

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [X] the final return/report... C If the plan is a collectively-bargained plan, check here... [] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: SANTA FE HEALTHCARE, INC. PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 02/01/1987
2a Plan sponsor's name (employer, if for a single-employer plan): SANTA FE HEALTHCARE, INC.
2b Employer Identification Number (EIN): 59-2317607
2c Plan Sponsor's telephone number: 352-372-8400
2d Business code (see instructions): 551112

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p style="color: blue;">ADMINISTRATIVE COMMITTEE</p> <p style="color: blue;">4300 NORTHWEST 89TH BLVD GAINESVILLE, FL 32606-5688</p>	<p>3b Administrator's EIN 59-2317607</p> <p>3c Administrator's telephone number 352-372-8400</p>
<p>4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 1101</p>
<p>6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).</p>	
<p>a(1) Total number of active participants at the beginning of the plan year</p>	<p>6a(1) 14</p>
<p>a(2) Total number of active participants at the end of the plan year</p>	<p>6a(2) 0</p>
<p>b Retired or separated participants receiving benefits.....</p>	<p>6b 0</p>
<p>c Other retired or separated participants entitled to future benefits</p>	<p>6c 0</p>
<p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p>	<p>6d 0</p>
<p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p>	<p>6e 0</p>
<p>f Total. Add lines 6d and 6e</p>	<p>6f 0</p>
<p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p>	<p>6g(1)</p>
<p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p>	<p>6g(2)</p>
<p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p>6h 0</p>
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I 3H

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

<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input checked="" type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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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 SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 05/31/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>SANTAFE HEALTHCARE, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SANTAFE HEALTHCARE, INC.</u>	D Employer Identification Number (EIN) <u>59-2317607</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>105188723</u>
	b Actuarial value	2b	<u>98400914</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>786</u>	<u>103823099</u>
	b For terminated vested participants	<u>305</u>	<u>18794013</u>
	c For active participants	<u>14</u>	<u>8391110</u>
	d Total	<u>1105</u>	<u>123456222</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.06 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>1661094</u>
	c Target normal cost	6c	<u>1661094</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
	Signature of actuary	<u>05/02/2025</u>
	<u>JEFFERY C. LITER</u>	Date
	Type or print name of actuary	<u>23-06544</u>
	<u>THE ANGELL PENSION GROUP, INC.</u>	Most recent enrollment number
	Firm name	<u>401-438-9250</u>
	<u>88 BOYD AVENUE</u>	Telephone number (including area code)
	<u>EAST PROVIDENCE, RI 02914</u>	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>16.18</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1012
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.25</u> %		53
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		1065
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	79.70 %
15	Adjusted funding target attainment percentage	15	79.70 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	83.27 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/11/2024	750900	0					
06/14/2024	750900	0					
09/27/2024	12000000	0					
			Totals ▶	18(b)	13501800	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a 0	
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 13046006	
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 59
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 1661094
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	25055308	986340	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 2647434
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)			36 2647434
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 13046006
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 10398572
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021			

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

A Name of plan SANTAFE HEALTHCARE, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SANTAFE HEALTHCARE, INC.	D Employer Identification Number (EIN) 59-2317607	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

THE ANGELL PENSION GROUP INC

04-2530412

(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?
17 50	NONE	464731	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)

US INSTITUTIONAL CORP

20-2885939

(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 50	NONE	125000	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)

LEGAL & GENERAL INVESTMENT MGMT

20-8058531

(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?
28 51	NONE	122475	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PRINCIPAL BANK

42-1520346

(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?
19 21 28 51 63	NONE	66663	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)

CQL MANAGEMENT LLC

85-2452024

(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?
28 51	NONE	20139	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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>SANTAFE HEALTHCARE, INC. PENSION PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SANTAFE HEALTHCARE, INC.</u>	D Employer Identification Number (EIN) <u>59-2317607</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALCENTRA EUROPEAN CRED OPP FUND I</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>47-4109552-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SANTAFE HEALTHCARE, INC. PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SANTAFE HEALTHCARE, INC.	D Employer Identification Number (EIN) 59-2317607

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1071090	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	715332	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	269948	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3626265	0
(2) U.S. Government securities	1c(2)	24358525	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	4670461	0
(5) Partnership/joint venture interests	1c(5)	25564387	0
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	1382148	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	43271066	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	285087	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	105214309	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1306	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1306	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	105213003	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	13501800	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		13501800
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	743657	
(B) U.S. Government securities.....	2b(1)(B)	1262064	
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2005721
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	58808	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	205172	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		263980
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	311159931	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	309497771	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		1662160
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-18210843	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-18210843

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		18280845
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3458415
c Other income	2c		-1702694
d Total income. Add all income amounts in column (b) and enter total	2d		19259384

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	66401062	
(2) To insurance carriers for the provision of benefits	2e(2)	56090030	
(3) Other	2e(3)	1207163	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		123698255
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	346667	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	3712	
(5) Investment advisory and investment management fees	2i(5)	267614	
(6) Bank or trust company trustee/custodial fees	2i(6)	38074	
(7) Actuarial fees	2i(7)	118065	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		774132
j Total expenses. Add all expense amounts in column (b) and enter total	2j		124472387

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-105213003
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) 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: CROWE LLP

(2) EIN: 35-0921680

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 1207163.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 550467.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SANTAFE HEALTHCARE, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SANTAFE HEALTHCARE, INC.</u>	D Employer Identification Number (EIN) <u>59-2317607</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 42-1466678

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	529
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 0.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 0.0 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

**SANTAFE HEALTHCARE, INC.
PENSION PLAN**

FINANCIAL STATEMENTS
December 31, 2024 and 2023

SANTAFE HEALTHCARE, INC. PENSION PLAN
Gainesville, Florida

FINANCIAL STATEMENTS
December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
SantaFe HealthCare, Inc. Pension Plan
Gainesville, Florida

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

We have performed audits of the financial statements of SantaFe HealthCare, Inc. Pension 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 statement of net assets in liquidation as of December 31, 2024, the statement of net assets available for benefits as of December 31, 2023 (ongoing), and the related statement of changes in net assets in liquidation for the year ended December 31, 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023 (ongoing), 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 a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- 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).

(Continued)

Basis for Opinion

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

Emphasis of Matters – Plan Termination and Liquidation Basis of Accounting

As further discussed in Note 1 to the financial statements, the Plan sponsor approved a plan of liquidation on May 31, 2024 and management determined liquidation is imminent. As a result, the Plan changed its basis of accounting from the going-concern basis of accounting used in presenting the 2023 financial statements to the liquidation basis of accounting used in presenting the 2024 financial statements. Also as described in Note 7, pursuant to the Plan's termination, the net assets of the Plan were fully distributed as of December 31, 2024, resulting in the elimination of the Plan's accumulated plan benefits. Our opinion is not modified with respect to these matters.

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.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

(Continued)

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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 Schedules Required by ERISA

The supplemental schedule of Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions for the year ended 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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).

Crowe LLP.
Crowe LLP

Oakbrook Terrace, Illinois
August 1, 2025

SANTAFE HEALTHCARE, INC. PENSION PLAN

STATEMENT OF NET ASSETS IN LIQUIDATION
 As of December 31, 2024 and
 STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
 As of December 31, 2023 (Ongoing)

	2024 <u>(In Liquidation)</u>	2023 <u>(Ongoing)</u>
Assets		
Investments, at fair value (Notes 5 and 9)	\$ -	\$ 103,157,939
Receivables		
Employer contribution receivable	-	715,332
Accrued investment income	-	<u>269,948</u>
Total receivables	-	985,280
Cash	-	<u>1,071,090</u>
Total assets	-	105,214,309
Liabilities		
Due to broker for securities purchased	-	<u>1,306</u>
Net assets available for benefits		<u>\$ 105,213,003</u>
Net assets in liquidation	<u>\$ -</u>	

See accompanying notes to financial statements.

SANTAFE HEALTHCARE, INC. PENSION PLAN

STATEMENT OF CHANGES IN NET ASSETS IN LIQUIDATION
 For the year ended December 31, 2024 and
 STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
 For the year ended December 31, 2023 (Ongoing)

	2024 <u>(In Liquidation)</u>	2023 <u>(Ongoing)</u>
Investment income (Note 5)		
Net appreciation in fair value of investments	\$ 3,394,681	\$ 13,700,814
Dividends and interest	<u>2,362,903</u>	<u>2,123,429</u>
Total investment income	5,757,584	15,824,243
Employer contributions	13,501,800	3,786,332
Benefits paid		
Directly to participants	(66,401,062)	(12,081,559)
Annuity contract purchase (Notes 1 and 7)	(54,139,609)	(4,187,749)
Directly to the PBGC for missing participants (Note 7)	<u>(1,810,133)</u>	<u>-</u>
Total benefits paid	(122,350,804)	(16,269,308)
Administrative expenses	(914,420)	(1,661,094)
Refund of excess contributions to Plan Sponsor (Note 7)	<u>(1,207,163)</u>	<u>-</u>
Net (decrease) / increase in net assets	(105,213,003)	1,680,173
Net assets available for benefits		
Beginning of year (ongoing)	<u>105,213,003</u>	<u>103,532,830</u>
End of year (ongoing)	-	<u>\$ 105,213,003</u>
Net assets in liquidation – end of year	<u>\$ -</u>	

See accompanying notes to financial statements.

SANTAFE HEALTHCARE, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the SantaFe HealthCare, Inc. Pension Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

The Plan is a noncontributory defined benefit plan established to provide a means for eligible employees of SantaFe HealthCare, Inc., AvMed, Inc., and North Central Florida Hospice, Inc. to supplement their retirement income. The Plan Sponsor is SantaFe HealthCare, Inc. (the “Company”). Principal Bank (“Principal”) is the trustee of the Plan. The Plan Administrator is the Administrative Committee of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Effective December 31, 2003, benefit accruals for all participating employees under the Plan were frozen and any employee who was not a participant on December 31, 2003 shall no longer be eligible to become a participant.

Effective December 31, 2022, the Plan was amended so that an employee who is employed by the Company on December 31, 2022, and who continues to be employed by AvMed, Inc. on and after January 1, 2023, shall receive credit for one full year of vesting service for each Plan Year in which the employee completes at least 1,000 hours of service with AvMed, Inc.

On September 19, 2023, the Plan purchased an annuity contract from United of Omaha Life Insurance Company (“Omaha”) for \$4,187,749 in order to reduce the Plan’s ongoing obligation to pay benefits to a limited group of participants. Effective November 1, 2023, Omaha is responsible for the ongoing administration and funding of the annuity payments to the participants covered by the contract.

On March 13, 2024, the Company’s Board of Directors terminated the Plan effective May 31, 2024 (refer to Note 7 for more information) and authorized the Company to take actions to accomplish the plan termination. At the same time, the Plan was amended to allow eligible participants the option to elect an immediate lump sum distribution or an immediate annuity of his or her benefit in the Plan. For participants that did not elect to take an immediate lump sum distribution or an immediate annuity, the Plan purchased an allocated contract from Omaha for \$54,139,609 to settle the remaining plan benefit obligation on September 18, 2024. Effective September 25, 2024, Omaha is responsible for the ongoing administration and funding of annuity payments to the participants covered by the contract. Liquidation became imminent with the termination action.

General: Prior to the aforementioned Plan freeze, employees became eligible to participate in the Plan on January 1 or July 1 that coincided with or next followed the latest of the date on which (1) the employee attained age 21 and (2) the employee completed one year of eligible service.

Pension Benefits: Participants with five years of continuous service, as defined by the Plan, are entitled to pension benefits. Pension benefits are provided to participants based upon years of continuous service and average compensation. The Plan permits early retirement after ten years of continuous service. Pension benefits due to retirement, death or disability are paid to pensioners or beneficiaries in various forms of single life or joint and survivor annuities, including a lump-sum payment option. Any benefit payable to a participant which does not exceed \$1,000 shall be paid in the form of a lump sum payment. Upon plan termination, all benefits were fully vested.

Administrative and Investment Management Expenses: The Plan’s trustee fees are paid by the Plan and are reflected in the financial statements as administrative expenses of the Plan. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income (loss) reported by the Plan. All other expenses of the Plan are paid by the Company.

(Continued)

SANTAFE HEALTHCARE, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: As of and for the year ended December 31, 2023, the accompanying financial statements are prepared on the accrual basis of accounting for an ongoing plan in accordance with accounting principles generally accepted in the United States of America ("US GAAP"). As a result of the decision to terminate the Plan in 2024, plan management determined that liquidation was imminent and as a result, as of and for the year ended December 31, 2024, the accompanying financial statements are prepared on the liquidation basis of accounting in accordance with US GAAP.

In September 2024, the Plan Sponsor contributed \$12,715,332 to fully fund the Plan. During 2024, all benefit obligations were fully settled through either the purchase of annuity contracts or direct distributions to participants (or on their behalf). All known liabilities were extinguished, and all investments were liquidated in the normal course of business. As of December 31, 2024, the Plan holds no remaining assets or liabilities.

Accordingly, these financial statements reflect the final liquidation values and activities of the Plan. There will be no subsequent financial reporting periods.

Use of Estimates: The preparation of financial statements in conformity with US GAAP requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from those estimates.

Risks and Uncertainties: The Plan held various investments in 2024 and 2023. Investments are exposed to various risks such as interest rate, market, liquidity and credit risks. Market risk includes events such as pandemics. Due to the level of risk associated with certain investments as well as the sensitivity of certain fair value estimates to changes in valuation assumptions, it is at least reasonably possible that changes in the fair values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value as further described in Note 9. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits: Benefits are recorded when paid.

NOTE 3 - FUNDING POLICY

Employer contributions to the Plan are made in amounts approved by the Company's Board of Directors. Such contribution amounts must adhere to or exceed the minimum funding requirements under ERISA, as determined by the Plan's actuary. The Plan satisfied the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023. Participant contributions are not permitted under the Plan.

(Continued)

SANTAFE HEALTHCARE, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 4 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the Plan was frozen (Note 1). Benefits payable under all circumstances — retirement, death, disability, and termination of employment — are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by The Angell Pension Group, Inc., the Plan's actuarial firm, and the amount results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefit information as of December 31, 2023 was as follows:

	<u>2023</u>
Actuarial present value of accumulated plan benefits	
Participants currently receiving benefits	\$ 99,972,653
Other participants	<u>19,152,999</u>
 Total actuarial present value of accumulated plan benefits (ongoing)	 <u>\$ 119,125,652</u>

The change in the actuarial present value of accumulated plan benefits for the year ended December 31, 2023 was as follows:

Actuarial present value of accumulated plan benefits as of December 31, 2022	\$ 128,093,052
Increase (decrease) during the year attributable to:	
Increase for interest due to decrease in the discount period	6,560,428
Actuarial experience loss	741,480
Benefits paid	<u>(16,269,308)</u>
	(8,967,400)
 Actuarial present value of accumulated plan benefits as of December 31, 2023 (ongoing)	 <u>\$ 119,125,652</u>

The significant actuarial assumptions used in the valuation as of December 31, 2023 were as follows:

Investment Return	5.50%
Mortality	Pri-2012 Mortality Tables projected with Mortality Improvement Scale MP-2021
Retirement Age	Rates graded from age 52 to age 70
Post-retirement Cost of Living Rate	3.0%

(Continued)

SANTAFE HEALTHCARE, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 4 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. As discussed in Note 2, the Company terminated the Plan effective May 31, 2024 and the Plan's obligation was fully liquidated during 2024. The following table presents the change in the actuarial present value of accumulated plan benefits during 2024:

Actuarial present value of accumulated plan benefits as of December 31, 2023 (ongoing)	\$ 119,125,652
Increase (decrease) during the year attributable to:	
Increase for interest due to decrease in the discount period	1,047,639
Actuarial experience loss	2,177,513
Benefits paid	<u>(122,350,804)</u>
	(119,125,652)
Actuarial present value of accumulated plan benefits as of December 31, 2024 (in liquidation)	<u>\$ _____</u> -

NOTE 5 - CERTIFIED INFORMATION

With the exception of the fair value of the Plan's investments in collective trusts, 103-12 investment entities, limited partnerships, and limited liability companies and the income (loss) produced by these investments, certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at December 31, 2023, and net appreciation in fair value of investments, and interest and dividends for the years ended December 31, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Principal Bank.

The Plan's investments in collective trusts, 103-12 investment entities, limited partnerships, and limited liability companies had a fair value of \$0 and \$26,946,535 as of December 31, 2024 and 2023, and net (loss) income of \$(211,863) and \$2,812,123 for the years then ended, all respectively.

NOTE 6 - FEDERAL INCOME TAX STATUS

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated July 16, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended from the date the favorable determination letter that was issued, the Company and the Plan Administrator believe that the Plan continues to be designed and operated in material compliance with the applicable requirements of the IRC and the Plan and related trust continue to be tax-exempt.

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 tax position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2021. The Plan is subject to routine audits by the Department of Labor ("DOL") or IRS.

(Continued)

SANTAFE HEALTHCARE, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 7 - PLAN TERMINATION

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and its related regulations. In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Benefits attributable to employee contributions, taking into account those paid out before termination.
- b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- c. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") up to the applicable limitations.
- d. All other vested benefits not insured by the PBGC.
- e. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC. The premiums paid to the PBGC are presented in the Statements of Changes in Net Assets as "administrative expenses." Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. Whether all participants receive their benefits upon the Plan's termination will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

On March 13, 2024, the Company's Board of Directors terminated the Plan effective May 31, 2024.

As allowed under the terms of the Plan, the Plan offered eligible participants the option to elect an immediate lump sum distribution or an immediate annuity of his or her benefit in the Plan during 2024. Approximately \$60,000,000 in benefits were paid out as lump sums under this option. For participants that did not elect to take an immediate lump sum distribution or an immediate annuity, the Plan purchased an allocated contract from Omaha for \$54,139,609 to settle the remaining plan benefit obligation on September 18, 2024. Effective September 25, 2024, Omaha is responsible for the ongoing administration and funding of annuity payments to the participants covered by the contract.

Further, the Plan transferred a total of \$1,810,133 to the PBGC under its Missing Participants Program in 2024. These payments were made on behalf of participants or beneficiaries who were entitled to benefits under the Plan but could not be located after reasonable efforts. The PBGC assumes responsibility for paying future benefits to these individuals when they are located or come forward.

Upon settlement of the Plan's obligations and liabilities, excess assets in the Plan were returned to the Plan Sponsor in the amount of \$1,207,163.

(Continued)

NOTE 8 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Amounts paid by the Plan to parties-in-interest also included fees paid for the audit of the Plan and actuarial services.

NOTE 9 - FAIR VALUE MEASUREMENTS

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

Mutual Funds, Exchange Traded Funds, Common Stocks, and Money Market Fund: The fair values of these funds are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

U.S. Treasuries: Certain U.S. Government securities are valued based upon recent bid prices or the average of recent bid and asked prices when available (Level 2 inputs) and, if not available, they are valued through matrix pricing models developed by sources considered by management to be reliable. Matrix pricing, which is a mathematical technique commonly used to price debt securities that are not actively traded, values debt securities without relying exclusively on quoted prices for the specific securities but rather by relying on the securities' relationship to other benchmark quoted securities (Level 2 inputs).

Limited Liability Companies (LLC's): The fair values of the LLC's are based on the net asset values reported by the manager of the LLC's as of the financial statement dates and recent transaction prices.

The LGIMA Long Duration US Credit Fund seeks to outperform the Barclays Bloomberg Capital Long US Credit Index by investing fund assets in a diversified pool of long duration U.S. investment-grade assets while seeking to maximize total return through a combination of income and capital appreciation. Generally, redemptions can occur on any business day with one business day notice.

(Continued)

SANTAFE HEALTHCARE, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 9 - FAIR VALUE MEASUREMENTS (Continued)

Limited Partnerships: The fair values of participation units held in the partnership investments are based on the net asset values reported by the fund managers as of the financial statement dates and recent transaction prices. Generally, these investments are not redeemable by the Plan.

The Carval Investors Credit Value Fund seeks to achieve attractive and sustainable risk-adjusted returns over a medium and long-term horizon. The VWH Offshore Fund seeks to produce superior risk-adjusted total returns by investing in U.S. residential non-performing loans and other mortgage or credit related assets and instruments from the U.S. Government or affiliated agencies.

103-12 Investment Entity: The fair value of the 103-12 investment entity is based on the net asset value as a practical expedient, provided by the fund administrators. As of December 31, 2023, the Plan's unfunded commitment was approximately \$1,555,000. The 103-12 investment entity generally allows for daily redemptions with no advance notice requirement.

During the year ended December 31, 2024, the Plan liquidated its interests in its investment holdings. For the limited partnerships and 103-12 investment entity, the Plan engaged a third-party secondary market advisor (TAP) to solicit bids for the Plan's interests in these investments. The Plan accepted an offer to sell its interests in these investments for 65% of their reported NAV as of June 30, 2024. The transaction closed during the year, and all three General Partners provided the requisite approvals for the transfer of partnership interests.

The liquidation of investments resulted in the full elimination of the Plan's previously reported unfunded capital commitments. At December 31, 2024, the Plan no longer holds any investments, nor does it have any remaining obligations related to original capital commitments.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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 table presents the level within the fair value hierarchy of the Plan's investments measured at fair value at December 31, 2023. Due to the plan termination and liquidation described in Note 7, no assets were held as of December 31, 2024.

(Continued)

SANTAFE HEALTHCARE, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 9 - FAIR VALUE MEASUREMENTS (Continued)

	<u>Total</u>	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets <u>(Level 1)</u>	Significant Other Observable Inputs <u>(Level 2)</u>	Significant Unobservable Inputs <u>(Level 3)</u>
Money Market Fund	\$ 3,626,265	\$ 3,626,265	\$ -	\$ -
Mutual Funds	43,271,066	43,271,066	-	-
U.S. Treasuries	24,358,525	-	24,358,525	-
Limited Liability Companies*	22,864,779	-	-	-
Limited Partnerships*	2,699,608	-	-	-
103-12 Investment Entity*	1,382,148	-	-	-
Exchange Traded Funds	285,087	285,087	-	-
Common Stocks	<u>4,670,461</u>	<u>4,670,461</u>	-	-
Total	<u>\$ 103,157,939</u>	<u>\$ 51,852,879</u>	<u>\$ 24,358,525</u>	<u>\$ -</u>

*Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statement of net assets available for benefits.

NOTE 10 - DERIVATIVES

In the normal course of operations, the Plan's assets and liabilities may include the use of derivative instruments (futures contracts). These derivatives involve, in varying degrees, elements of credit and market volatility risks in excess of more traditional investment holdings, such as equity and debt instruments. The intent is to use derivative financial instruments to minimize risk exposures to the overall stock market as well as individual sectors (technology, energy, etc.) and the investment styles (growth, value, large cap, small cap, etc.). Investments in derivative instruments may not be used for speculative purposes.

A futures contract is a contractual agreement to make or take delivery of a standardized quantity of a specified grade or type of commodity or financial instrument at a specified future date in accordance with terms specified by a regulated future exchange, or the contract may be settled by delivery of cash to the counterparty. Upon entering into such a contract on behalf of the Plan, the investment manager is required to pledge to the broker an amount of cash or securities equal to the minimum "initial margin" requirements of the exchange on which the contract is traded. Pursuant to the contract, the investment manager agrees to receive from or pay to the broker an amount of cash equal to the daily fluctuation in the value of the contract. Such receipts or payments are known as variation margin and are recorded daily by the trustee as a realized gain or loss equal to the difference in the value of the contract between daily closing prices.

Due to the plan termination and liquidation described in Note 7, no derivative instruments were held as of December 31, 2024. Due to the daily settlements, the contracts had no material fair value as of December 31, 2023. Collateral is held by the broker to purchase contracts. The amount of the collateral held as of December 31, 2023 was \$1,549,403, and is included in the Plan's net assets available for benefits. The notional value as of December 31, 2023 was approximately \$38,000,000 as calculated by the investment manager by multiplying each U.S. Treasury futures contract by its underlying face value. For the years ended December 31, 2024 and 2023, the net (depreciation) appreciation associated with the contracts is \$(2,082,471) and \$3,019,667, respectively.

(Continued)

SANTAFE HEALTHCARE, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 11 - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through August 1, 2025, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

SANTAFE HEALTHCARE, INC. PENSION PLAN
SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
For the year ended December 31, 2024

Name of Plan Sponsor: SantaFe HealthCare, Inc.
Employer Identification Number: 59-2317607
Three-digit Plan Number: 001

(a) Identity of <u>Party Involved</u>	(b) Description of Asset Including Interest Rate and <u>Maturity in Case of a Loan</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(g) <u>Cost of Asset</u>	(h) <u>Current Value of Asset on Transaction Date</u>	(i) <u>Net Gain (Loss)</u>
<u>Category (i) - a single transaction in excess of 5% of the current value of Plan assets:</u>						
Allspring Global Investments	Treasury Plus Money Market Fund Inst #793	\$ -	\$ 6,000,000	\$ 6,000,000	\$ 6,000,000	\$ -
Allspring Global Investments	Treasury Plus Money Market Fund Inst #793	-	6,000,000	6,000,000	6,000,000	-
Allspring Global Investments	Treasury Plus Money Market Fund Inst #793	-	45,000,000	45,000,000	45,000,000	-
Allspring Global Investments	Treasury Plus Money Market Fund Inst #793	-	28,765,049	28,765,049	28,765,049	-
Allspring Global Investments	Treasury Plus Money Market Fund Inst #793	54,495,265	-	54,495,265	54,495,265	-
Allspring Global Investments	Treasury Plus Money Market Fund Inst #793	-	12,000,000	12,000,000	12,000,000	-
Allspring Global Investments	Treasury Plus Money Market Fund Inst #793	59,728,966	-	59,728,966	59,728,966	-
Allspring Global Investments	Treasury Plus Money Market Fund Inst #793	-	18,000,000	18,000,000	18,000,000	-
Allspring Global Investments	Treasury Plus Money Market Fund Inst #793	16,603,049	-	16,603,049	16,603,049	-
Allspring Global Investments	Treasury Plus Money Market Fund Inst #793	-	47,525,125	47,525,125	47,525,125	-
Allspring Global Investments	Treasury Plus Money Market Fund Inst #793	-	23,885,173	23,885,173	23,885,173	-
Allspring Global Investments	Treasury Plus Money Market Fund Inst #793	-	25,083,582	25,083,582	25,083,582	-
Legal & General Investment Management America, Inc.	LGIMA Long Duration US Credit Fund	-	21,114,827	2,407,598	21,114,827	18,707,229
US Government	US Treasury Bond 4.625% 2/15/40	-	5,967,715	5,282,578	5,967,715	685,137
US Government	US Treasury Bond 4.75% 11/15/53	-	6,020,649	6,020,649	6,020,649	-
US Government	US Treasury Bond 4.625% 5/15/54	-	9,989,205	9,679,617	9,989,205	309,588
US Government	US Treasury Bond 4.5% 11/15/33	-	5,311,328	4,956,661	5,311,328	354,667
Vanguard	FTSE All World-Inst	-	7,000,000	7,200,861	7,000,000	(200,861)
Vanguard	Large Cap Idx-Ins	-	7,000,000	6,066,800	7,000,000	933,200
Vanguard	Large Cap Idx-Ins	-	6,000,000	5,333,388	6,000,000	666,612
Vanguard	Large Cap Idx-Ins	-	6,000,000	5,091,013	6,000,000	908,987

(Continued)

SANTAFE HEALTHCARE, INC. PENSION PLAN
SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
For the year ended December 31, 2024

Name of Plan Sponsor: SantaFe HealthCare, Inc.
Employer Identification Number: 59-2317607
Three-digit Plan Number: 001

(a) Identity of <u>Party Involved</u>	(b) Description of Asset Including Interest Rate and <u>Maturity in Case of a Loan</u>	(c) Purchase <u>Price</u>	(d) Selling <u>Price</u>	(g) Cost <u>of Asset</u>	(h) Current Value of Asset on <u>Transaction Date</u>	(i) Net <u>Gain (Loss)</u>
<u>Category (iii) - a series of transactions in the same security in excess of 5% of the current value of Plan assets: (Continued)</u>						
Allspring Global Investments Legal & General Investment Management America, Inc.	Treasury Plus Money Market Fund Inst #793	\$ 220,110,455	\$ 223,736,720	\$ 223,736,720	\$ 223,736,720	\$ -
US Government	LGIMA Long Duration US Credit Fund	-	23,814,827	5,107,598	23,814,827	18,707,229
US Government	US Treasury Bond 4.5% 8/15/39	1,710,132	5,684,655	5,181,209	5,684,655	503,446
US Government	US Treasury Bond 4.625% 2/15/40	-	6,502,908	5,762,813	6,502,908	740,095
US Government	US Treasury Bond 4.75% 11/15/53	7,909,165	9,592,537	9,652,447	9,592,537	(59,910)
US Government	US Treasury Bond 4.25% 2/15/54	9,326,785	9,961,278	9,326,785	9,961,278	634,493
US Government	US Treasury Bond 4.5% 2/15/44	5,055,227	5,025,464	5,055,227	5,025,464	(29,763)
US Government	US Treasury Bond 4.625% 5/15/54	9,679,618	9,989,205	9,679,618	9,989,205	309,587
US Government	US Treasury Bond 4.625% 5/15/44	4,981,539	5,414,394	4,981,539	5,414,394	432,855
US Government	US Treasury Bond 4.125% 8/15/44	2,610,860	2,650,106	2,610,860	2,650,106	39,246
US Government	US Treasury Bond 4.5% 11/15/33	4,956,661	5,541,794	5,178,761	5,541,794	363,033
Vanguard	FTSE All World-Inst	40,956	12,235,912	12,624,319	12,235,912	(388,407)
Vanguard	Large Cap Idx-Ins	107,225	29,049,604	24,812,664	29,049,604	4,236,940

See Independent Auditor's Report.

Plan Name: SantaFe Healthcare, Inc. Pension Plan

EIN: 59-2317607

Plan Number: 001

Schedule SB, Line 26a -- Schedule of Active Participant Data																				
YEARS OF CREDITED SERVICE																				
Attained Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*	No.	Avg. Comp*
Under 25	0		0		0		0		0		0		0		0		0		0	
25 to 29	0		0		0		0		0		0		0		0		0		0	
30 to 34	0		0		0		0		0		0		0		0		0		0	
35 to 39	0		0		0		0		0		0		0		0		0		0	
40 to 44	0		0		0		0		0		0		0		0		0		0	
45 to 49	0		0		0		0		0		2		0		0		0		0	
50 to 54	0		0		0		0		0		1		0		0		0		0	
55 to 59	0		0		0		0		0		1		1		0		0		0	
60 to 64	0		0		0		0		0		1		4		2		0		0	
65 to 69	0		0		0		0		0		0		0		0		0		1	
70 & up	0		0		0		0		0		0		0		1		0		0	
Total	0		0		0		0		0		5		5		3		0		1	

*The plan is "hard frozen", and average annual accrued benefits are reported in lieu of average annual compensation.

SECTION XII ACTUARIAL COST METHODS

Traditional Unit Credit (TUC)

The actuarial cost method used in the development of the minimum contribution was the unit credit cost method.

The normal cost is the sum of all the individual normal costs for each participant. For active participants, the individual normal cost is the present value of the benefit earned during the year being valued. For active participants whose credited service equals or exceeds the plan maximum, if any, and for non-active participants, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all participants. The individual accrued liability for an active participant is the present value of the accrued benefit as of the valuation date. The unfunded liability is the actuarial accrued liability less the valuation assets.

The total annual cost of the plan is the normal cost plus an amount to amortize the shortfall amount.

Projected Unit Credit (PUC)

The actuarial cost method used in the development of the maximum contribution was the projected unit credit cost method.

Under this method, the normal cost is the sum of the individual normal costs for all participants. For an active participant, the individual normal cost is the present value at the current age of the projected benefit at the assumed retirement age, based on the actuarial assumptions, divided by the participant's expected years of credited service at that age. For a non-active participant, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all plan participants. For an active participant, the individual accrued liability is the product of the normal cost and the total years of credited service at the current age. For non-active participants, the individual accrued liability is the present value at the current age of future benefits. The unfunded actuarial accrued liability equals the actuarial accrued liability less the valuation assets.

SECTION XIII
ACTUARIAL METHODS AND ASSUMPTIONS

A summary of the actuarial assumptions used in the valuation is presented below:

Valuation Assets

The actuarial value of assets used for determining the plan’s ERISA funding requirements is equal to the market value of assets as of the valuation date minus a decreasing fraction of the investment gain or loss for each of the four preceding calendar quarters, but it cannot be less than 90% nor more than 110% of the market value of assets. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets and the applicable statutory interest rate for the year.

IRS Required Discount Rates

Minimum Required Contribution (as adjusted for MAP-21/HATFA/ARPA)

- | | |
|------------------------------------------|-------|
| 1. Segment Rate 1 for Years 1 Through 5 | 4.75% |
| 2. Segment Rate 2 for Years 6 Through 20 | 4.87% |
| 3. Segment Rate 3 for Years After 20 | 5.59% |

Maximum Deductible Contribution

- | | |
|------------------------------------------|-------|
| 1. Segment Rate 1 for Years 1 Through 5 | 3.62% |
| 2. Segment Rate 2 for Years 6 Through 20 | 4.46% |
| 3. Segment Rate 3 for Years After 20 | 4.52% |

Plan Effective Interest Rate

5.06%

Financial Accounting Standards Board ASC 960 Discount Rates and Mortality

Discount Rates

- | | |
|-----------------------------------|-------|
| 1. Pre-Retirement Discount Rate: | 5.50% |
| 2. Post-Retirement Discount Rate: | 5.50% |

Mortality Tables

- | | |
|----------------------------------------|--------------------------------------------------------------------------------------------|
| 1. Employee Mortality - Male | Pri-2012(TDS) Male Employee Projected Generationally in 2D with Scale MP-2021 |
| Employee Mortality - Female | Pri-2012(TDS) Female Employee Projected Generationally in 2D with Scale MP-2021 |
| 2. Healthy Annuitant Mortality - Male | Pri-2012(TDS) Male Retiree Projected Generationally in 2D with Scale MP-2021 |
| Healthy Annuitant Mortality - Female | Pri-2012(TDS) Female Retiree Projected Generationally in 2D with Scale MP-2021 |
| 3. Disabled Annuitant Mortality - Male | Pri-2012(TDS) Male Disabled Annuitant Projected Generationally in 2D with Scale MP-2021 |
| Disabled Annuitant Mortality - Female | Pri-2012(TDS) Female Disabled Annuitant Projected Generationally in 2D with Scale MP-2021 |
| 4. Beneficiary Mortality - Male | Pri-2012(TDS) Male Contingent Survivor Projected Generationally in 2D with Scale MP-2021 |
| Beneficiary Mortality - Female | Pri-2012(TDS) Female Contingent Survivor Projected Generationally in 2D with Scale MP-2021 |

SECTION XIII
ACTUARIAL METHODS AND ASSUMPTIONS (cont'd)

Salary Scale Compensation after December 31, 2003 is not taken into account because the plan is frozen.

Taxable Wage Base Increase Assumption No TWB increase was assumed in the valuation.

Social Security CPI Assumption No CPI increase was assumed in the valuation.

Plan Benefit COLA Assumption 3.00%

Retirement Rates Retirement Rates were assumed in the valuation.

The following are sample retirement rates for various ages with 100% assumed to retire at age 70:

	Male	Female
52 - 59	0.100000	0.100000
60	0.160000	0.160000
61 - 63	0.200000	0.200000
64	0.250000	0.250000
65	0.400000	0.400000
66 - 69	0.250000	0.250000
70	1.000000	1.000000

Termination Rates Termination Rates were assumed in the valuation.

The following are sample termination rates for various ages that apply to active participants:

	Male	Female
20	0.139680	0.139680
25	0.148080	0.148080
30	0.097520	0.097520
35	0.070240	0.070240
40	0.056000	0.056000
45	0.049680	0.049680
50	0.045040	0.045040
55	0.023360	0.023360
60	0.017600	0.017600

Disability Rates Disability Rates were not assumed in the valuation.

SECTION XIII
ACTUARIAL METHODS AND ASSUMPTIONS (cont'd)

Pre-Retirement Mortality Rates: Pre-Retirement Mortality was assumed in the valuation.

Male: 2024 IRS Non-Annuitant Male

Female: 2024 IRS Non-Annuitant Female

The following are sample pre-retirement mortality rates for various ages:

	Male	Female
20	0.000560	0.000150
25	0.000540	0.000190
30	0.00055	0.000210
35	0.000610	0.000280
40	0.000740	0.000430
45	0.000970	0.000650
50	0.001470	0.000980
55	0.00234	0.001480
60	0.003690	0.002240
65	0.005730	0.003390
70	0.00967	0.006060
75	0.016320	0.010850

Post-Retirement Mortality Rates: Post-Retirement Mortality was assumed in the valuation.

Male: 2024 IRS Annuitant Male

Female: 2024 IRS Annuitant Female

The following are sample post-retirement mortality rates for various ages:

	Male	Female
55	0.006470	0.005170
60	0.008480	0.006430
65	0.010870	0.009280
70	0.017290	0.014440
75	0.029050	0.024450
80	0.050460	0.041980
85	0.089460	0.071320
90	0.157030	0.124530
95	0.245690	0.198630
100	0.339960	0.286980
105	0.431310	0.382430
110	0.500000	0.466730

SECTION XIII
ACTUARIAL METHODS AND ASSUMPTIONS (cont'd)

Post-Disablement Mortality Rates Post-Disablement Mortality was assumed in the valuation.

Male: 2024 IRS Annuitant Male

Female: 2024 IRS Annuitant Female

The following are sample post-retirement mortality rates for various ages:

	Male	Female
55	0.006470	0.005170
60	0.008480	0.006430
65	0.010870	0.009280
70	0.017290	0.014440
75	0.029050	0.024450
80	0.050460	0.041980
85	0.089460	0.071320
90	0.157030	0.124530
95	0.245690	0.198630
100	0.339960	0.286980
105	0.431310	0.382430
110	0.500000	0.466730

Lump Sum Mortality The mortality used to value the underlying annuity of assumed lump sum distributions was updated to the 417(e) mortality table for the current plan year.

Administrative Expenses \$ 1,661,094

Percent Married 80% of males and 80% of females are assumed to be married.

Age of Spouse Spouses of Males are assumed to be 2 years younger than the participant.
 Spouses of Females are assumed to be 2 years older than the participant.

Form of Payment Current terminated vested participants are assumed to receive an unreduced retirement benefit that commences according to the following table (or current age, if greater):

Commencement Age

Shands 75% at age 62; 25% at age 57

Non-Shands; non-AvMed;
 Terminated before 10/01/1995 62

Non-Shands; non-AvMed;
 Terminated after 10/01/1995 64

SECTION XIII
ACTUARIAL METHODS AND ASSUMPTIONS (cont'd)

Form of Payment

The assumed commencement age for future terminated vested participants is age 62, or current age if greater. The form of payment active and terminated vested participants are assumed to elect upon retirement is based on the following table:

	<u>Male Rate</u>	<u>Female Rate</u>
Life Annuity	45%	75%
50% Joint & Survivor	15%	10%
100% Joint & Survivor	40%	15%

SECTION XIII (Cont.)

SELECTION OF ACTUARIAL ASSUMPTIONS

Assumption		Entity Who Selects Assumption	Basis for Assumption Selection	Change in Assumption
Segment Interest Rates for Minimum Contribution	Segment 1: 4.75% Segment 2: 4.87% Segment 3: 5.59%	Prescribed by Internal Revenue Service (IRC Sec. 430(h)(2)(C))	The Funding Target Liability for Minimum Contribution is determined using three 24-month average interest rates ("segment rates"), each of which applies to cash flows during specified periods. The Plan Sponsor has elected a 4 month look back for determining these rates each Plan Year. These segment rates are adjusted by the applicable percentage of the 25-year average segment rates.	The segment 1, segment 2 and segment 3 interest rates changed from 4.75%, 5.00%, and 5.74%, respectively as of the prior measurement date, January 1, 2023, to reflect the current prescribed rates. This change increased the Funding Target Liability for Minimum Contribution as of the current measurement date, January 1, 2024, by 1.23%.
Segment Interest Rates for Maximum Contribution	Segment 1: 3.62% Segment 2: 4.46% Segment 3: 4.52%	Prescribed by Internal Revenue Service (IRC Sec. 404(o)(6))	The Funding Target Liability for Maximum Contribution is determined using three 24-month average interest rates ("segment rates"), each of which applies to cash flows during specified periods. The Plan Sponsor has elected a 4 month look back for determining these rates each Plan Year.	The segment 1, segment 2 and segment 3 interest rates changed from 1.41%, 3.09%, and 3.58%, respectively as of the prior measurement date, January 1, 2023, to reflect the current prescribed rates. This change decreased the Funding Target Liability for Maximum Contribution as of the current measurement date, January 1, 2024, by 12.73%.
ASC 960 Interest Rate	5.50%	SantaFe Healthcare, Inc.	The ASC 960 interest rate is developed based on the allocation of the Plan's assets by investment class and the capital market outlook for each investment class. This information is provided by the Plan's investment advisor.	None
Pre-Retirement Mortality for Minimum and Maximum Calculations	2024 IRS P.V. Non-Annuitants (M/F)	Prescribed by Internal Revenue Service (IRC Sec. 430(h)(3) for Minimum and IRC Sec. 404(o)(6) for Maximum)	The IRS prescribes by regulation mortality tables to be used in determining minimum and maximum contributions. Those tables are based on the actual experience of pension plans and projected trends in that experience. Current prescribed tables are based on the Pri-2012 Mortality Tables Report, adjusted for mortality improvement using Projection Scale MP-2021.	The mortality tables changed from the 2023 IRS P.V. Non-Annuitants (M/F) tables as of the prior measurement date, January 1, 2023, to reflect the current prescribed tables. This change, together with the change in post-retirement mortality, decreased the Funding Target Liability for Minimum Contribution and Maximum Contribution as of the current measurement date, January 1, 2024 by 1.56% and 1.33%, respectively.
Post-Retirement Mortality for Minimum and Maximum Calculations	2024 IRS P.V. Annuitants (M/F)	Prescribed by Internal Revenue Service (IRC Sec. 430(h)(3) for Minimum and IRC Sec. 404(o)(6) for Maximum)	The IRS prescribes by regulation mortality tables to be used in determining minimum and maximum contributions. Those tables are based on the actual experience of pension plans and projected trends in that experience. Current prescribed tables are based on the Pri-2012 Mortality Tables Report, adjusted for mortality improvement using Projection Scale MP-2021.	The mortality tables changed from the 2023 IRS P.V. Annuitants (M/F) tables as of the prior measurement date, January 1, 2023, to reflect the current prescribed tables. This change, together with the change in pre-retirement mortality, decreased the Funding Target Liability for Minimum Contribution and Maximum Contribution as of the current measurement date, January 1, 2024 by 1.56% and 1.33%, respectively.

SELECTION OF ACTUARIAL ASSUMPTIONS

Assumption		Entity Who Selects Assumption	Basis for Assumption Selection	Change in Assumption
Pre-Retirement Mortality for ASC 960	Pri-2012 Total Employee with Scale MP-2021 Generational Improvements (Male/Female)	SantaFe Healthcare, Inc.	The Society of Actuaries published a study of retirement experience in October, 2019. The Pri-2012 tables with Scale MP-2021 generational projection presented in the study represent the most current and complete benchmarks of U.S. private pension plan mortality experience.	None
Post-Retirement Mortality for ASC 960	Pri-2012 Total Healthy Retiree and Contingent Survivor with Scale MP-2021 Generational Improvements (Male/Female)	SantaFe Healthcare, Inc.	The Society of Actuaries published a study of retirement experience in October, 2019. The Pri-2012 tables with Scale MP-2021 generational projection presented in the study represent the most current and complete benchmarks of U.S. private pension plan mortality experience.	None
Withdrawal Rates	Active participants are assumed to withdraw at the following sample rates (80% of the SOA 2003 Basic Age Table): Age 20 14.0% 30 9.8% 40 5.6% 50 4.5% 60 1.8%	The Angell Pension Group, Inc.	This assumption was set based on a review of experience under the Plan.	None
Retirement Rates	Active participants are assumed to retire at the following sample rates: Age 52 - 59 10% 60 16% 61 - 63 20% 64 25% 65 - 69 25% 70 100%	The Angell Pension Group, Inc.	This assumption was set based on a review of experience under the Plan.	None

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 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, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: SANTAFE HEALTHCARE, INC. PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 02/01/1987
2a Plan sponsor's name, mailing address, city, state, ZIP: SANTAFE HEALTHCARE, INC., 4300 NORTHWEST 89TH BLVD, GAINESVILLE FL 32606-5688
2b Employer Identification Number (EIN): 59-2317607
2c Plan Sponsor's telephone number: 352-372-8400
2d Business code (see instructions): 551112

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

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

Table with 4 columns: SIGN HERE, Signature, Date, Name. Rows for plan administrator, employer plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor ADMINISTRATIVE COMMITTEE 4300 NORTHWEST 89TH BLVD GAINESVILLE FL 32606-5688	3b Administrator's EIN 59-2317607 3c Administrator's telephone number 352-372-8400
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	1,101
-------------------------------------------------------------------------	----------	-------

6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 14
a(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 0
f Total. Add lines 6d and 6e	6f 0
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1I 3H

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

SANTAFE HEALTHCARE, INC. PENSION PLAN
SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
For the year ended December 31, 2024

Name of Plan Sponsor: SantaFe HealthCare, Inc.
Employer Identification Number: 59-2317607
Three-digit Plan Number: 001

(a) Identity of <u>Party Involved</u>	(b) Description of Asset Including Interest Rate and <u>Maturity in Case of a Loan</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(g) <u>Cost of Asset</u>	(h) <u>Current Value of Asset on Transaction Date</u>	(i) <u>Net Gain (Loss)</u>
<u>Category (i) - a single transaction in excess of 5% of the current value of Plan assets:</u>						
Allspring Global Investments	Treasury Plus Money Market Fund Inst #793	\$ -	\$ 6,000,000	\$ 6,000,000	\$ 6,000,000	\$ -
Allspring Global Investments	Treasury Plus Money Market Fund Inst #793	-	6,000,000	6,000,000	6,000,000	-
Allspring Global Investments	Treasury Plus Money Market Fund Inst #793	-	45,000,000	45,000,000	45,000,000	-
Allspring Global Investments	Treasury Plus Money Market Fund Inst #793	-	28,765,049	28,765,049	28,765,049	-
Allspring Global Investments	Treasury Plus Money Market Fund Inst #793	54,495,265	-	54,495,265	54,495,265	-
Allspring Global Investments	Treasury Plus Money Market Fund Inst #793	-	12,000,000	12,000,000	12,000,000	-
Allspring Global Investments	Treasury Plus Money Market Fund Inst #793	59,728,966	-	59,728,966	59,728,966	-
Allspring Global Investments	Treasury Plus Money Market Fund Inst #793	-	18,000,000	18,000,000	18,000,000	-
Allspring Global Investments	Treasury Plus Money Market Fund Inst #793	16,603,049	-	16,603,049	16,603,049	-
Allspring Global Investments	Treasury Plus Money Market Fund Inst #793	-	47,525,125	47,525,125	47,525,125	-
Allspring Global Investments	Treasury Plus Money Market Fund Inst #793	-	23,885,173	23,885,173	23,885,173	-
Allspring Global Investments	Treasury Plus Money Market Fund Inst #793	-	25,083,582	25,083,582	25,083,582	-
Legal & General Investment Management America, Inc.	LGIMA Long Duration US Credit Fund	-	21,114,827	2,407,598	21,114,827	18,707,229
US Government	US Treasury Bond 4.625% 2/15/40	-	5,967,715	5,282,578	5,967,715	685,137
US Government	US Treasury Bond 4.75% 11/15/53	-	6,020,649	6,020,649	6,020,649	-
US Government	US Treasury Bond 4.625% 5/15/54	-	9,989,205	9,679,617	9,989,205	309,588
US Government	US Treasury Bond 4.5% 11/15/33	-	5,311,328	4,956,661	5,311,328	354,667
Vanguard	FTSE All World-Inst	-	7,000,000	7,200,861	7,000,000	(200,861)
Vanguard	Large Cap Idx-Ins	-	7,000,000	6,066,800	7,000,000	933,200
Vanguard	Large Cap Idx-Ins	-	6,000,000	5,333,388	6,000,000	666,612
Vanguard	Large Cap Idx-Ins	-	6,000,000	5,091,013	6,000,000	908,987

(Continued)

SANTAFE HEALTHCARE, INC. PENSION PLAN
SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
For the year ended December 31, 2024

Name of Plan Sponsor: SantaFe HealthCare, Inc.
Employer Identification Number: 59-2317607
Three-digit Plan Number: 001

(a) Identity of <u>Party Involved</u>	(b) Description of Asset Including Interest Rate and <u>Maturity in Case of a Loan</u>	(c) Purchase <u>Price</u>	(d) Selling <u>Price</u>	(g) Cost <u>of Asset</u>	(h) Current Value of Asset on <u>Transaction Date</u>	(i) Net <u>Gain (Loss)</u>
<u>Category (iii) - a series of transactions in the same security in excess of 5% of the current value of Plan assets: (Continued)</u>						
Allspring Global Investments Legal & General Investment Management America, Inc.	Treasury Plus Money Market Fund Inst #793	\$ 220,110,455	\$ 223,736,720	\$ 223,736,720	\$ 223,736,720	\$ -
US Government	LGIMA Long Duration US Credit Fund	-	23,814,827	5,107,598	23,814,827	18,707,229
US Government	US Treasury Bond 4.5% 8/15/39	1,710,132	5,684,655	5,181,209	5,684,655	503,446
US Government	US Treasury Bond 4.625% 2/15/40	-	6,502,908	5,762,813	6,502,908	740,095
US Government	US Treasury Bond 4.75% 11/15/53	7,909,165	9,592,537	9,652,447	9,592,537	(59,910)
US Government	US Treasury Bond 4.25% 2/15/54	9,326,785	9,961,278	9,326,785	9,961,278	634,493
US Government	US Treasury Bond 4.5% 2/15/44	5,055,227	5,025,464	5,055,227	5,025,464	(29,763)
US Government	US Treasury Bond 4.625% 5/15/54	9,679,618	9,989,205	9,679,618	9,989,205	309,587
US Government	US Treasury Bond 4.625% 5/15/44	4,981,539	5,414,394	4,981,539	5,414,394	432,855
US Government	US Treasury Bond 4.125% 8/15/44	2,610,860	2,650,106	2,610,860	2,650,106	39,246
US Government	US Treasury Bond 4.5% 11/15/33	4,956,661	5,541,794	5,178,761	5,541,794	363,033
Vanguard	FTSE All World-Inst	40,956	12,235,912	12,624,319	12,235,912	(388,407)
Vanguard	Large Cap Idx-Ins	107,225	29,049,604	24,812,664	29,049,604	4,236,940

See Independent Auditor's Report.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 05/31/2024


▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan SANTAFE HEALTHCARE, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SANTAFE HEALTHCARE, INC.	D Employer Identification Number (EIN) 59-2317607	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2 Assets:			
a Market value		2a	105,188,723
b Actuarial value		2b	98,400,914
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	786	103,823,099	103,823,099
b For terminated vested participants	305	18,794,013	18,794,013
c For active participants	14	839,110	839,110
d Total	1,105	123,456,222	123,456,222
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate		5	5.06%
6 Target normal cost			
a Present value of current plan year accruals		6a	0
b Expected plan-related expenses		6b	1,661,094
c Target normal cost		6c	1,661,094

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>May 2, 2025</u>
	Signature of actuary	Date
	JEFFERY C. LITTER	2306544
	Type or print name of actuary	Most recent enrollment number
	THE ANGELL PENSION GROUP, INC.	401-438-9250
	Firm name	Telephone number (including area code)
	88 BOYD AVENUE	
	EAST PROVIDENCE RI 02914	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

21 Discount rate:

a Segment rates:

1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
-----------------------	-----------------------	-----------------------	-----------------------------------------------------

b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 59

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)..... **31a** 1,661,094

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

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	25,055,308	986,340
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 2,647,434

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....			2,647,434
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			13,046,006

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

a Total (excess, if any, of line 37 over line 36)..... **38a** 10,398,572

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

SantaFe Healthcare, Inc. Pension Plan

EIN: 59-2317607; Plan Number: 001

2024 Schedule SB, line 22 - Description of Weighted Average Retirement Age

(1)	(2)	(3)	(4)	(5)
Age	Absolute Retirement Rate	Cumulative Probability of Not Having Retired	Probability of Employee Age 55 Retiring at Age(x)	(1) x (4)
52	10%	90.00%	10.00%	5.20
53	10%	81.00%	9.00%	4.77
54	10%	72.90%	8.10%	4.37
55	10%	65.61%	7.29%	4.01
56	10%	59.05%	6.56%	3.67
57	10%	53.14%	5.90%	3.37
58	10%	47.83%	5.31%	3.08
59	10%	43.05%	4.78%	2.82
60	16%	36.16%	6.89%	4.13
61	20%	28.93%	7.23%	4.41
62	20%	23.14%	5.79%	3.59
63	20%	18.51%	4.63%	2.92
64	25%	13.89%	4.63%	2.96
65	40%	8.33%	5.55%	3.61
66	25%	6.25%	2.08%	1.37
67	25%	4.69%	1.56%	1.05
68	25%	3.51%	1.17%	0.80
69	25%	2.64%	0.88%	0.61
70	100%	0.00%	2.64%	1.85
TOTALS:			100.00%	58.59

*

* Average Assumed Retirement Age

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	39,755	442,587	7,876,606	8,358,948
2025	47,440	513,011	7,864,825	8,425,276
2026	49,696	607,584	7,842,679	8,499,959
2027	55,001	705,914	7,806,002	8,566,917
2028	55,644	803,797	7,752,285	8,611,726
2029	56,707	948,159	7,667,213	8,672,079
2030	56,731	1,020,893	7,574,319	8,651,943
2031	56,982	1,084,625	7,450,041	8,591,648
2032	56,695	1,125,928	7,312,984	8,495,607
2033	56,729	1,180,249	7,139,891	8,376,869
2034	56,151	1,238,273	6,960,457	8,254,881
2035	55,616	1,308,851	6,761,880	8,126,347
2036	54,810	1,347,490	6,544,596	7,946,896
2037	53,843	1,391,998	6,309,717	7,755,558
2038	53,038	1,439,884	6,058,783	7,551,705
2039	52,514	1,452,701	5,793,583	7,298,798
2040	51,952	1,471,359	5,516,104	7,039,415
2041	51,334	1,474,457	5,228,468	6,754,259
2042	50,589	1,473,901	4,932,904	6,457,394
2043	49,657	1,472,462	4,631,691	6,153,810
2044	48,446	1,459,969	4,314,727	5,823,142
2045	47,167	1,448,396	4,010,267	5,505,830
2046	45,704	1,429,581	3,707,463	5,182,748
2047	44,015	1,404,606	3,408,919	4,857,540
2048	42,169	1,373,889	3,117,227	4,533,285
2049	40,100	1,337,317	2,834,864	4,212,281
2050	37,849	1,294,896	2,564,155	3,896,900
2051	35,424	1,246,760	2,307,197	3,589,381
2052	32,862	1,193,205	2,065,827	3,291,894
2053	30,207	1,134,704	1,841,479	3,006,390
2054	27,512	1,071,898	1,635,148	2,734,558
2055	24,818	1,005,556	1,447,372	2,477,746
2056	22,204	936,568	1,278,237	2,237,009
2057	19,677	865,919	1,127,395	2,012,991
2058	17,274	794,606	994,130	1,806,010
2059	15,024	723,596	877,420	1,616,040
2060	12,952	653,783	776,013	1,442,748
2061	11,072	585,989	688,510	1,285,571
2062	9,391	520,938	613,448	1,143,777
2063	7,908	459,239	549,354	1,016,501
2064	6,617	401,384	494,813	902,814
2065	5,505	347,754	448,471	801,730
2066	4,555	298,604	409,068	712,227
2067	3,750	254,074	375,469	633,293
2068	3,071	214,197	346,665	563,933
2069	2,503	178,890	321,790	503,183
2070	2,031	147,987	300,120	450,138
2071	1,641	121,254	281,054	403,949
2072	1,321	98,392	264,098	363,811
2073	1,059	79,065	248,837	328,961

Appendix A

Summary of Plan Provisions

Plan Effective Date: February 1, 1987.

Eligibility Requirements: No employee shall become a participant after December 31, 2003.

Vesting: 100% after 5 years of Vesting Service.

Benefit Service: Benefit Service is credited for periods of employment from date of eligibility. Benefit Service shall not include any period of service after December 31, 2003.

Normal Retirement Date: The first day of the month coincident with or next following the attainment of age 62 for non-AvMed and non-Williston participants that terminated prior to 10/1/1995. For all other participants, the first day of the month coincident with or next following the attainment of age 65 and 5 years of vesting service.

**Average Monthly
Compensation:**

Average of the highest 60 consecutive months of earnings within the last 120 months of service immediately preceding retirement or termination. Compensation after December 31, 2003 is not taken into account.

**Normal Retirement
Benefit:**

Effective December 31, 2003, the plan was amended to eliminate future benefit accruals and immediately vest accrued benefits as of that date. A participant's monthly accrued benefit formula is as follows:

Termination prior to October 1, 1995: 1.60% of average monthly earnings times years of frozen service.

Termination on or after October 1, 1995: Average monthly earnings times [1.60% for first five years of frozen service + 1.85% for next ten years of frozen service + 2.10% for all frozen service over 15 years].

Summary of Plan Provisions (continued)

Normal Form of Benefit: Life annuity, if single; an actuarially equivalent 50% joint and survivor annuity, if married.

Accrued Benefit: Participants' accrued benefits are determined under the above Normal Retirement Benefit formulae. The plan benefits were frozen effective December 31, 2003.

Early Retirement:

Eligibility: Participants who have attained 10 years of vesting service. Williston participants are ineligible for early retirement.

Benefit Reduction: The monthly accrued benefit, reduced by 1/240 for each month commencement precedes age 62 for the first 10 years and an actuarial equivalent reduction for each year thereafter, payable as a life annuity. Unreduced retirement with 30 or more years of vesting service.

Preretirement Death Benefit:

The surviving spouse of a terminated participant is eligible to receive the survivor's portion of the 50% joint and survivor annuity that would have been payable had the participant terminated employment on their date of death, survived to their earliest possible retirement date, and begun receiving benefits as a 50% joint and survivor annuity. This benefit is payable at the earliest date the participant could have retired under the plan, but may be deferred to the participant's normal retirement date. Surviving spouses may elect to receive their survivor's benefit in the form of an actuarially equivalent lump sum distribution, which is the normal form of payment for the nonspouse beneficiaries of unmarried participants. The lump sum amount for non-spouse beneficiaries of unmarried participants is limited to 100 times the deceased participant's monthly benefit payable at normal retirement as a single life annuity.

Termination Benefit: Terminated vested Participants will receive the Accrued Benefit payable at Normal Retirement. The benefit is actuarially reduced if the employee retires prior to the Normal Retirement Date.

SECTION V
AMORTIZATION BASES UNDER SECTION 430 OF THE IRS CODE

Shortfall Amortization Bases

<u>Type/ Date Established</u>	<u>Initial Period</u>	<u>Initial Amount</u>	<u>Remaining Period</u>	<u>Remaining Amount</u>	<u>Annual Payment</u>
01/01/2024	15	\$ 3,662,720	15	\$ 3,662,720	\$ 333,235
01/01/2023	15	22,294,742	14	21,392,588	2,041,768
				-----	-----
Totals				\$ 25,055,308	\$ 2,375,003*

Waiver Amortization Bases

<u>Type/ Date Established</u>	<u>Initial Period</u>	<u>Initial Amount</u>	<u>Remaining Period</u>	<u>Remaining Amount</u>	<u>Annual Payment</u>
Subtotal - Waiver Bases					
Total Amortization Bases				\$ 25,055,308	\$ 2,375,003

* The annual payments will be prorated 152/366 to reflect the plan termination effective May 31, 2024.

Changes In Actuarial Methods

Automatic approval under IRS Regulation 1.430(a)-(1)(b)(5) for short plan year as a result of plan termination.