,552
	64,379,445

Interest income on notes receivable from participants	630,065
---	---------

Contributions:

Participant deferrals	27,680,021
Employer matching	7,759,064
Employer non-elective	7,841,158
Rollovers	2,124,632
	45,404,875

Total additions	110,414,385
-----------------	-------------

**Deductions from net assets attributed to:**

Benefits paid to participants	41,353,565
Administrative expenses	64,933
	64,933

Total deductions	41,418,498
------------------	------------

Net increase	68,995,887
--------------	------------

**Net assets available for benefits:**

Beginning of year	525,201,271
-------------------	-------------

End of year	\$ 594,197,158
-------------	----------------

The accompanying notes are an integral part of this financial statement.

## POMONA VALLEY HOSPITAL MEDICAL CENTER RETIREMENT SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

#### NOTE A - DESCRIPTION OF THE PLAN

The following description of the Pomona Valley Hospital Medical Center Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

##### 1. General

The Plan is a defined contribution plan which was established for the benefit of eligible employees of Pomona Valley Hospital Medical Center (the "Employer") and meets all requirements for plan qualification under Section 403(b) of the Internal Revenue Code (IRC). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective January 1, 2024, participants are allowed to make Roth contributions, In-Plan Roth rollovers, and In-Plan Roth conversions.

##### 2. Eligibility

Employees are eligible to participate in the Plan for purposes of making participant deferral contributions and rollover contributions immediately upon hiring. Employees are eligible to receive Employer non-elective contributions and Employer matching contributions beginning on the first entry date of January 1 or July 1 following the completion of two years of service (during which at least 1,000 hours per year are worked as eligible associates). Per-diem or on-call employees are eligible to participate in the Plan but are not eligible to receive Employer contributions. Leased employees and non-resident aliens are not eligible to participate in the Plan. Employees who participate in the Cash Incentive Program (CIP) are eligible to make participant deferral contributions and rollover contributions, but are not eligible to receive Employer non-elective contributions or Employer matching contributions.

##### 3. Contributions

Participants may elect to contribute on a tax-deferred basis and, effective January 1, 2024, on an after-tax Roth basis, up to the maximum deferral limit per Section 402(g)(1) of the IRC. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions, up to the maximum limit, per Section 414(v) of the IRC. Participants may also contribute amounts representing distributions from the CIP or other qualified plans.

For highly compensated employees who are eligible and who are employed on the last day of the plan year, the Employer may make a discretionary Employer non-elective contribution equal to a certain percentage of the compensation earned during the plan year. For non-highly compensated employees who are eligible and who are employed on the payment date of June 30 or December 31, the Employer may make a discretionary Employer non-elective contribution equal to a certain percentage of compensation earned during the computation period that ends on the payment date.

## POMONA VALLEY HOSPITAL MEDICAL CENTER RETIREMENT SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

#### NOTE A - DESCRIPTION OF THE PLAN (Continued)

##### 3. Contributions (Continued)

During the year ended December 31, 2024, Employer non-elective contributions were based on 3% of plan compensation. Plan compensation is defined as the employee's hourly rate on January 1 of the plan year multiplied by the number of hours worked, not to exceed 1,040 hours in a six month period.

Annually, the Employer will make an Employer matching contribution to employees who are eligible and are employed on the last day of the plan year. Employees with less than ten years of service will receive the lesser of 50% of participant deferrals or 2% of the participant's compensation. Employees with at least ten but less than fifteen years of service will receive the lesser of 50% of participant deferrals or 3% of the participant's compensation. Employees with fifteen years of service or more will receive the lesser of 100% of participant deferrals or 5% of the participant's compensation.

##### 4. Investment Options

Participants may elect to invest their accounts in any of the investment options offered by Lincoln Financial Group Trust Company, Inc. ("*LFGTC*"), as approved by the plan sponsor. Existing accounts already invested in the individual contracts with the Lincoln Financial Group's Multi Fund ("*Lincoln Multi Fund*") variable annuity or mutual funds with Fidelity Management Trust Company ("*Fidelity*") continue to invest in these funds based on the participants' designation. Effective January 1, 2011, no contributions may be added to existing accounts in *Lincoln Multi Fund* or *Fidelity*.

##### 5. Participant Accounts

Each participant's account is credited with the participant's contribution, Employer's contributions, and allocations of plan earnings. Participants' accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

##### 6. Notes Receivable from Participants

The Plan established a loan policy whereby participants with account balances held by Fidelity could borrow from their account a minimum of \$1,000 up to 50% of their vested account balance, not to exceed \$50,000. Participants could have only one loan outstanding at any time. Effective January 1, 2011, new participant loans were no longer available through Fidelity. The loans are charged a rate of interest of prime plus 1%. Loans must be repaid within five years of the date of issuance in accordance with terms established by the plan administrator. As of December 31, 2024 and 2023, there are no outstanding Fidelity loans reflected in the accompanying Statements of Net Assets Available for Benefits.

## POMONA VALLEY HOSPITAL MEDICAL CENTER RETIREMENT SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

#### NOTE A - DESCRIPTION OF THE PLAN (Continued)

##### 6. Notes Receivable from Participants (Continued)

The Plan has established a loan policy whereby participants with account balances in the *Lincoln Alliance* platform may borrow from their account a minimum of \$1,000 up to 50% of their vested account balance not to exceed \$50,000 (reduced by the highest outstanding loan balance during the previous twelve months). Participants may not have more than one loan outstanding at a time. Loans are charged the prime rate of interest. Loan repayments are made directly to the *Lincoln Alliance* platform through ACH deductions from the participant's bank account. Participants with existing loans before January 31, 2016 may continue to repay their loans through payroll deductions or may elect to have loan deductions made via ACH against their designated bank account. Loans must be repaid within five years of the date of issuance or within fifteen years if for the purchase of a primary residence. At December 31, 2024 and 2023, such notes receivable with Lincoln Alliance totaled \$10,939,140 and \$9,573,982, respectively. These amounts are included in the accompanying Statements of Net Assets Available for Benefits.

##### 7. Contract Loans to Participants

The Plan established a loan policy whereby participants with account balances in the *Lincoln Multi Fund* platform could borrow a minimum of \$1,000 up to 50% of the participant's annuity account value, not to exceed \$50,000. Participants could have only one loan outstanding at any time. The loan was a contract between The Lincoln National Life Insurance Company ("Lincoln") and the participant and was funded from the general account of Lincoln. Collateral in an amount equal to the loan principal was transferred to the Lincoln Fixed Account to serve as a loan reserve. Access to these funds is not allowed. Effective January 1, 2011, new contract loans were no longer available through the *Lincoln Multi Fund* platform. During the contract loan period, the loan reserve account continues to earn interest at an annual fixed rate of 4.5%. The contract loan is charged a rate of interest of 7% per annum. Loans are repaid by the participant directly to Lincoln within five years of the date of issuance in accordance with terms established by the plan administrator. At December 31, 2024 and 2023, the amounts held in the Fixed Account as collateral for contract loans to participants were \$302,516 and \$478,846, respectively. These amounts are included in the accompanying Statements of Net Assets Available for Benefits. As of December 31, 2024 and 2023, these contract loans to participants were in default in accordance with the terms of the contract and continue to accrue interest on the outstanding balance.

## POMONA VALLEY HOSPITAL MEDICAL CENTER RETIREMENT SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

#### NOTE A - DESCRIPTION OF THE PLAN (Continued)

##### 8. Benefit Payments

Benefits become distributable upon reaching retirement age, total disability, death or termination of service. Benefit payments may be paid in the form of an immediate or deferred cash lump sum, as elected by the participant. In addition, in-service withdrawals are available to participants who have reached age 59 ½ and hardship withdrawals are permitted if certain criteria are met. Benefit payments which become distributable by reason of death are paid to the participant's beneficiary as an immediate lump sum.

##### 9. Vesting

Participant deferral contributions, rollover contributions, Employer non-elective contributions, Employer matching contributions, and earnings on all such contributions are fully vested at all times.

##### 10. Plan Termination

While the Employer has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, the assets of the Plan shall be distributed to the participants in such a manner prescribed by the plan terms, individual agreements and the IRC.

#### NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

##### 1. Basis of Presentation

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

##### 2. Plan Administration

The Employer is the plan sponsor and the plan administrator. The administrator of the Plan is responsible for carrying out the duties imposed under ERISA. The Plan's custodians are LFGTC, The Lincoln National Life Insurance Company ("Lincoln") and Fidelity.

## POMONA VALLEY HOSPITAL MEDICAL CENTER RETIREMENT SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

#### NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

##### 3. Investment Valuation and Income Recognition

The investments of the Plan are stated at fair value (except for fully benefit-responsive investment contracts which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note D for discussion of fair value measurements.

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

##### 4. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosures of contingent assets and liabilities. Actual results may differ from those estimates.

##### 5. Payment of Benefits

Benefits are recorded when paid.

##### 6. Administrative Expenses

The plan administrator established an expense account with Lincoln Retirement Services Company, LLC (LRSC), one of the Plan's recordkeepers. The expense account is funded by LRSC. These funds may be used to pay reasonable administrative expenses to LRSC or its affiliates or other third parties. Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Investment related expenses are included in net appreciation/depreciation in fair value of investments.

## POMONA VALLEY HOSPITAL MEDICAL CENTER RETIREMENT SAVINGS PLAN

### NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

#### NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

##### 7. Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

##### 8. Contributions

Contributions from Plan participants and the related Employer matching contributions are recorded in the year in which the employee contributions are withheld from compensation.

#### NOTE C - INFORMATION CERTIFIED BY THE CUSTODIANS

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Lincoln, LFGTC and Fidelity (the custodians of the Plan).

#### NOTE D - FAIR VALUE MEASUREMENTS

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

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

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- 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.

**POMONA VALLEY HOSPITAL MEDICAL CENTER RETIREMENT SAVINGS PLAN**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

**NOTE D - FAIR VALUE MEASUREMENTS (Continued)**

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

*Annuity contracts:* Valued at the net asset value (NAV) of participation units held by the Plan at year end. Some annuity contracts may have a surrender charge equal to a percentage of the withdrawal amount based on contract year, participation year, or contract anniversary. If a contract has an applicable surrender charge, the surrender charge schedule is included in the contract.

*Mutual funds:* Valued at the daily closing price as reported by the fund. These funds are required to publish their daily NAV and to transact at that price. The NAV for mutual funds is a publicly available quoted price in an active market.

*Self-directed brokerage accounts:* Accounts consist primarily of interest bearing cash and mutual funds that are valued on the basis of publicly available quoted prices in an active market.

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

The following tables set 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>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets in the fair value hierarchy:				
Mutual funds	\$ 435,904,891	\$ -	\$ -	\$ 435,904,891
Self-directed brokerage accounts	<u>3,697,662</u>	<u>-</u>	<u>-</u>	<u>3,697,662</u>
Total assets in the fair value hierarchy	<u>\$ 439,602,553</u>	<u>\$ -</u>	<u>\$ -</u>	439,602,553
Investments measured at net asset value <sup>(a)</sup>				<u>17,308,762</u>
Investments at fair value				<u>\$ 456,911,315</u>

**POMONA VALLEY HOSPITAL MEDICAL CENTER RETIREMENT SAVINGS PLAN**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

**NOTE D - FAIR VALUE MEASUREMENTS (Continued)**

*Assets at Fair Value as of December 31, 2023*

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets in the fair value hierarchy:				
Mutual funds	\$ 365,983,337	\$ -	\$ -	\$ 365,983,337
Self-directed brokerage accounts	2,616,882	-	-	2,616,882
Total assets in the fair value hierarchy	<u>\$ 368,600,219</u>	<u>\$ -</u>	<u>\$ -</u>	368,600,219
Investments measured at net asset value <sup>(a)</sup>				15,473,974
Investments at fair value				<u>\$ 384,074,193</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2024 and 2023. There are no participant redemption restrictions for these investments.

<u>December 31, 2024</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
Annuity contracts	\$ 17,308,762	None	Daily	None

<u>December 31, 2023</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
Annuity contracts	\$ 15,473,974	None	Daily	None

**POMONA VALLEY HOSPITAL MEDICAL CENTER RETIREMENT SAVINGS PLAN**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

**NOTE E - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS**

The Plan holds investments in group annuity contracts that meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. 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 each contract, plus earnings, less participant withdrawals, and administrative expenses. The following represents the traditional investment contracts held by the Plan.

	December 31,	
	2024	2023
Fixed Account	\$ 30,983,871	\$ 35,118,587
Lincoln Stable Value Account	82,506,611	84,474,420
Total fully benefit-responsive investment contracts	<u>\$113,490,482</u>	<u>\$119,593,007</u>

The traditional investment contracts held by the Plan are guaranteed investment contracts. The contract issuers are contractually obligated to repay the principal and interest at specified interest rates that are guaranteed to the Plan. The crediting rates are based on formulas established by the contract issuers. For the Fixed Account, the average interest rate credited to participants was 3.6% under the Multifund contract and 3.4% under the Multifund Select contract in 2024, and 3.5% under the Multifund contract and 2.68% under the Multifund Select contract in 2023. The crediting rates are reviewed quarterly for resetting. The contracts cannot be terminated before the scheduled maturity date. The guaranteed minimum interest rate for the Lincoln Stable Value Account varies by contract and can range from 1% to 3%.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuers' ability to meet their financial obligations. The issuers' ability to meet their contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuers. These events may be different under each contract. Examples of such events include the following:

1. The Plan's failure to qualify under the applicable section of the IRC
2. Premature termination of the contract
3. Plan termination or merger
4. Changes to the Plan's prohibition on competing investment options
5. Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

**POMONA VALLEY HOSPITAL MEDICAL CENTER RETIREMENT SAVINGS PLAN**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

**NOTE E - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS (Continued)**

In addition, certain events allow the issuer to terminate contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract
3. A material misrepresentation
4. A material amendment to the agreement without consent to the issuer

**NOTE F - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS**

LFGTC, Lincoln, and Fidelity are custodians and recordkeepers with respect to the Plan. All investments are held with the custodians and therefore, these transactions qualify as party-in-interest transactions. Notes receivable from participants, contract loans between Lincoln and participants, and the related interest income are also considered party-in-interest transactions.

**NOTE G - TAX STATUS**

The Employer is a tax-exempt organization under IRC Section 501(c)(3), and has adopted an IRC 403(b) Employer Contributory Plan Document. The plan administrator and the Plan's tax counsel believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC. Administration errors, if any, which are insignificant or operational in nature, are handled by the plan administrator in accordance with applicable Internal Revenue Service (IRS) correction policies. Therefore, the plan administrator believes that the Plan is qualified and no provision for income taxes has been reflected in the accompanying financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**NOTE H - RISKS AND UNCERTAINTIES**

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 in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

**POMONA VALLEY HOSPITAL MEDICAL CENTER RETIREMENT SAVINGS PLAN**  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

**NOTE I - SUBSEQUENT EVENTS**

Plan management has evaluated subsequent events through July 25, 2025, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE FURNISHED  
PURSUANT TO DOL REGULATIONS UNDER ERISA  
DECEMBER 31, 2024

**POMONA VALLEY HOSPITAL MEDICAL CENTER RETIREMENT SAVINGS PLAN**

PLAN NUMBER: 003 EIN: 95-1115230

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

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or		Cost	Current
Investments -				
* Lincoln National Life Ins. Co.	Alliancebernstein VPS Global Thematic Growth		** \$	43,107
* Lincoln National Life Ins. Co.	American Funds Global Growth		**	978,313
* Lincoln National Life Ins. Co.	American Funds Growth		**	2,644,137
* Lincoln National Life Ins. Co.	American Funds Growth-Income		**	688,757
* Lincoln National Life Ins. Co.	American Funds International		**	299,910
* Lincoln National Life Ins. Co.	Blackrock Global Allocation		**	1,498
* Lincoln National Life Ins. Co.	LVIP Macquarie Diversified Income		**	161,518
* Lincoln National Life Ins. Co.	LVIP Macquarie High Yield Fund		**	10,294
* Lincoln National Life Ins. Co.	LVIP Macquarie REIT Series		**	283,258
* Lincoln National Life Ins. Co.	Macquarie VIP Small Cap Value		**	613,687
* Lincoln National Life Ins. Co.	LVIP Macquarie SMid Cap Core Series		**	294,567
* Lincoln National Life Ins. Co.	LVIP Macquarie Value Series		**	231,072
* Lincoln National Life Ins. Co.	Fidelity VIP Contrafund		**	1,135,421
* Lincoln National Life Ins. Co.	Fidelity VIP Freedom Target Date 2040		**	1,319
* Lincoln National Life Ins. Co.	Fidelity VIP Growth		**	309,345
* Lincoln National Life Ins. Co.	LVIP Baron Growth Opportunities		**	384,271
* Lincoln National Life Ins. Co.	LVIP Blackrock Inflation Protected Bond		**	4,408
* Lincoln National Life Ins. Co.	LVIP JPM Select Mid Cap Value Mngd Vlty		**	480
* Lincoln National Life Ins. Co.	LVIP Macquarie Wealth Builder Fund		**	88,566
* Lincoln National Life Ins. Co.	LVIP JP Morgan Retirement Income Fund		**	321,678
* Lincoln National Life Ins. Co.	LVIP Macquarie Bond		**	224,551
* Lincoln National Life Ins. Co.	LVIP Dimensional U.S. Core Equity I		**	3,123,636
* Lincoln National Life Ins. Co.	LVIP Macquarie Social Awareness		**	772,975
* Lincoln National Life Ins. Co.	LVIP Macquarie Mid Cap Value Fund		**	552,159
* Lincoln National Life Ins. Co.	LVIP Mondrian Global Income		**	7,519
* Lincoln National Life Ins. Co.	LVIP Blended Large Cap Growth Mngd Vlty		**	299,559
* Lincoln National Life Ins. Co.	LVIP Vanguard Domestic Equity ETF		**	1,705
* Lincoln National Life Ins. Co.	LVIP Vanguard International Equity ETF		**	375
* Lincoln National Life Ins. Co.	LVIP Mondrian International Value		**	49,228
* Lincoln National Life Ins. Co.	LVIP SSGA Bond Index		**	16,814

**POMONA VALLEY HOSPITAL MEDICAL CENTER RETIREMENT SAVINGS PLAN**

PLAN NUMBER: 003 EIN: 95-1115230

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

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par or	Cost	Current
Investments -				
*	Lincoln National Life Ins. Co.	LVIP Government Money Market	**	159,380
*	Lincoln National Life Ins. Co.	LVIP Franklin Templeton MF EM EQFND	**	26,151
*	Lincoln National Life Ins. Co.	LVIP SSGA International Mngd Vlt	**	2,116
*	Lincoln National Life Ins. Co.	LVIP SSGA S&P 500 Index	**	792,543
*	Lincoln National Life Ins. Co.	LVIP SSGA Small-Cap Index	**	7,705
*	Lincoln National Life Ins. Co.	LVIP T. Rowe Price Mid Cap Growth	**	210,305
*	Lincoln National Life Ins. Co.	LVIP T. Rowe Price Structured Mid-Cap	**	348,348
*	Lincoln National Life Ins. Co.	LVIP Blackrock Dividend Value Mngd Vlt	**	553,986
*	Lincoln National Life Ins. Co.	LVIP T. Rowe Price 2040 Fund	**	33,140
*	Lincoln National Life Ins. Co.	LVIP SSGA Global Tactical Alloc Mngd Vlt	**	18,573
*	Lincoln National Life Ins. Co.	LVIP Global Conservative Allocation Mrsk	**	376,145
*	Lincoln National Life Ins. Co.	LVIP Global Moderate Allocation Mngd Risk	**	468,112
*	Lincoln National Life Ins. Co.	LVIP Global Growth Allocation Mngd Risk	**	76,637
*	Lincoln National Life Ins. Co.	MFS Utilities	**	686,562
*	Lincoln National Life Ins. Co.	PIMCO Vit Total Return Portfolio	**	4,932
*	Fidelity Mgmt. Trust Co.	Fid Puritan	**	239,356
*	Fidelity Mgmt. Trust Co.	Fid Sel Tec Hardware	**	253,109
*	Fidelity Mgmt. Trust Co.	Fid Sel Semiconduct	**	298,718
*	Fidelity Mgmt. Trust Co.	Fid Value Strategies	**	4,980
*	Fidelity Mgmt. Trust Co.	Fid GNMA	**	29,126
*	Fidelity Mgmt. Trust Co.	Fid Magellan	**	2,831,291
*	Fidelity Mgmt. Trust Co.	Fid Contrafund	**	8,134,460
*	Fidelity Mgmt. Trust Co.	Fid Equity Income	**	44,056
*	Fidelity Mgmt. Trust Co.	Fid Growth Company	**	2,451,276
*	Fidelity Mgmt. Trust Co.	Fid Invst Gr Bd	**	112,292
*	Fidelity Mgmt. Trust Co.	Fid Growth & Income	**	925,584
*	Fidelity Mgmt. Trust Co.	Fid Sel Software	**	146,233
*	Fidelity Mgmt. Trust Co.	Fid Intermed Bond	**	11,042
*	Fidelity Mgmt. Trust Co.	Fid Sel Transprt	**	87,894

**POMONA VALLEY HOSPITAL MEDICAL CENTER RETIREMENT SAVINGS PLAN**

PLAN NUMBER: 003 EIN: 95-1115230

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

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par or	Cost	Current
Investments -				
* Fidelity Mgmt. Trust Co.		Fid Capital & Income	**	141,982
* Fidelity Mgmt. Trust Co.		Fid Value	**	127,815
* Fidelity Mgmt. Trust Co.		Fid Sel Gold	**	18,772
* Fidelity Mgmt. Trust Co.		Fid Sel Biotech	**	54,925
* Fidelity Mgmt. Trust Co.		Fid Sel Insurance	**	24,758
* Fidelity Mgmt. Trust Co.		Fidelity Govt Income	**	339,554
* Fidelity Mgmt. Trust Co.		Fid Gov Cash Resrve	**	474,634
* Fidelity Mgmt. Trust Co.		Fid Sel Energy	**	96,529
* Fidelity Mgmt. Trust Co.		Fid Sel Leisure	**	43,949
* Fidelity Mgmt. Trust Co.		Fid Sel Healthcare	**	174,189
* Fidelity Mgmt. Trust Co.		Fid Sel Technology	**	397,450
* Fidelity Mgmt. Trust Co.		Fid Sel Utilities	**	3,752
* Fidelity Mgmt. Trust Co.		Fidelity Financials	**	15,726
* Fidelity Mgmt. Trust Co.		Fid Sel Defense	**	139,273
* Fidelity Mgmt. Trust Co.		Fid Sel Brokerage	**	148,518
* Fidelity Mgmt. Trust Co.		Fid Sel Chemicals	**	50,236
* Fidelity Mgmt. Trust Co.		Fid OTC Portfolio	**	707,355
* Fidelity Mgmt. Trust Co.		Fid Overseas	**	25,406
* Fidelity Mgmt. Trust Co.		Fid Leveraged Co Stk	**	202,656
* Fidelity Mgmt. Trust Co.		Fid New Millen	**	840,236
* Fidelity Mgmt. Trust Co.		Fid Europe	**	3,322
* Fidelity Mgmt. Trust Co.		Fid Real Estate Invs	**	196,347
* Fidelity Mgmt. Trust Co.		Fid Balanced	**	697,817
* Fidelity Mgmt. Trust Co.		Fid Intl Discovery	**	13,408
* Fidelity Mgmt. Trust Co.		Fid Capital Apprec	**	205,741
* Fidelity Mgmt. Trust Co.		Fid Convertible Sec	**	162,367
* Fidelity Mgmt. Trust Co.		Fid Canada	**	89,795
* Fidelity Mgmt. Trust Co.		Fid Telecom & Util	**	13,659
* Fidelity Mgmt. Trust Co.		Fid Blue Chip Growth	**	2,271,794

**POMONA VALLEY HOSPITAL MEDICAL CENTER RETIREMENT SAVINGS PLAN**

PLAN NUMBER: 003 EIN: 95-1115230

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

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par or	Cost	Current
Investments -				
* Fidelity Mgmt. Trust Co.		Fid Asset Mgr 50%	**	483,998
* Fidelity Mgmt. Trust Co.		Fid Disciplined Eqty	**	34,453
* Fidelity Mgmt. Trust Co.		Fid Low Priced Stk	**	827,426
* Fidelity Mgmt. Trust Co.		Fid Equity Dividend Income	**	1,577
* Fidelity Mgmt. Trust Co.		Fid Stock Selector All Cap	**	38,703
* Fidelity Mgmt. Trust Co.		Fid Asset Mgr 70%	**	153,465
* Fidelity Mgmt. Trust Co.		Fid Emerging Mrkts	**	150,254
* Fidelity Mgmt. Trust Co.		Fid Growth Strat	**	152,473
* Fidelity Mgmt. Trust Co.		Fid Diversified Intl	**	462,650
* Fidelity Mgmt. Trust Co.		Fid Asset Mgr 20%	**	42,796
* Fidelity Mgmt. Trust Co.		Fid Dividend Growth	**	393,909
* Fidelity Mgmt. Trust Co.		Fid New Markets Inc	**	41,023
* Fidelity Mgmt. Trust Co.		Fid Focused Stock	**	96,503
* Fidelity Mgmt. Trust Co.		Fid Intl Cap Apprec	**	3,256
* Fidelity Mgmt. Trust Co.		Fid Mid Cap Stock	**	185,570
* Fidelity Mgmt. Trust Co.		Fid Large Cap Stock	**	46,177
* Fidelity Mgmt. Trust Co.		Fid Growth Disc	**	25,414
* Fidelity Mgmt. Trust Co.		Fid Small Cap Stock	**	122,565
* Fidelity Mgmt. Trust Co.		Fid Asset Mgr 85%	**	1,364,159
* Fidelity Mgmt. Trust Co.		Fid Japan	**	16,447
* Fidelity Mgmt. Trust Co.		Fid Emerging Asia	**	24,741
* Fidelity Mgmt. Trust Co.		Fid China Region	**	82,724
* Fidelity Mgmt. Trust Co.		Fid Sel Ent Tech Svc	**	28,093
* Fidelity Mgmt. Trust Co.		Fid Sel Med Tech & Dv	**	188,502
* Fidelity Mgmt. Trust Co.		Fid Multi Asset Idx	**	37,409
* Fidelity Mgmt. Trust Co.		Fid Sm Cap Discovery	**	103,982
* Fidelity Mgmt. Trust Co.		Fid Short Term Bond	**	31,951
* Fidelity Mgmt. Trust Co.		Fid Intm Govt Income	**	20,638
* Fidelity Mgmt. Trust Co.		Fid High Income	**	146,314

**POMONA VALLEY HOSPITAL MEDICAL CENTER RETIREMENT SAVINGS PLAN**

PLAN NUMBER: 003 EIN: 95-1115230

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

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party		Description of investment including maturity date, rate of interest, collateral, par or	Cost	Current
Investments -				
* Fidelity Mgmt. Trust Co.		Fid Sel Hth Care Svc	**	25,344
* Fidelity Mgmt. Trust Co.		Fid Sel Constr/House	**	13,853
* Fidelity Mgmt. Trust Co.		Fid Sel Natural Res	**	50,676
* Fidelity Mgmt. Trust Co.		Fid Sel Pharmaceutcl	**	45,615
* Fidelity Mgmt. Trust Co.		Fid Govt MMK	**	523,403
* Fidelity Mgmt. Trust Co.		Fid Sel Comm Serv	**	33,263
* Fidelity Mgmt. Trust Co.		Fid Ltd Term Govt	**	1,449
* Fidelity Mgmt. Trust Co.		Fid Mid Cap Value	**	55,763
* Fidelity Mgmt. Trust Co.		Fid Float Rt Hi Inc	**	2
* Fidelity Mgmt. Trust Co.		Fid Intl Small Cap	**	14,628
* Fidelity Mgmt. Trust Co.		Fid Total Bond	**	490,626
* Fidelity Mgmt. Trust Co.		Fid Real Estate Inc	**	11,674
* Fidelity Mgmt. Trust Co.		Fid Sel Wireless	**	9,447
* Fidelity Mgmt. Trust Co.		Fid Nasdaq Comp Indx	**	741,656
* Fidelity Mgmt. Trust Co.		Fid Small Cap Growth	**	72,460
* Fidelity Mgmt. Trust Co.		Fid Small Cap Value	**	28,523
* Fidelity Mgmt. Trust Co.		Fid Intl Sm Cap Opp	**	49,661
* Fidelity Mgmt. Trust Co.		Fid Asset Mgr 60%	**	7,885
* Fidelity Mgmt. Trust Co.		Fid Intl Growth	**	23,732
* Fidelity Mgmt. Trust Co.		Fid Corporate Bond	**	22,425
* Fidelity Mgmt. Trust Co.		Fid US Bond Idx	**	135,563
* Fidelity Mgmt. Trust Co.		Fid 500 Index	**	2,728,796
* Fidelity Mgmt. Trust Co.		Fid Emrg Mkts Idx	**	1,050
* Fidelity Mgmt. Trust Co.		Fid Mid Cap Idx	**	117,091
* Fidelity Mgmt. Trust Co.		Fid Real Estate Idx	**	32,170
* Fidelity Mgmt. Trust Co.		Fid Sm Cap Idx	**	23,816
* Fidelity Mgmt. Trust Co.		Fid Total Mkt Idx	**	179,271
* Fidelity Mgmt. Trust Co.		Fid Intl Index	**	129,340
* Fidelity Mgmt. Trust Co.		Fid Extd Mkt Idx	**	1,236,296

**POMONA VALLEY HOSPITAL MEDICAL CENTER RETIREMENT SAVINGS PLAN**

PLAN NUMBER: 003 EIN: 95-1115230

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

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity		Cost	Current value
Investments -				
* Fidelity Mgmt. Trust Co.	Fid Stk Sel Mid Cap		**	208,809
* Fidelity Mgmt. Trust Co.	Fid Infl Pr Bd Idx		**	28,965
* Fidelity Mgmt. Trust Co.	Fid Govt Mmrk Prm		**	1,256,517
* Fidelity Mgmt. Trust Co.	Fid Fdm Idx 2020 lpr		**	97,688
* Fidelity Mgmt. Trust Co.	Fid Fdm Idx 2025 lpr		**	177,003
* Fidelity Mgmt. Trust Co.	Fid Fdm Idx 2030 lpr		**	6,212
* Fidelity Mgmt. Trust Co.	Fid Fdm Idx 2035 lpr		**	65,722
* Fidelity Mgmt. Trust Co.	Fid Fdm Idx 2045 lpr		**	30,014
* Fidelity Mgmt. Trust Co.	Fid Fdm Idx 2055 lpr		**	53,539
* Fidelity Mgmt. Trust Co.	Fid Fdm Idx 2060 lpr		**	46,170
* Fidelity Mgmt. Trust Co.	Fid US Sustn Idx		**	25,669
* Fidelity Mgmt. Trust Co.	Fid Intl Sustn Idx		**	30,619
* Fidelity Mgmt. Trust Co.	Fid Intm Tr Bd Idx		**	28,184
* Fidelity Mgmt. Trust Co.	Fid Lt Tr Bd Idx		**	105,500
* Fidelity Mgmt. Trust Co.	Fid Strategic Income		**	130,468
* Fidelity Mgmt. Trust Co.	Fid Fdm Idx 2065 lpr		**	24,006
* Fidelity Mgmt. Trust Co.	Fid Freedom 2010 K		**	191,527
* Fidelity Mgmt. Trust Co.	Fid Freedom 2015 K		**	103,057
* Fidelity Mgmt. Trust Co.	Fid Freedom 2020 K		**	634,181
* Fidelity Mgmt. Trust Co.	Fid Freedom 2025 K		**	1,100,556
* Fidelity Mgmt. Trust Co.	Fid Freedom 2030 K		**	922,162
* Fidelity Mgmt. Trust Co.	Fid Freedom 2035 K		**	251,893
* Fidelity Mgmt. Trust Co.	Fid Freedom 2040 K		**	872,518
* Fidelity Mgmt. Trust Co.	Fid Freedom 2045 K		**	106,534
* Fidelity Mgmt. Trust Co.	Fid Freedom 2050 K		**	55,210
* Fidelity Mgmt. Trust Co.	Fid Freedom 2060 K		**	47,230
* Fidelity Mgmt. Trust Co.	Fid Freedom Inc K		**	112,446
* Lincoln Fin. Grp. Trust Co., Inc.	Schwab Self Directed Brokerage Account		**	3,697,662
* Lincoln Fin. Grp. Trust Co., Inc.	Artisan International Value Investor Class		**	6,025,329

**POMONA VALLEY HOSPITAL MEDICAL CENTER RETIREMENT SAVINGS PLAN**

PLAN NUMBER: 003 EIN: 95-1115230

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

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity		Cost	Current value
Investments -				
* Lincoln Fin. Grp. Trust Co., Inc.	AM Funds EuroPacific Gr Class R4		**	4,006,461
* Lincoln Fin. Grp. Trust Co., Inc.	AM Funds American Balanced Class R4		**	9,160,098
* Lincoln Fin. Grp. Trust Co., Inc.	AM Funds American Mutual Class R4		**	17,658,998
* Lincoln Fin. Grp. Trust Co., Inc.	AM Funds New Perspective Class R4		**	8,284,692
* Lincoln Fin. Grp. Trust Co., Inc.	AM Funds New World Class R4		**	4,842,488
* Lincoln Fin. Grp. Trust Co., Inc.	PIMCO Total Return Class A		**	9,819,535
* Lincoln Fin. Grp. Trust Co., Inc.	Nuveen Real Estate Secs Class A		**	6,084,133
* Lincoln Fin. Grp. Trust Co., Inc.	Janus Henderson Balanced Class T		**	783,370
* Lincoln Fin. Grp. Trust Co., Inc.	T. Rowe Price Retirement 2010		**	257,422
* Lincoln Fin. Grp. Trust Co., Inc.	T. Rowe Price Retirement 2020		**	7,833,962
* Lincoln Fin. Grp. Trust Co., Inc.	T. Rowe Price Retirement 2030		**	24,563,408
* Lincoln Fin. Grp. Trust Co., Inc.	T. Rowe Price Retirement 2040		**	37,546,454
* Lincoln Fin. Grp. Trust Co., Inc.	T. Rowe Price Retirement 2055		**	12,393,949
* Lincoln Fin. Grp. Trust Co., Inc.	Vanguard Total Bond Market Index Adm Shrares		**	3,586,329
* Lincoln Fin. Grp. Trust Co., Inc.	Victory Sycamore Established Value Cl A		**	2,693,570
* Lincoln Fin. Grp. Trust Co., Inc.	Vanguard 500 Index Admiral Class		**	54,529,947
* Lincoln Fin. Grp. Trust Co., Inc.	T. Rowe Price Retirement 2050		**	18,824,970
* Lincoln Fin. Grp. Trust Co., Inc.	T. Rowe Price Retirement 2045		**	28,769,910
* Lincoln Fin. Grp. Trust Co., Inc.	T. Rowe Price Retirement 2035		**	31,571,421
* Lincoln Fin. Grp. Trust Co., Inc.	T. Rowe Price Retirement 2025		**	11,492,610
* Lincoln Fin. Grp. Trust Co., Inc.	T. Rowe Price Retirement 2015		**	704,081
* Lincoln Fin. Grp. Trust Co., Inc.	T. Rowe Price Retirement 2005		**	11,478,634
* Lincoln Fin. Grp. Trust Co., Inc.	T. Rowe Price Retirement 2060		**	5,353,822
* Lincoln Fin. Grp. Trust Co., Inc.	First Eagle Global Class R6		**	622,568
* Lincoln Fin. Grp. Trust Co., Inc.	JP Morgan Large Cap Growth Class R4		**	36,679,396
* Lincoln Fin. Grp. Trust Co., Inc.	Undiscovered Managers Behavioral Value Class R4		**	2,404,633
* Lincoln Fin. Grp. Trust Co., Inc.	T. Rowe Price Retirement 2065		**	595,752
* Lincoln Fin. Grp. Trust Co., Inc.	Hood River Small Cap Growth Investor Shares		**	7,917,109
* Lincoln Fin. Grp. Trust Co., Inc.	Vanguard Mid Cap Index Adm Shares		**	9,536,609

**POMONA VALLEY HOSPITAL MEDICAL CENTER RETIREMENT SAVINGS PLAN**

PLAN NUMBER: 003 EIN: 95-1115230

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

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity		Cost	Current value
Investments -				
* Lincoln Fin. Grp. Trust Co., Inc.	Vanguard Small Cap Index Adm Shares		**	9,010,483
* Lincoln Fin. Grp. Trust Co., Inc.	Vanguard Wellesley Income Adm Shares		**	1,667,683
* Lincoln Fin. Grp. Trust Co., Inc.	Vanguard Developed Markets Index Adm Shares		**	1,759,687
* Lincoln Fin. Grp. Trust Co., Inc.	Eaton Vance Atlanta Capital Smid Cap Class A		**	5,368,947
	Subtotal			<u>456,911,315</u>
Fully benefit responsive investment contracts -				
* Lincoln National Life Ins. Co.	Fixed Account - \$302,516 collateralized as contract loan reserves		**	30,983,871
* Lincoln Fin. Grp. Trust Co., Inc.	Lincoln Stable Value Account		**	82,506,611
	Subtotal			<u>113,490,482</u>
		Total Investments		570,401,797
* Participant Loans	3.25% - 8.50%		-0-	<u>10,939,140</u>
		Total		<u>\$ 581,340,937</u>

\* A party-in-interest as defined by ERISA

\*\* Cost omitted for participant directed investments