

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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.

OMB Nos. 1210-0110 1210-0089

2024

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 (Filers checking this box must provide participating employer information in accordance with the form instructions.) [X] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: NORTHEAST VALLEY HEALTH CORPORATION 403(B) PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1991
2a Plan sponsor's name (employer, if for a single-employer plan): NORTHEAST VALLEY HEALTH CORPORATION
2b Employer Identification Number (EIN): 23-7120632
2c Plan Sponsor's telephone number: 818-898-1388
2d Business code (see instructions): 624100

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1835
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1074
	6a(2)	1259
	6b	38
	6c	726
	6d	2023
	6e	1
	6f	2024
	6g(1)	1788
	6g(2)	1992
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan NORTHEAST VALLEY HEALTH CORPORATION 403(B) PLAN</p>	<p>B Three-digit plan number (PN) ▶ 001</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 NORTHEAST VALLEY HEALTH CORPORATION</p>	<p>D Employer Identification Number (EIN) 23-7120632</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
THE VARIABLE ANNUITY LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	65886	265	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid 1071</p>	<p>(b) Total amount of fees paid</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

BAROMA, RACHEL E **2929 ALLEN PARKWAY**
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
867			3

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

RODRIGUEZ, SEAN P **2929 ALLEN PARKWAY**
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
204			3

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	6972061
5	Current value of plan's interest under this contract in separate accounts at year end.....	9597527
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 7605931
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 188470
	(4) Transferred from separate account	7c(4) 117971
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 306441
d	Total of balance and additions (add lines 7b and 7c(6))	7d 7912372
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 922621
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3) 15387
	(4) Other (specify below)..... ▶ CONTRACT SURRENDER CHARGES	7e(4) 2303
(5) Total deductions	7e(5) 940311	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 6972061

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan NORTHEAST VALLEY HEALTH CORPORATION 403(B) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 NORTHEAST VALLEY HEALTH CORPORATION</p>	<p>D Employer Identification Number (EIN) 23-7120632</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
THE VARIABLE ANNUITY LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	65886	1978	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	1948605
5	Current value of plan's interest under this contract in separate accounts at year end.....	
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 1936370
c	(1) Contributions deposited during the year	7c(1) 166598
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 47639
	(4) Transferred from separate account	7c(4) 148471
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 362708
d	Total of balance and additions (add lines 7b and 7c(6))	7d 2299078
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 340364
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3) 6104
	(4) Other (specify below)..... ▶ CONTRACT SURRENDER CHARGES	7e(4) 4005
(5) Total deductions	7e(5) 350473	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 1948605

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 NORTHEAST VALLEY HEALTH CORPORATION 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHEAST VALLEY HEALTH CORPORATION	D Employer Identification Number (EIN) 23-7120632	

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

VARIABLE ANNUITY LIFE INSURANCE CO

74-1625348

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

VALIC RETIREMENT SERVICE COMPANY

51-0396365

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

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

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)

VARIABLE ANNUITY LIFE INSURANCE CO

74-1625348

(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 26 28 29 33 37 49 50 52 59 64 66 72 99	NONE	10661	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

VALIC RETIREMENT SERVICE COMPANY

51-0396365

(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 28 29 33 37 49 50 52 59 60 61 63 64 65 72 99	NONE	174630	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 NORTHEAST VALLEY HEALTH CORPORATION 403(B) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHEAST VALLEY HEALTH CORPORATION	D Employer Identification Number (EIN) 23-7120632

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2072185	2214409
(2) Participant contributions	1b(2)	137433	158237
(3) Other	1b(3)	49627	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	842762	958778
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	70512087	85146357
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	9542301	8921169
(15) Other	1c(15)	372837	457209

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	83529232	97856159
Liabilities			
g Benefit claims payable.....	1g	9381	0
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	9381	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	83519851	97856159

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)	4229674	
(B) Participants.....	2a(1)(B)	4245277	
(C) Others (including rollovers).....	2a(1)(C)	277674	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		8752625
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	55143	
(F) Other.....	2b(1)(F)	236109	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		291252
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2458245	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2458245
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		7304856
c Other income	2c		61768
d Total income. Add all income amounts in column (b) and enter total	2d		18868746

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2797135	
(2) To insurance carriers for the provision of benefits	2e(2)	1537210	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4334345
f Corrective distributions (see instructions)	2f		12702
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)	185391	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		185391
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4532438

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14336308
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: **VASQUEZ & COMPANY LLP**

(2) EIN: **33-0700332**

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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>NORTHEAST VALLEY HEALTH CORPORATION 403(B) 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>NORTHEAST VALLEY HEALTH CORPORATION</u>	D Employer Identification Number (EIN) <u>23-7120632</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	<u>0</u>
---	----------	----------

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): 76-0519990

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	
--	----------	--

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

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
-----------------	-------------------

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.
----------------	---

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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 04 / 05 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501838A.



Northeast Valley Health Corporation

“Caring for our community’s health.”

**Northeast Valley Health Corporation 403(b) Plan
Financial Statements and Supplemental Schedule
As of and for the Years Ended December 31, 2024 and 2023
with Independent Auditor’s Report**



**Northeast Valley Health Corporation 403(b) Plan
Audited Financial Statements and Supplemental Schedule
*As of and for the Years Ended December 31, 2024 and 2023
with Independent Auditor's Report***

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Independent Auditor's Report

The Plan Administrator Northeast Valley Health Corporation 403(b) Plan

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

We have performed audits of the financial statements of Northeast Valley Health Corporation 403(b) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, 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 (U.S. GAAP).



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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

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

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.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

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 U.S. GAAP.

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

Other Matter - Supplemental Schedule Required by ERISA

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



In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL'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, is presented, in all material respects, in conformity with the DOL'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).

Vaughan & Company LLP

Glendale, California
August 12, 2025

**Northeast Valley Health Corporation 403(b) Plan
Statements of Net Assets Available for Benefits**

		December 31	
		2024	2023
ASSETS			
Investments			
Investments at fair value	\$	85,603,566	\$ 70,884,924
Investments at contract value		8,921,169	9,542,301
	Total investments	94,524,735	80,427,225
Receivables			
Employee contributions		158,237	137,433
Employer contributions		2,214,409	2,072,185
Notes receivable from participants		982,963	871,122
Other receivables		-	49,627
	Total receivables	3,355,609	3,130,367
LIABILITIES			
Excess contributions from participants			
Excess contributions refundable		-	9,381
	Total liabilities	-	9,381
Net assets available for benefits		\$ 97,880,344	\$ 83,548,211

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

**Northeast Valley Health Corporation 403(b) Plan
Statements of Changes in Net Assets Available for Benefits**

	Years Ended December 31	
	2024	2023
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of investments	\$ 7,366,624	\$ 9,208,024
Interest and dividends	<u>2,694,354</u>	<u>1,813,318</u>
Total investment income	<u>10,060,978</u>	<u>11,021,342</u>
Contributions		
Participant	4,245,277	3,845,101
Employer	4,229,674	3,952,087
Rollover	<u>277,674</u>	<u>46,139</u>
Total contributions	<u>8,752,625</u>	<u>7,843,327</u>
Interest on notes receivables from participants	<u>55,143</u>	<u>43,263</u>
Total additions	<u>18,868,746</u>	<u>18,907,932</u>
Deductions from net assets attributed to:		
Benefits paid to participants	4,351,222	3,831,285
Administrative fees	<u>185,391</u>	<u>150,643</u>
Total deductions	<u>4,536,613</u>	<u>3,981,928</u>
Net increase in net assets available for benefits	14,332,133	14,926,004
Net assets available for benefits at beginning of year	<u>83,548,211</u>	<u>68,622,207</u>
Net assets available for benefits at end of year	<u>\$ 97,880,344</u>	<u>\$ 83,548,211</u>

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

NOTE 1 DESCRIPTION OF THE PLAN

The following description of the Northeast Valley Health Corporation 403(b) Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document, as amended, for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution retirement plan, as defined under Section 403(b) of the Internal Revenue Code (IRC). The Plan's purpose is to provide cash or a deferred benefit arrangement for participants and their beneficiaries. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Northeast Valley Health Corporation (the Organization) is the Plan's sponsor and serves as the Plan Administrator.

Eligibility

An employee may make elective deferrals beginning on the date of hire.

Employees are eligible to receive employer non-elective contributions after completing 1,000 hours of service in an eligibility computation period. For this purpose, re-hired employees may receive credit for service earned during a period of severance. The entry date is the first day of the month coinciding with or next following the date the employee satisfies the eligibility conditions.

Contributions

Participants may contribute either a percentage of their annual compensation, as defined in the Plan, or a fixed dollar amount, subject to the maximum limit permitted by the IRC. In addition, participants qualifying for age-based provisions may contribute additional catch-up deferrals. Employees with at least 15 years of service may also be eligible to make a special catch-up contribution, subject to limitations based on the prior years' deferrals. Participants may also contribute amounts representing distributions from other eligible retirement plans. There is no age or service requirement to make salary deferral contributions.

Employer contributions to the Plan are discretionary and determined annually by the Organization. For the years ended December 31, 2024 and 2023, the Organization made contributions equal to 5.5% of the participating employees' eligible compensation. These contributions are not contingent upon employee deferrals and are considered non-elective contributions under the Plan.

Participant Accounts

Each participant's account is credited with (a) the participant's deferral contributions, (b) the Organization's contributions, (c) an allocation of investment earnings or losses, (d) administrative expenses, and (e) rollover contributions. Earnings or losses are allocated to the participants' accounts based on the proportion each account bears to the total of all account balances within each investment fund.

Vesting

Participants are immediately vested in their contributions plus actual earnings or losses thereon. Employer contributions are vested 100% immediately.

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Investment Options

The Plan offers the employees the opportunity to exercise control over their account by allowing the participants to choose from a wide range of investments, determine the manner in which assets will be invested, and receive and access information necessary to make informed decisions with respect to the investment options under the Plan.

Notes Receivable from Participants

Participants could borrow against their accounts directly from Corebridge Retirement Services (Corebridge), the custodian of the Plan, subject to certain limitations. Applicants receiving a loan from VALIC Trust Company Inc. ("VTC"), a New Hampshire trust company, are required to transfer funds equal to the amount of the loan into either of two guaranteed fixed annuity accounts – the Variable Annuity Life Insurance Company (VALIC) Fixed Account Plus Fund or the VALIC Short Term Fixed Account. The funds are restricted with respect to withdrawals and transfers while the loan is outstanding. Principal and interest payments are made monthly or quarterly by the participant directly to VALIC. Loan balances are deemed part of Plan assets since loans are taken from the participant's Plan assets. Notes receivable from the participants were \$982,963 and \$871,122 as of December 31, 2024 and 2023, respectively.

Payment of Benefits

The value of a participant's account can be distributed upon the participant's normal retirement age (65) unless specifically requested to receive it at a later date. Upon termination of service, an employee may a) elect to receive a lump sum amount equal to the value of his or her account, b) receive annual installments over a set number of years, or c) delay receipt of benefits if the vested amount account balance is greater than \$5,000. Upon death, the beneficiary will be entitled to receive 100% of the participant's account.

While actively employed at the Organization, a participant may be eligible to withdraw contributions from his or her account to meet financial hardship in accordance with the Plan provisions.

Forfeitures

Pursuant to the Plan document, all employee and employer contributions are immediately and fully vested to the participant and shall not be subject to forfeiture under normal circumstances. However, the Plan identified instances of excess employer contributions to certain participants. In accordance with applicable regulations and the Plan's corrective procedures, these excess contributions were subsequently removed from the affected participant accounts. As a result, the Plan recognized forfeitures related to the correction of these excess contributions. Any excess is available to offset future employer contributions or to pay allowable Plan expenses in accordance with the Plan's provisions.

**Northeast Valley Health Corporation 403(b) Plan
Notes to Financial Statements
Years Ended December 31, 2024 and 2023**

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Forfeitures (Continued)

The changes in the Plan's forfeiture account balance for the years ended December 31, 2024 and 2023 are as follows:

	2024	2023
Balance, January 1	\$ 49,751	\$ 48,304
Earnings during the year	130	1,447
Forfeitures used during the year to reduce employer contributions	(49,379)	-
Balance, December 31	\$ 502	\$ 49,751

Administrative Expenses

Investment management and administrative expenses of the Plan are paid by the Plan as provided in the Plan document, unless paid by the Organization, without reimbursement.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments in mutual funds are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Quoted market prices are used to value these investments.

Annuity contracts are stated at contract value. Contract value is the relevant measurement attribute for fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value equals the accumulated cash contributions and interest credited to the Plan's contracts less any withdrawals. The Plan's investments in annuity contracts are guaranteed to earn at least a minimum rate of interest while invested in VALIC's general account. Shares may be redeemed any time at net asset value. See Note 4.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition (Continued)

Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Net Appreciation (Depreciation) in Fair Value of Investments

Realized and unrealized appreciation (depreciation) in the fair value of investments is calculated based on the difference between the fair value of the assets at the beginning of the year, or at the time of purchase for assets purchased during the year, and the related fair value on the day investments are sold with respect to realized appreciation (depreciation), or on the last day of the year for unrealized appreciation (depreciation).

Realized and unrealized appreciation (depreciation) is recorded in the accompanying Statements of Changes in Net Assets Available for Benefits as net appreciation (depreciation) in fair value of investments.

Excess Contributions Refundable

Excess contributions from participants above the amounts allowed by the Internal Revenue Service (IRS) are reported as a liability in the Statements of Net Assets Available for Benefits and as a reduction in contributions in the Statements of Changes in Net Assets Available for Benefits.

Contributions and Contributions Receivable

Contributions from participants are recorded based on the date the contributions have been separated from a participant's pay by the Plan Sponsor, which is the pay date. Employer contributions are recorded in the year they are earned and coincide with the year in which the Plan Sponsor records the contribution in its general ledger. The Plan records receivables for contributions based upon the contributions recognized, less amounts received by the Plan as of the last day of the Plan year.

Rollover contributions from participants are recorded based on the date the rollover contributions have been allocated to participant accounts.

Payments of Benefits

Benefits paid to participants are recorded when paid.

Administrative Expenses

All usual and reasonable fees are paid by the Plan Sponsor, and any fees not paid by the Plan Sponsor may be paid from the Plan assets if not prohibited by applicable laws or regulations. Annual audit fees are paid by the Plan Sponsor.

NOTE 3 FAIR VALUE MEASUREMENT

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

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

Mutual funds: Investments in mutual funds are valued at quoted market prices. This method may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values.

Northeast Valley Health Corporation 403(b) Plan
Notes to Financial Statements
Years Ended December 31, 2024 and 2023

NOTE 3 FAIR VALUE MEASUREMENT (CONTINUED)

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

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

2024				
Investment Category	Total	Level 1	Level 2	Level 3
Mutual funds	<u>\$ 85,603,566</u>	<u>\$ 85,603,566</u>	<u>\$ -</u>	<u>\$ -</u>
2023				
Investment Category	Total	Level 1	Level 2	Level 3
Mutual funds	<u>\$ 70,884,924</u>	<u>70,884,924</u>	<u>\$ -</u>	<u>\$ -</u>

NOTE 4 INVESTMENTS AT CONTRACT VALUE

The Plan holds three benefit-responsive fixed annuity investment contracts with VALIC. VALIC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The issuer of the guaranteed investment contracts is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contracts are fully benefit-responsive, the contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contracts. The guaranteed investment contracts are presented on the accompanying Statements of Net Assets Available for Benefits as investments at contract value. Contract value, as reported to the Plan by VALIC, represents contributions made under the contracts, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

NOTE 4 INVESTMENTS AT CONTRACT VALUE (CONTINUED)

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contracts at December 31, 2024 and 2023 was \$8,921,169 and \$9,542,301, respectively. The crediting interest rate varies by participant and depends on the date the participant established his/her account for the contracts. VALIC declares a current interest rate for the Fixed Account Plus Fund at the beginning of each month applicable to the contributions received during that month. The current rate declared is guaranteed until the end of that calendar year for contributions received that month. It is the intent of VALIC, though not guaranteed, to continue to credit interest at the same rate for such contributions for an additional calendar year. At the beginning of the third calendar year, such contributions will earn interest at a new declared pool rate. This rate is established on January 1 of each calendar year and guaranteed for that entire calendar year. The Short-Term Fixed Account rates are established on a portfolio basis, whereby all deposits in the option receive the same crediting rate, regardless of initial date of deposit. The Fixed-Interest Option is a group unallocated fixed annuity contract with an annual minimum guaranteed rate.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The guaranteed investment contracts do not permit the insurance company to terminate the agreements prior to the scheduled maturity dates.

NOTE 5 FINANCIAL INFORMATION CERTIFIED BY THE CUSTODIAN

The Plan's asset information as of December 31, 2024 and 2023, and for the years then ended, included throughout the Plan's financial statements and ERISA-required supplemental schedule, were obtained by management and agreed to or derived from information certified by Corebridge. The Plan Administrator has obtained certifications from the custodian that information provided to the Plan Administrator by the custodian related to the Plan's assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information that appears throughout the financial statements and ERISA-required supplemental schedule related to the following:

- Investments and notes receivable from participants, as reflected in the Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023;

NOTE 5 FINANCIAL INFORMATION CERTIFIED BY THE CUSTODIAN (CONTINUED)

- Investment activity, as reflected in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2024 and 2023;
- Investment information disclosed in Notes 3 and 4 to the Plan's financial statements; and,
- Investments, as reflected in Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024.

NOTE 6 RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain investments of the Plan are managed by VALIC. VALIC is the service provider as defined by the Plan and therefore, these transactions qualify as party-in-interest transactions that are exempt under ERISA. Fees paid by the Plan for investment advisory services amounted to \$185,391 and \$150,643 for the years ended December 31, 2024 and 2023, respectively.

NOTE 7 PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts and the net assets of the Plan will be allocated among the participants and their beneficiaries after payment of any expenses properly chargeable to the Plan, in accordance with the provisions of ERISA.

NOTE 8 INCOME TAX STATUS

The Plan has adopted the VALIC Retirement Services Company Volume Submitter 403(b) Plan. The IRS informed VALIC in a letter dated April 5, 2018, that its volume submitter plan was designed in accordance with the applicable sections of the IRC and is appropriate for use by employers for the benefit of their employees. The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. No provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024, 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 is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9 RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Because of the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the various risk factors, in the near term, could materially affect the participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

NOTE 10 NEW LAWS AND REGULATIONS

On December 29, 2022, the SECURE 2.0 Act of 2022 (SECURE 2.0) became law. The new law makes changes to include provisions intended to expand coverage, increase retirement savings, and simplify and clarify retirement plan rules. SECURE 2.0 changed the retirement plan rules for long-term, part-time employees. The 401(k) plan requirement to allow employees to contribute elective deferral was expanded to 403(b) plans. For plan years beginning in 2024, if an employee has three consecutive 12-month periods with more than 500 hours of service in each, the employee must be eligible to enter the plan, and the period of service was reduced from three to two consecutive 12-month periods, for plans years beginning after December 31, 2024.

**NOTE 11 QUALIFIED NON-ELECTIVE CONTRIBUTIONS AND CORRECTIVE EMPLOYER
NON-ELECTIVE CONTRIBUTIONS**

The Plan Sponsor made Qualified Non-Elective Contributions (QNECs) to address missed participant and employer contributions for the plan years 2021 through 2024. These contributions were necessary to comply with the requirements of the Employee Plans Compliance Resolution System (EPCRS). The QNECs were made to correct missed contributions for certain participants due to administrative errors identified during an internal review of the Plan's contribution records conducted in 2024.

The QNECs and the corrective employer non-elective contributions were calculated to include both the missed contributions and any associated earnings that would have accrued had the contributions been made in a timely manner. The total balance of QNECs for the years ended December 31, 2024 and 2023, including lost earnings of \$253 and \$23,428, were \$4,990 and \$115,686, respectively.

In addition, the aggregate amount of corrective employer non-elective contributions for the years ended December 31, 2024 and 2023, was \$51,121, and \$152,320, including earnings of \$2,564 and \$31,395, respectively. These amounts have been recognized as employer contributions receivable in the Statements of Net Assets as of December 31, 2024 and 2023, with corresponding increases in employer contribution revenue in the Statements of Changes in Net Assets Available for Benefits. The QNECs and corrective employer non-elective contributions have been credited to the affected participants' accounts and are immediately 100% vested, subject to the same distribution restrictions as elective deferrals.

**Northeast Valley Health Corporation 403(b) Plan
Notes to Financial Statements
Years Ended December 31, 2024 and 2023**

NOTE 11 QUALIFIED NON-ELECTIVE CONTRIBUTIONS AND CORRECTIVE EMPLOYER NON-ELECTIVE CONTRIBUTIONS (CONTINUED)

These corrective contributions ensure that the affected participants receive the full benefits they are entitled to under the Plan. The QNECs and the corrective employer non-elective contributions were funded by the Plan Sponsor and did not affect the overall financial position of the Plan. The Plan Sponsor has taken steps to improve administrative procedures to prevent future occurrences of missed contributions.

NOTE 12 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits as reported in the accompanying financial statements at December 31, 2024 and 2023, with that reported on Form 5500:

	2024	2023
Net assets available for benefits per the financial statements	\$ 97,880,344	\$ 83,548,211
Less: Loan deemed distribution	(24,185)	(28,360)
Net assets available for benefits per the Form 5500	<u>\$ 97,856,159</u>	<u>\$ 83,519,851</u>

The following is a reconciliation of the changes in net assets available for benefits for the year ended December 31, 2024, and 2023, as reported in the accompanying financial statements with that reported on Form 5500:

	2024	2023
Net increase in net assets available for benefits per the financial statements	\$ 14,332,133	\$ 14,926,004
Less: Loan deemed distribution - prior year	28,360	-
Less: Loan deemed distribution	(24,185)	(28,360)
Net increase in net assets available for benefits per the Form 5500	<u>\$ 14,336,308</u>	<u>\$ 14,897,644</u>

NOTE 13 SUBSEQUENT EVENTS

The Plan Administrator has evaluated events or transactions that occurred subsequent to December 31, 2024 through August 12, 2025, the date on which the financial statements were available to be issued, for potential recognition or disclosure in the financial statements and determined that no subsequent events occurred that required disclosure or adjustment to the accompanying financial statements other than the matter described below and in Note 11:

The Plan was amended effective January 1, 2025 to change the definition of Plan compensation for employer contributions. This amendment was made to clarify the exclusion of certain pay codes, ensuring greater transparency and compliance with regulatory requirements.

SUPPLEMENTAL SCHEDULE

Northeast Valley Health Corporation 403(b) Retirement Plan
Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)
E.I.N. 23-7120632; Plan No. 001
December 31, 2024

(a) Issuer, borrower, lessor or similar party	(b) Description of investment	(c) Cost	(d) Current Value
	<u>Mutual Funds</u>		
ARIEL INVESTMENTS	ARIEL APPRECIATION FUND	**	\$ 100,808
ARIEL INVESTMENTS	ARIEL FUND	**	51,080
BAIRD ASSET MANAGEMENT	BAIRD AGGREGATE BOND INST	**	59,922
CALVERT RESEARCH AND MANAGEMENT	CALVERT INTL RESP IDX R6	**	44,911
DIMENSIONAL FUND ADVISORS	DFA EMERGING MKT CORE EQUITY I	**	239,726
DIMENSIONAL FUND ADVISORS	DFA INTL SMALL COMPANY I	**	103,180
DIMENSIONAL FUND ADVISORS	DFA US LARGE CAP VALUE I	**	517,697
DIMENSIONAL FUND ADVISORS	DFA US SMALL CAP I	**	891,552
FIDELITY INVESTMENTS	FIDELITY INTL IND INSTL PREM	**	408,143
FIDELITY INVESTMENTS	FIDELITY U.S SUSTAINABILITY IN	**	208,272
HARBOR FUNDS	HARBOR CAPITAL APP RETIREMENT	**	1,495,096
INVESCO	INVESCO BAL RISK COMMODO STR R5	**	45,630
PIMCO	PIMCO INCOME INSTL	**	283,335
Profunds Advisors	SCHWAB GOVERNMENT MONEY	**	13
Profunds Advisors	PROFUNDS OIL EQUIPMENT&SVCS ULTRASECTOR	**	13,700
Profunds Advisors	PROFUNDS BANKS ULTRASECTOR INV	**	9,221
Profunds Advisors	PROFUNDS BIOTECHNOLOGY ULTRASE	**	8,479
Profunds Advisors	CONSUMER STAPLES ULTRASECTOR P	**	-
Profunds Advisors	PROFUNDS CONSUMER DISCTNRY ULT	**	1,535
Profunds Advisors	PROFUNDS FINANCIALS ULTRASECTO	**	46,575
Profunds Advisors	PROFUNDS INDUSTRIAL ULTRA SECT	**	10,699
Profunds Advisors	PROFUNDS INTERNET ULTRASECTOR	**	53,236
Profunds Advisors	PROFUNDS REAL ESTATE ULTRASECT	**	17,201
Profunds Advisors	PROFUNDS SEMICONDUCTOR ULTRASE	**	75,267
Profunds Advisors	PROFUNDS TECHNOLOGY ULTRASECTO	**	43,868
Profunds Advisors	PROFUNDS ULTRACHINA INV	**	10,708
Profunds Advisors	PROFUNDS ULTRAEMERGING MARKETS	**	11,608
Profunds Advisors	PROFUNDS ULTRAJAPAN INV	**	8,579
Profunds Advisors	PROFUNDS ULTRALATIN AMERICA INV	**	5,908
Profunds Advisors	PROFUNDS ULTRA INTERNATIONAL I	**	14,788
Profunds Advisors	PROFUNDS ULTRAMID CAP INV	**	13,583
Profunds Advisors	PROFUNDS ULTRASECTOR HEALTH CA	**	30,761
Profunds Advisors	PROFUNDS ULTRASECTOR ENERGY IN	**	26,542
Profunds Advisors	RYDEX EMERGING MARKETS 2X STRA	**	13,989
Profunds Advisors	RYDEX MONTHLY RBL NASDAQ-100 2	**	11,898
Profunds Advisors	RYDEX NASDAQ-100 2X STRATEGY H	**	23,073
Profunds Advisors	RYDEX RUSSELL 2000 2X STRATEGY	**	5,981
* VALIC	AGGRESSIVE GROWTH LIFESTYLE	**	4,237
* VALIC	AMER BEA MAN LRG CP GR INV CL	**	74,121
* VALIC	ASSET ALLOCATION FUND	**	1,256
* VALIC	CORE BOND FUND	**	195,738
* VALIC	DIVIDEND VALUE	**	256,275
* VALIC	EMERGING ECONOMIES	**	132,255
* VALIC	GLOBAL REAL ESTATE FUND	**	75,467
* VALIC	GLOBAL STRATEGY	**	505,535
* VALIC	GOVERNMENT SECURITIES FUND	**	31,646
* VALIC	GS VIT GOV MONEY MKT FD INST	**	1,614
* VALIC	HIGH YIELD BOND FUND	**	63,784
* VALIC	INFLATION PROTECTED FUND	**	118,921
* VALIC	INTERNATIONAL GOVERNMENT BOND	**	2,271
* VALIC	INTERNATIONAL GROWTH FUND	**	5,938
* VALIC	INTERNATIONAL VALUE FUND	**	116,102
* VALIC	INTERNATL EQUITIES INDEX FUND	**	205,405
* VALIC	INTL OPPORTUNITIES	**	79,700
* VALIC	INTL SOCIALLY RESPONSIBLE FUND	**	44,640
* VALIC	LARGE CAPITAL GROWTH	**	563,091
* VALIC	MID CAP INDEX FUND	**	503,179
* VALIC	MID CAP STRATEGIC GWTH	**	836,609
* VALIC	MID CAP VALUE FUND	**	479,858
* VALIC	MODERATE GROWTH LIFESTYLE	**	124,372

Northeast Valley Health Corporation 403(b) Plan
Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year) (Continued)
E.I.N. 23-7120632; Plan No. 001
December 31, 2024

(a) Issuer, borrower, lessor or similar party	(b) Description of investment	(c) Cost	(d) Current Value
	<u>Mutual Funds</u>		
* VALIC	NASDAQ-100(R) INDEX FUND	**	\$ 373,774
* VALIC	SCIENCE & TECHNOLOGY FUND	**	593,493
* VALIC	SMALL CAP GROWTH FUND	**	38,606
* VALIC	SMALL CAP INDEX FUND	**	295,916
* VALIC	SMALL CAP SPECIAL VALUE FUND	**	7,525
* VALIC	SMALL CAP VALUE FUND	**	18,177
* VALIC	STOCK INDEX FUND	**	901,539
* VALIC	SYSTEMATIC CORE FUND	**	144,565
* VALIC	SYSTEMATIC GROWTH FUND	**	139,287
* VALIC	SYSTEMATIC VALUE	**	8,450
* VALIC	T ROWE PRICE RETIRMNT 2050 ADV	**	3,525
* VALIC	T ROWE PRICE RETIRMNT 2055 ADV	**	57,928
* VALIC	US SOCIALLY RESPONSIBLE FUND	**	140,283
* VALIC	VC I CAPITAL APPRECIATION	**	94,701
VANGUARD	VANGUARD 500 IDX ADM	**	5,560,202
VANGUARD	VANGUARD INF PRO SEC ADML	**	16,103
VANGUARD	VANGUARD PRIME MMKT ADMIRAL	**	4,265
VANGUARD	VANGUARD LONG-TERM TREASURY	**	277
VANGUARD	VANGUARD LT INV-GRADE FUND	**	2,214
VANGUARD	VANGUARD TARGET RETIRE 2065	**	1,396,691
VANGUARD	VANGUARD TGT RTMT 2020	**	2,739,371
VANGUARD	VANGUARD TGT RTMT 2025	**	4,814,054
VANGUARD	VANGUARD TGT RTMT 2030	**	8,311,713
VANGUARD	VANGUARD TGT RTMT 2035	**	12,601,168
VANGUARD	VANGUARD TGT RTMT 2040	**	9,607,861
VANGUARD	VANGUARD TGT RTMT 2045	**	7,235,245
VANGUARD	VANGUARD TGT RTMT 2050	**	7,968,459
VANGUARD	VANGUARD TGT RTMT 2055	**	5,210,242
VANGUARD	VANGUARD TGT RTMT 2060	**	3,444,168
VANGUARD	VANGUARD TGT RTMT INC	**	1,425,580
VANGUARD	VANGUARD TL BD MK IDX ADM	**	122,190
VANGUARD	VANGUARD WELLINGTON FUND INC	**	139,994
VANGUARD	VANGUARD WINDSOR II	**	1,486,700
VANGUARD	VAN MID CAP INDEX ADM	**	1,370,722
			85,603,566
	<u>Guaranteed Fixed Annuity</u>		
* VALIC	FIXED ACCOUNT PLUS FUND	**	5,517,121
* VALIC	FIXED INTEREST OPTION	**	1,948,606
* VALIC	SHORT TERM FIXED ACCOUNT	**	1,454,940
* VALIC	ANNUITY FORFEITURES	**	502
			8,921,169
	<u>Participant loans</u>		
* Participants	Interest rates ranging from 4.25% to 9.5% maturing through 2037		982,963
			\$ 95,507,698

* Represents a party-in-interest as defined by ERISA

** Disclosure of this information is not required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA when the account is participant directed.



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Plan Name	Northeast Valley Health Corporation 403(b) Plan
Plan Sponsor EIN	23-7120632
ERISA Plan #	001
Plan Year Ending	December 31, 2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	