

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [X] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: NORTHWEST COMMUNITY HOSPITAL EMPLOYEES RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 11/01/1965
2a Plan sponsor's name (employer, if for a single-employer plan): NORTHWEST COMMUNITY HOSPITAL
2b Employer Identification Number (EIN): 36-2340313
2c Plan Sponsor's telephone number: 847-570-5365
2d Business code (see instructions): 622000

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Douglas Welday (plan administrator), Dianna Sparacino (employer/plan sponsor), and a blank row for 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	1180
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)	557
	6a(2)	0
	6b	0
	6c	0
	6d	0
	6e	0
	6f	0
	6g(1)	
	6g(2)	
h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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 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 type="checkbox"/> A (Insurance Information) – Number Attached _____	
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____		(4) <input checked="" type="checkbox"/> C (Service Provider Information)	
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)		(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)	
		(6) <input type="checkbox"/> G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE 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.
--	--	---

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

A Name of plan NORTHWEST COMMUNITY HOSPITAL EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHWEST COMMUNITY HOSPITAL	D Employer Identification Number (EIN) 36-2340313	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MERCER

13-2834414

(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?
11 50	NONE	249238	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEYFARTH SHAW LLP

36-2152202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	204615	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

REAMS ASSET MANAGEMENT

43-1925734

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	142879	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

USI CONSULTING GROUP

06-1053228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	68638	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NORTHERN TRUST COMPANY

36-1561860

(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?
21 50	NONE	54496	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FIDUCIENT ADVISORS

36-4001764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	9750	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

A Name of plan <u>NORTHWEST COMMUNITY HOSPITAL EMPLOYEES RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NORTHWEST COMMUNITY HOSPITAL</u>	D Employer Identification Number (EIN) <u>36-2340313</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>NT COLLECTIVE SHORT TERM INVT FD</u>	
b Name of sponsor of entity listed in (a):	<u>THE NORTHERN TRUST COMPANY</u>	
c EIN-PN <u>36-6036794-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan NORTHWEST COMMUNITY HOSPITAL EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHWEST COMMUNITY HOSPITAL	D Employer Identification Number (EIN) 36-2340313

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	558121	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6155000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1300749	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	55616144	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	5343885	0
(B) All other	1c(3)(B)	38923639	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	3080492	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	3166170	

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	114144200	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	168449	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	168449	
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	113975751	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	0	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	13902	
(B) U.S. Government securities.....	2b(1)(B)	359216	
(C) Corporate debt instruments.....	2b(1)(C)	1324172	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	61259	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1758549
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	241592700	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	244574330	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-2981630
(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)		259269
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-963812

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	64852634	
(2) To insurance carriers for the provision of benefits	2e(2)	44960000	
(3) Other	2e(3)	1009925	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		110822559
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	54350	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	20000	
(5) Investment advisory and investment management fees	2i(5)	142879	
(6) Bank or trust company trustee/custodial fees	2i(6)	54496	
(7) Actuarial fees	2i(7)	317876	
(8) Legal fees	2i(8)	204615	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1395164	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2189380
j Total expenses. Add all expense amounts in column (b) and enter total	2j		113011939

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-113975751
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: MITCHELL & TITUS, LLP

(2) EIN: 13-2781641

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 1009925.

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 547917.

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.
--	---	---

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

A Name of plan <u>NORTHWEST COMMUNITY HOSPITAL EMPLOYEES RETIREMENT 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>NORTHWEST COMMUNITY HOSPITAL</u>	D Employer Identification Number (EIN) <u>36-2340313</u>	

Part I	Distributions
---------------	----------------------

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

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

1	
---	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 36-1561860

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	718
---	-----

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 ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

NORTHWEST COMMUNITY HOSPITAL EMPLOYEES' RETIREMENT PLAN

**Financial Statements and Supplemental Information
For the Years Ended December 31, 2024 and 2023
With Independent Auditor's Report**



MITCHELL TITUS
ACHIEVING EXCELLENCE TOGETHER

**NORTHWEST COMMUNITY HOSPITAL
EMPLOYEES' RETIREMENT PLAN**
Financial Statements and Supplemental Information
Years Ended December 31, 2024 and 2023

TABLE OF CONTENTS

	<u>Page(s)</u>
INDEPENDENT AUDITOR'S REPORT	1–4
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits As of December 31, 2024 and 2023	5
Statements of Changes in Net Assets in Liquidation For the Years Ended December 31, 2024 and 2023	6
Notes to Financial Statements	7–18
SUPPLEMENTAL INFORMATION	
Schedule H, Line 4(i)—Schedule of Assets (Acquired and Disposed of Within Year) For the Year Ended December 31, 2024 (in Liquidation)	19–22
Schedule H, Line 4(j)—Schedule of Reportable Transactions For the Year Ended December 31, 2024 (in Liquidation)	23–32



INDEPENDENT AUDITOR'S REPORT

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

We have performed audits of the financial statements of the Northwest Community Hospital Employees' Retirement 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 in liquidation for the years ended December 31, 2024 and 2023, and the related notes to the financial statements.

Management, having determined it permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained 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 6 to the financial statements, is complete and accurate.

Opinion

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

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

141 West Jackson Blvd.
Chicago, IL 60604
T: +1 312 332 4964
F: +1 312 332 0181

mitchelltitus.com



Basis for Opinion

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

Emphasis of Matter – Plan Termination and Liquidation Basis of Accounting

As further discussed in Note 8 to the financial statements, the Compensation Committee of the Board of Directors of Endeavor Health (formerly known as NS-EE Holdings) authorized the Chief People Officer (CPO) of Endeavor Health to select the termination date of the Plan. Effective March 17, 2023, the CPO approved the effective termination date of the Plan of June 30, 2023. Management determined liquidation is imminent. As a result, the Plan changed its basis of accounting from the ongoing plan basis to the liquidation basis. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists.



The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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



Other Matter – Supplemental Schedules Required by ERISA

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

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Mitchell Titus, LLP

September 23, 2025

**NORTHWEST COMMUNITY HOSPITAL
EMPLOYEES' RETIREMENT PLAN**
Statements of Net Assets in Liquidation
As of December 31, 2024 and 2023
(Dollars in Thousands)

	<u>2024</u>	<u>2023</u>
ASSETS		
Cash and cash equivalents	\$ -	\$ 558
<i>Investments, at fair value</i>		
Interest-bearing cash	-	3,080
U.S. Government securities	-	55,616
Corporate debt instruments	-	44,268
Other	-	3,166
	<u>-</u>	<u>106,130</u>
<i>Receivables</i>		
Employer's contribution	-	6,155
Accrued interest receivable	-	1,301
	<u>-</u>	<u>7,456</u>
Total assets	<u>-</u>	<u>114,144</u>
LIABILITIES		
Accrued administrative expenses	-	168
Total liabilities	<u>-</u>	<u>168</u>
Net assets available for benefits	<u>\$ -</u>	<u>\$ 113,976</u>

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

**NORTHWEST COMMUNITY HOSPITAL
EMPLOYEES' RETIREMENT PLAN**

Statements of Changes in Net Assets in Liquidation
For the Years Ended December 31, 2024 and 2023
(Dollars in Thousands)

	<u>2024</u>	<u>2023</u>
<i>Additions to net assets attributed to</i>		
<i>Investment (loss) Income</i>		
Net depreciation in fair value of investments	\$ (2,722)	\$ (1,556)
Interest and dividends	1,759	4,127
Net investment (loss) income	(963)	2,571
Employer contributions	-	6,155
Total additions	<u>(963)</u>	<u>8,726</u>
<i>Deductions from net assets attributed to</i>		
Benefits paid to participants	64,853	11,175
Purchase of annuity contract (Note 8)	44,960	-
Administrative expenses	2,190	990
Total deductions	<u>112,003</u>	<u>12,165</u>
Net decrease	(112,966)	(3,439)
Annuity purchase overpayments (Note 8)	(1,010)	-
Net assets available for benefits, beginning of year	<u>113,976</u>	<u>117,415</u>
Net assets available for benefits, end of year	<u>\$ -</u>	<u>\$ 113,976</u>

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

**NORTHWEST COMMUNITY HOSPITAL
EMPLOYEES' RETIREMENT PLAN**

Notes to Financial Statements

For the Years Ended December 31, 2024 and 2023

(Dollars in Thousands)

NOTE 1 DESCRIPTION OF THE PLAN

The following description of the Northwest Community Hospital Employees' Retirement Plan (the Plan) provides only general information. Interested parties should refer to the Plan document for a more complete description of the Plan's provisions. More detailed information, including the vesting and benefit provisions and the Pension Benefit Guaranty Corporation (PBGC) guarantee, is contained in the Plan document and summary Plan description.

General

The Plan was a defined benefit plan, covering eligible employees of Northwest Community Hospital (the Hospital). Endeavor Health (formally known as NS-EE Holdings (Holdings) is the parent company of the Hospital. Employees were eligible to participate upon completion of one year of service (at least 1,000 hours) during the first 12 months of employment or any subsequent calendar year, beginning with the calendar year that included the employee's first anniversary date of employment prior to the Plan being frozen as discussed below. Cardiovascular house physicians, ob-gyn house physicians, clinical pastoral educator residents, and employees hired after December 31, 2004, who would otherwise meet the eligibility requirements, were excluded from the Plan. The Plan provided retirement and death benefits. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

As of January 1, 2005, future benefit accruals under the Plan were frozen for all participants who elected to participate in the Hospital's defined contribution plan in connection with the YourChoice Program. All other participants elected to remain as active participants in the Plan. Only employees hired prior to January 1, 2005, and completing 1,000 hours of service as described above could have become eligible to participate in the Plan through December 31, 2009.

As of December 31, 2009, all future benefit accruals under the Plan, including covered compensation, credited service, final average compensation, final average earnings, and hours of service, were frozen for all participants, except for accruing service and hours of service for vesting purposes only.

Pension Benefits

The amount of benefit to which a YourChoice Program participant was entitled under the Plan was frozen as of December 31, 2004, and was determined based on the participant's compensation and credited service at the earlier of the participant's termination date or December 31, 2004.

**NORTHWEST COMMUNITY HOSPITAL
EMPLOYEES' RETIREMENT PLAN**

Notes to Financial Statements

For the Years Ended December 31, 2024 and 2023

(Dollars in Thousands)

NOTE 1 DESCRIPTION OF THE PLAN *(continued)*

Pension Benefits *(continued)*

For all other participants, the amount of benefit to which a participant was entitled under the Plan was frozen as of December 31, 2009, and was determined based on the participant's compensation and credited service at the earlier of the participant's termination date or December 31, 2009.

The amount of benefit received also depended upon whether payments were made for the participant's lifetime only or are to continue to be paid to others upon the participant's death (survivor benefits).

A participant retiring on his/her normal retirement date would receive a pension benefit amount each month equal to one-twelfth of 2.4% of his/her final average earnings multiplied by his/her years of credited service (maximum 25 years) less 0.75% of his/her final average compensation not exceeding covered compensation multiplied by his/her years of credited service (maximum 25 years). For participants whose Social Security retirement age was 66, 0.75% was replaced with 0.70%. For participants whose Social Security retirement age was 67, 0.75% was replaced with 0.65%. Participants could have also elected to receive a lump-sum payment, which amounted to the equivalent of receiving the monthly pension benefit, noted above, for the participant's lifetime only. Notwithstanding the foregoing, participants were not entitled to earn any additional credited service after December 31, 2004, or December 31, 2009, as applicable. In addition, participants were not credited with any additional compensation for purposes of calculating their final average earnings and final average compensation after December 31, 2004, or December 31, 2009, as applicable.

Generally, the Plan permitted vested participants to commence payment upon attaining early retirement age (the date the participant attained age 55 and completed at least five years of service). Additionally, the Plan allowed vested participants to commence payment following termination of employment, regardless of age. A participant who elected to receive pension benefits at an early retirement date was entitled to the benefits computed in the same manner as a pension at normal retirement age; however, the benefits were reduced by a percentage based upon the early retirement date.

A participant who terminated employment due to disability was entitled to a benefit payment equal to his/her pension benefit, as determined above, beginning on his/her normal retirement date. The pension benefit would consider the participant's compensation prior to disability with the period of disability prior to the participant's normal retirement age counted as credited service to the Plan through December 31, 2004, or December 31, 2009, as applicable.

**NORTHWEST COMMUNITY HOSPITAL
EMPLOYEES' RETIREMENT PLAN**

Notes to Financial Statements

For the Years Ended December 31, 2024 and 2023

(Dollars in Thousands)

NOTE 1 DESCRIPTION OF THE PLAN *(continued)*

Pension Benefits *(continued)*

A death benefit would be payable to a spouse or designated beneficiary if the participant died before commencing payment of his/her benefit under the Plan. Notwithstanding the foregoing, no death benefit will be payable to a non-spouse beneficiary after June 3, 2024.

Vesting

Participants were fully vested in their pension benefits after completing five years of vesting service. A "year of vesting service" was generally a calendar year in which the participant completed at least 1,000 hours of service with the Hospital or any related entity. Although the Plan was frozen, participants continued to earn vesting service after December 31, 2004, and December 31, 2009, as applicable. Notwithstanding the foregoing, any participant affected by the Plan termination became fully vested in their pension benefit effective June 30, 2023.

Plan Amendment

Effective January 1, 2020, the Plan was amended to update some of the definitions. Significant provisions of the amended Plan document were consistent with those of the prior Plan document. The Plan was amended and restated effective June 30, 2023, in connection with the pension termination. Interested parties should refer to the Plan document for a more complete description of the Plan's provisions.

Administrative Expenses

Certain expenses incurred maintaining the Plan were paid directly by the Hospital and were excluded from these financial statements. There were no amounts due to the Hospital at December 31, 2024 and 2023. There were no amounts due from the Hospital at December 31, 2024 and 2023. As of December 31, 2024, \$0 of administrative expenses were payable to third parties. There were \$168 of administrative expenses payable to third parties as of December 31, 2023.

**NORTHWEST COMMUNITY HOSPITAL
EMPLOYEES' RETIREMENT PLAN**

Notes to Financial Statements

For the Years Ended December 31, 2024 and 2023

(Dollars in Thousands)

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Compensation Committee of the Board of Directors of Endeavor Health authorized the Chief People Officer (CPO) of Endeavor Health to select the termination date of the Plan. Effective March 17, 2023, the CPO approved the effective termination date of the Plan of June 30, 2023. As a result, the Plan's financial have been prepared on the liquidation basis, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). This basis of accounting is considered appropriate when, among other things, liquidation of an entity is probable and the net realizable value of assets are reasonably determinable. Under the liquidation basis of accounting, assets are stated at their estimated net realized cash value and liabilities are stated at their anticipated settlement amounts. The estimated net realizable cash value for investments would be fair value. There were no material changes to the financial statements as a result of the change under the liquidation basis of accounting.

Investment Valuation and Income Recognition

The Plan did not hold any investments at December 31, 2024. Investments held at December 31, 2023 were reported 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. The Board of Directors of Endeavor Health Holdings (and any committee or sub-committee thereto which had been delegated authority by the Board of Directors) determined the Plan's valuation policies utilizing information provided by the investment advisers.

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

Use of Estimates

In preparing the Plan's financial statements, management is required to make estimates and assumptions that affect the reported amounts of Plan net assets, the disclosure of contingent assets and liabilities at the date of the financial statements, the reported amounts of changes in net assets during the reporting period, and the actuarial present value of accumulated plan benefits as of the date of the financial statements. Actual results could differ from those estimates.

**NORTHWEST COMMUNITY HOSPITAL
EMPLOYEES' RETIREMENT PLAN**

Notes to Financial Statements

For the Years Ended December 31, 2024 and 2023

(Dollars in Thousands)

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

Use of Estimates *(continued)*

The Plan used an independent actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could have significantly changed the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Payment of Benefits

Benefits are recorded when paid.

Accounting for Uncertainty in Income Taxes

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 position that more-likely-than-not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress.

Cash and Cash Equivalents

For purposes of the financial statements, the Plan considers all highly liquid investments purchased with an original maturity of three months or less to be cash equivalents.

NOTE 3 FAIR VALUE MEASUREMENTS

Current accounting standards establish a framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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

**NORTHWEST COMMUNITY HOSPITAL
EMPLOYEES' RETIREMENT PLAN**

Notes to Financial Statements

For the Years Ended December 31, 2024 and 2023

(Dollars in Thousands)

NOTE 3 FAIR VALUE MEASUREMENTS *(continued)*

Level 2: Inputs to the valuation methodology include the following:

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

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

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

The asset'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.

The following are descriptions of the valuation methodologies used for the Plan's investments measured at fair value.

There have been no changes in the methodologies used at December 31, 2024 and 2023.

U.S. Government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Preferred and other corporate debt instruments: Corporate debt instruments are based on evaluated prices that reflect observable market information, such as actual trade information of similar securities, adjusted for observable differences. Certain private placement corporate debt instruments are priced using certain significant unobservable inputs.

**NORTHWEST COMMUNITY HOSPITAL
EMPLOYEES' RETIREMENT PLAN**

Notes to Financial Statements

For the Years Ended December 31, 2024 and 2023

(Dollars in Thousands)

NOTE 3 FAIR VALUE MEASUREMENTS (continued)

Other investments: include futures contracts, and foreign government fixed income securities. These investments are valued daily using evaluated prices that reflect observable market information, such as actual trade information of similar securities, adjusted for observable differences.

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

The Plan did not hold any financial assets as of December 31, 2024. The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2023. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	Plan Investments at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 3,080	\$ -	\$ -	\$ 3,080
U.S. Government securities	-	55,616	-	55,616
Corporate debt instruments	-	44,268	-	44,268
Other	-	3,166	-	3,166
Investments, at fair value	\$ 3,080	\$ 103,050	\$ -	\$ 106,130

NOTE 4 FUNDING POLICY

Contributions to provide benefits under the Plan were made solely by the Hospital. The Hospital's funding policy was to make cash contributions to the Plan in amounts determined by the Plan's independent actuary. The Hospital met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

**NORTHWEST COMMUNITY HOSPITAL
EMPLOYEES' RETIREMENT PLAN**

Notes to Financial Statements

For the Years Ended December 31, 2024 and 2023

(Dollars in Thousands)

NOTE 5 ACCUMULATED PLAN BENEFITS

Accumulated plan benefits were those future periodic payments, including lump-sum distributions, that were attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits included benefits expected to be paid to: (1) retired or terminated employees or their beneficiaries and (2) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits was determined by the Plan's most recent independent actuarial valuation (January 1, 2023) and was that amount that resulted from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

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

	2023
	(Liquidation)
<i>Vested benefits</i>	
Participants and/or beneficiaries currently receiving benefits	\$ 28,206
Terminated with deferred benefits	27,937
Active participants with vested benefits	51,053
Nonvested benefits	-
Total actuarial present value of accumulated plan benefits	\$ 107,196

The changes in the actuarial present value of the Plan's accumulated plan benefits for the period from January 1, 2023 through December 31, 2023 (were as follows:

	2023
Actuarial present value of accumulated plan benefits at January 1, 2023	\$ 113,900
<i>Increase (decrease) during the year attributable to</i>	
Benefits accumulated and actuarial experience	(5,432)
Interest	5,781
Benefits paid with interest	(11,532)
Assumption change	4,479
Actuarial present value of accumulated plan benefits at December 31, 2023	\$ 107,196

**NORTHWEST COMMUNITY HOSPITAL
EMPLOYEES' RETIREMENT PLAN**

Notes to Financial Statements

For the Years Ended December 31, 2024 and 2023

(Dollars in Thousands)

NOTE 5 ACCUMULATED PLAN BENEFITS (continued)

The changes in the actuarial present value of the Plan's accumulated plan benefits for the period from January 1, 2024 through December 31, 2024 (were as follows:

	<u>2024</u>
Actuarial present value of accumulated plan benefits at January 1, 2024	\$ 107,196
<i>Increase (decrease) during the year attributable to</i>	
Benefits accumulated and actuarial experience	(13,502)
Interest	2,726
Benefits paid with interest	(96,420)
Assumption change	-
Actuarial present value of accumulated plan benefits at December 31, 2024	\$ -

The Plan was terminated as of June 30, 2023. The significant actuarial assumptions used for the liquidation basis were as follows:

- The 2024 lump sums associated with the Plan termination were estimated using UP84 mortality and 3.00% interest (the most recent PBGC interest rate as of December 31, 2023).
- Lump-sum take rate:
 - 75% of actives and 65% of terminated vested choosing a lump sum.
- Insurer premium (applied to annuity benefits after estimated 2024 lump-sum elections):
 - 17% load to market liability for active and terminated vested.
 - 3% load to market liability for retirees.

NOTE 6 INFORMATION CERTIFIED BY NORTHERN TRUST COMPANY

The following is a summary of 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 supplemental information, that was prepared by or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following assets is complete and accurate.

**NORTHWEST COMMUNITY HOSPITAL
EMPLOYEES' RETIREMENT PLAN**

Notes to Financial Statements

For the Years Ended December 31, 2024 and 2023

(Dollars in Thousands)

NOTE 6 INFORMATION CERTIFIED BY NORTHERN TRUST COMPANY (continued)

Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental information related to the following assets:

	<u>2024</u>	<u>2023</u>
<i>Investments, at fair value</i>		
Interest-bearing cash	\$ -	\$ 3,080
U.S. Government securities	-	55,616
Corporate debt instruments	-	44,268
Other	-	3,166
	<u>\$ -</u>	<u>\$ 106,130</u>

The trustee also certified the completeness and accuracy of net depreciation in the fair value of investments of \$2,722 and \$1,556 for the years ended December 31, 2024 and 2023, respectively. Additionally, the trustee certified the completeness and accuracy of \$1,759 and \$4,127 of interest and dividends income related to the aforementioned assets for the years ended December 31, 2024 and 2023, respectively.

NOTE 7 INCOME TAX STATUS

In connection with the Plan termination, on May 15, 2023 the Plan administrator submitted an IRS determination letter application as it related to the Plan termination. The Plan obtained a determination letter dated November 7, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the Code). The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable provisions of the Code. On January 10, 2024, the Plan received a favorable determination letter relating to the Plan termination.

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 position that more-likely-than-not-would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that there were no uncertain tax positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**NORTHWEST COMMUNITY HOSPITAL
EMPLOYEES' RETIREMENT PLAN**

Notes to Financial Statements

For the Years Ended December 31, 2024 and 2023

(Dollars in Thousands)

NOTE 8 PLAN TERMINATION

Endeavor Health is the parent company of the Hospital. As referenced in Note 2, effective March 17, 2023, the CPO approved the effective termination date of the Plan of June 30, 2023. The Hospital commenced the termination process subject to the provisions set forth under Section 4041(b) of ERISA and Section 411(d)(3) of the Code. As such, the net assets of the Plan were allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries were receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of an annuity under the Plan. The priority amount was limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount was further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. Government agency, up to the applicable limitations (discussed below).
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

Benefits to be provided via contracts under which the trustee is obligated to pay the benefits were excluded for allocation purposes.

Certain benefits under the Plan were insured by the PBGC. Generally, the PBGC guaranteed most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC did not guarantee all types of benefits under the Plan, and the amount of benefit protection was subject to certain limitations. Vested benefits under the Plan were guaranteed at the level in effect on the date of the Plan's termination.

However, there was a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guaranteed.

Participants were notified that if they did not submit an election regarding their distribution, annuity contracts would be purchased by the Plan from an insurance company on behalf of the participant. During July 2024, an insurance company annuity contract totaling \$44,960 was purchased from Athene Annuity and Life Company to provide benefits to participants subsequent to termination.

**NORTHWEST COMMUNITY HOSPITAL
EMPLOYEES' RETIREMENT PLAN**

Notes to Financial Statements

For the Years Ended December 31, 2024 and 2023

(Dollars in Thousands)

NOTE 8 PLAN TERMINATION *(continued)*

The Plan's assets were sufficient to provide for the accumulated benefit obligations of the Plan, due to the plan termination and change to the liquidation basis of accounting, as noted previously. Plan assets in excess of the accumulated benefit obligation of \$1,010 were refunded back to the Hospital.

NOTE 9 RISKS AND UNCERTAINTIES

The Plan invested in various investment securities that were exposed to several risks, such as interest rate, market, and credit risks. Because of the level of risk associated with certain investment securities, it was at least reasonably possible that changes in the values of investment securities will occur in the near term. The changes could have materially affected investment account balances and the amounts reported in the statements of net assets in liquidation.

NOTE 10 PARTY-IN-INTEREST TRANSACTIONS

Plan investments were managed by Northern Trust Company, which was the trustee, as defined by the Plan. Therefore, these transactions qualified as party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each investment.

NOTE 11 SUBSEQUENT EVENTS

Plan management has evaluated subsequent events through September 23, 2025, the date that these financial statements were available to be issued.

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.)
- a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final return/report
- an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ►
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
- special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ►

Part II Basic Plan Information - enter all requested information

1a Name of plan NORTHWEST COMMUNITY HOSPITAL EMPLOYEES RETIREMENT PLAN	1b Three-digit plan number (PN) ► 001
	1c Effective date of plan 11/01/1965
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NORTHWEST COMMUNITY HOSPITAL 1301 CENTRAL STREET EVANSTON IL 60201-1613	2b Employer Identification Number (EIN) 36-2340313
	2c Plan Sponsor's telephone number 847-570-5365
	2d Business code (see instructions) 622000

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

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

SIGN HERE	<i>Douglas Welday</i>	9/23/2025	DOUGLAS WELDAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Dianna Sparacino</i>	9/25/2025	DIANNA SPARACINO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

**Form 5500 (2024)
v. 240311**

**SCHEDULE H, LINE 4(i)—
SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
FOR THE YEAR ENDED DECEMBER 31, 2024 (IN LIQUIDATION)
EIN: 36-2340313; PLAN #: 001**

◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
SBMG7M46	ASTRAZENECA FIN LLC 5.0% 02-26-2034	Acquisitions	2,000,000.00	-1,992,680.00	
		Dispositions	-2,000,000.00		1,995,280.00
SBPGKT01	BRISTOL MYERS SQUIBB CO 5.5% 02-22-2044	Acquisitions	2,000,000.00	-1,984,900.00	
		Dispositions	-2,000,000.00		2,032,620.00
SBSBGTM7	CUMMINS INC 5.15% 02-20-2034	Acquisitions	2,000,000.00	-1,993,360.00	
		Dispositions	-2,000,000.00		2,039,820.00
SBRC24W2	DTE ELEC CO 5.2% 03-01-2034	Acquisitions	2,000,000.00	-1,999,060.00	
		Dispositions	-2,000,000.00		2,025,580.00
SBSHRLF1	ELI LILLY AND COMPANY 5.0% 02-09-2054	Acquisitions	2,000,000.00	-1,988,620.00	
		Dispositions	-2,000,000.00		1,974,520.00
C999599GH0	FUT JUN 24 CBT UL T-BONDS	Free Delivery	-4.00		
		Free Receipt	4.00	-508,826.62	
C999599GH0	FUT JUN 24 CBT UL T-BONDS	Free Delivery	-4.00		
		Free Receipt	4.00	-508,826.62	
C999599GH0	FUT JUN 24 CBT UL T-NOTE	Free Delivery	-20.00		
		Free Receipt	20.00	-2,276,562.60	
C999599GH0	FUT JUN 24 CBT UL T-NOTE	Free Delivery	-20.00		
		Free Receipt	20.00	-2,276,562.60	
C999599GH0	FUT JUN 24 CBT 5Y T-NOTE	Free Delivery	-68.00		
		Free Receipt	68.00	-7,258,648.68	
C999599GH0	FUT JUN 24 CBT 5Y T-NOTE	Free Delivery	-68.00		
		Free Receipt	68.00	-7,258,648.68	
C999599GH0	FUT JUN 24 U.S. T-BONDS	Free Delivery	-92.00		
		Free Receipt	92.00	-10,916,191.87	
C999599GH0	FUT JUN 24 U.S. T-BONDS	Free Delivery	-92.00		

◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
C999599GH0	FUT JUN 24 US 2YR T-NOTE	Free Receipt	92.00	-10,916,191.87	
		Free Delivery	-97.00		
C999599GH0	FUT JUN 24 US 2YR T-NOTE	Free Receipt	97.00	-19,847,109.38	
		Free Delivery	-97.00		
C999599GH0	FUT JUN 24 10 YR T-NOTES	Free Receipt	97.00	-19,847,109.38	
		Free Delivery	-68.00		
C999599GH0	FUT JUN 24 10 YR T-NOTES	Free Receipt	68.00	-7,492,228.44	
		Free Delivery	-68.00		
C999599GH0	FUT MAR 24 CBT UL T-BONDS	Free Receipt	68.00	-7,492,228.44	
		Free Delivery	-23.00		
C999599GH0	FUT MAR 24 CBT UL T-BONDS	Free Receipt	9.00	-1,139,062.50	
		Free Delivery	-9.00		
C999599GH0	FUT MAR 24 CBT UL T-NOTE	Free Receipt	23.00	-2,840,548.00	
		Free Delivery	-20.00		
C999599GH0	FUT MAR 24 CBT UL T-NOTE	Free Receipt	20.00	-2,279,375.00	
		Free Delivery	-20.00		
C999599GH0	FUT MAR 24 U.S. T-BONDS	Free Receipt	20.00	-2,279,375.00	
		Free Delivery	-83.00		
C999599GH0	FUT MAR 24 U.S. T-BONDS	Free Receipt	30.00	-3,550,312.50	
		Free Delivery	-30.00		
C999599GH0	FUT MAR 24 US 2YR T-NOTE	Free Receipt	83.00	-9,691,581.07	
		Free Delivery	-97.00		
C999599GH0	FUT MAR 24 US 2YR T-NOTE	Free Receipt	27.00	-5,542,804.68	
		Free Delivery	-27.00		
C999599GH0	FUT SEP 24 U.S. T-BONDS	Free Receipt	97.00	-19,812,859.99	

◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
		Free Delivery	-96.00		
		Free Receipt	96.00	-11,148,671.88	
C999599GH0	FUT SEP 24 U.S. T-BONDS				
		Free Delivery	-96.00		
		Free Receipt	96.00	-11,148,671.88	
C999599GH0	FUT SEP 24 US 2YR T-NOTE				
		Free Delivery	-47.00		
		Free Receipt	47.00	-9,564,500.00	
C999599GH0	FUT SEP 24 US 2YR T-NOTE				
		Free Delivery	-47.00		
		Free Receipt	47.00	-9,564,500.00	
SBQC5S77	HONEYWELL INTERNATIONAL INC 5.0% 03-01-2035				
		Acquisitions	3,000,000.00	-2,988,720.00	
		Dispositions	-3,000,000.00		2,999,130.00
SBQBCWS8	HONEYWELL INTERNATIONAL INC 5.25% 03-01-2054				
		Acquisitions	500,000.00	-498,875.00	
		Dispositions	-500,000.00		498,855.00
SBNRPM13	MIDAMERICAN ENERGY CO 5.3% 02-01-2055				
		Acquisitions	2,500,000.00	-2,489,400.00	
		Dispositions	-2,500,000.00		2,451,375.00
SBNRPV72	NATIONAL RURAL UTILS COOP 4.85% 02-07-2029				
		Acquisitions	2,000,000.00	-1,999,380.00	
		Dispositions	-2,000,000.00		2,011,820.00
SBPG5N93	PHILIP MORRIS INTL INC 5.25% 02-13-2034				
		Acquisitions	2,000,000.00	-1,956,220.00	
		Dispositions	-2,000,000.00		2,002,000.00
SBQWNJ89	PROCTER & GAMBLE CO 4.55% 01-29-2034				
		Acquisitions	2,500,000.00	-2,500,000.00	
		Dispositions	-2,500,000.00		2,474,275.00
SBR1WPT7	PVTPL ERAC USA FINANCE LLC 5.2% 10-30-2034				
		Acquisitions	2,050,000.00	-2,048,175.50	
		Dispositions	-2,050,000.00		2,033,579.50
SBRXJD81	PVTPL NEW YORK LIFE GLOBAL FDG 5.0% 01-09-2034				
		Acquisitions	500,000.00	-499,960.00	
		Dispositions	-500,000.00		499,435.00
SBPSQRF8	TEXAS INSTRS INC 5.15% 02-08-2054				
		Acquisitions	2,000,000.00	-1,984,000.00	
		Dispositions	-2,000,000.00		1,990,000.00

◆ **Schedule of Acquisitions & Dispositions**

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
C89788MAS1	TRUIST FINL CORP 5.711%	01-24-2035			
		Acquisitions	2,000,000.00	-2,000,000.00	
		Dispositions	-2,000,000.00		2,003,100.00
SBLFB8Z5	WASTE CONNECTIONS INC 5.0%	03-01-2034			
		Acquisitions	2,000,000.00	-1,976,700.00	
		Dispositions	-2,000,000.00		1,974,020.00

**SCHEDULE H, LINE 4(j)—
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024 (IN LIQUIDATION)
EIN: 36-2340313; PLAN #: 001**

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
U.S. Government Securities									
United States - USD									
UNITED STATES OF AMER TREAS NOTES 3.875% 08-15-2033 SEDOL: BRT3QG6	-21,575,000.000	8 Jan 24		99.2140		0.00	20,663,569.60	21,405,602.54	742,032.94
UNITED STATES OF AMER TREAS NOTES 4.0% 0 2-15-2034 SEDOL: BS2G1B9	12,355,000.000	12 Feb 24	98.6320			0.00	12,186,083.98	12,186,083.98	0.00
UNITED STATES OF AMER TREAS NOTES 4.5% DUE 11-15-2033 SEDOL: BRBS4K9	20,515,000.000	8 Jan 24	104.2570			0.00	21,388,490.23	21,388,490.23	0.00
UNITED STATES OF AMER TREAS NOTES 4.5% DUE 11-15-2033 SEDOL: BRBS4K9	-12,325,000.000	12 Feb 24		102.5270		0.00	12,849,775.38	12,636,495.12	-213,280.26
UNITED STATES TREAS BDS DTD 02/15/2023 3.875% 02-15-2043 SEDOL: BMXHQM5	-13,000,000.000	11 Mar 24		93.2890		0.00	11,672,145.12	12,127,578.13	455,433.01
UNITED STATES TREAS NTS DTD 06/15/2021 .25% 06-15-2024 SEDOL: BPOWLL8	12,000,000.000	11 Mar 24	98.6870			0.00	11,842,500.00	11,842,500.00	0.00
UNITED STATES TREAS NTS DTD 06/15/2021 .25% 06-15-2024 SEDOL: BPOWLL8	6,250,000.000	18 Mar 24	98.8040			0.00	6,175,292.97	6,175,292.97	0.00
UNITED STATES TREAS NTS DTD 06/15/2021 .25% 06-15-2024 SEDOL: BPOWLL8	5,900,000.000	25 Mar 24	98.9020			0.00	5,835,238.28	5,835,238.28	0.00
UNITED STATES TREAS NTS DTD 06/15/2021 .25% 06-15-2024 SEDOL: BPOWLL8	6,750,000.000	25 Mar 24	98.8860			0.00	6,674,853.52	6,674,853.52	0.00
UNITED STATES TREAS NTS DTD 06/15/2021 .25% 06-15-2024 SEDOL: BPOWLL8	8,000,000.000	26 Mar 24	98.9210			0.00	7,913,750.00	7,913,750.00	0.00
UNITED STATES TREAS NTS DTD 06/15/2021 .25% 06-15-2024 SEDOL: BPOWLL8	-40,000,000.000	28 May 24		99.7340		0.00	39,535,927.73	39,893,750.00	357,822.27
UNITED STATES TREAS NTS DTD 06/15/2021 .25% 06-15-2024 SEDOL: BPOWLL8	-11,155,000.000	11 Jun 24		99.9410		0.00	11,025,581.85	11,148,463.87	122,882.02

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 107,989,200.11

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
United States - USD									
NT COLLECTIVE SHORT TERM INVNT FD CUSIP: 66586U452	12,804,681.090	13 Feb 24	1.0000			0.00	12,804,681.09	12,804,681.09	0.00
NT COLLECTIVE SHORT TERM INVNT FD CUSIP: 66586U452	39,861,917.690	29 May 24	1.0000			0.00	39,861,917.69	39,861,917.69	0.00
NT COLLECTIVE SHORT TERM INVNT FD CUSIP: 66586U452	41,773,743.500	31 May 24	1.0000			0.00	41,773,743.50	41,773,743.50	0.00
NT COLLECTIVE SHORT TERM INVNT FD CUSIP: 66586U452	11,248,991.530	12 Jun 24	1.0000			0.00	11,248,991.53	11,248,991.53	0.00
NT COLLECTIVE SHORT TERM INVNT FD CUSIP: 66586U452	16,165,770.090	26 Jun 24	1.0000			0.00	16,165,770.09	16,165,770.09	0.00
NT COLLECTIVE SHORT TERM INVNT FD CUSIP: 66586U452	32,048,346.040	18 Jul 24	1.0000			0.00	32,048,346.04	32,048,346.04	0.00
NT COLLECTIVE SHORT TERM INVNT FD CUSIP: 66586U452	5,569,933.190	19 Jul 24	1.0000			0.00	5,569,933.19	5,569,933.19	0.00
NT COLLECTIVE SHORT TERM INVNT FD CUSIP: 66586U452	38,235,634.250	22 Jul 24	1.0000			0.00	38,235,634.25	38,235,634.25	0.00
NT COLLECTIVE SHORT TERM INVNT FD CUSIP: 66586U452	-11,540,767.460	15 Feb 24		1.0000		0.00	11,540,767.46	11,540,767.46	0.00
NT COLLECTIVE SHORT TERM INVNT FD CUSIP: 66586U452	-6,744,508.770	26 Mar 24		1.0000		0.00	6,744,508.77	6,744,508.77	0.00
NT COLLECTIVE SHORT TERM INVNT FD CUSIP: 66586U452	-41,697,256.120	31 May 24		1.0000		0.00	41,697,256.12	41,697,256.12	0.00
NT COLLECTIVE SHORT TERM INVNT FD CUSIP: 66586U452	-41,906,569.240	3 Jun 24		1.0000		0.00	41,906,569.24	41,906,569.24	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 107,989,200.11

◆ **5% Report - Part A**

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	-16,150,770.090	26 Jun 24		1.0000		0.00	16,150,770.09	16,150,770.09	0.00
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	-16,185,822.100	28 Jun 24		1.0000		0.00	16,185,822.10	16,185,822.10	0.00
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	-38,420,282.450	22 Jul 24		1.0000		0.00	38,420,282.45	38,420,282.45	0.00
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	-38,805,000.000	23 Jul 24		1.0000		0.00	38,805,000.00	38,805,000.00	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 107,989,200.11

◆ 5% Report - Part B

Series of Non-Security Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
---------------------------------	------------------	------	-------------------	-------------------	--------------	-------------------	------	-----------------------------------	---------------

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 107,989,200.11

◆ 5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID		Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
			Acquisition Price	Disposition Price				
HONEYWELL INTERNATIONAL INC 5.0% 03-01-2035 SEDOL: BQC5S77	Total acquisitions	1	2,988,720.00			0.00	2,988,720.00	2,988,720.00
	Total dispositions	1		2,999,130.00		0.00	2,988,720.00	2,999,130.00
NON-INTEREST BEARING DEPOSIT CUSIP: 125993139	Total acquisitions	4	2,731,960.69			0.00	2,731,960.69	2,731,960.69
	Total dispositions	4		2,731,960.69		0.00	2,731,960.69	2,731,960.69
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	Total acquisitions	116	237,473,435.24			0.00	237,473,435.24	237,473,435.24
	Total dispositions	135		240,553,927.28		0.00	240,553,927.28	240,553,927.28
UNITED STATES OF AMER TREAS BONDS DTD 4.125% 08-15-2053 SEDOL: BRT3QH7	Total acquisitions	2	8,090,316.80			0.00	8,090,316.80	8,090,316.80
	Total dispositions	6		7,828,187.32		0.00	8,090,316.80	7,828,187.32
UNITED STATES OF AMER TREAS BONDS 3.625% 05-15-2053 SEDOL: BQYLTM5	Total dispositions	2		7,908,395.32		0.00	7,516,265.77	7,908,395.32
UNITED STATES OF AMER TREAS BONDS 4.25% 02-15-2054 SEDOL: BS2G1C0	Total acquisitions	5	4,392,887.50			0.00	4,392,887.50	4,392,887.50
	Total dispositions	1		4,401,778.52		0.00	4,392,887.50	4,401,778.52
UNITED STATES OF AMER TREAS NOTES 4.0% 0 2-15-2034 SEDOL: BS2G1B9	Total acquisitions	1	12,186,083.98			0.00	12,186,083.98	12,186,083.98
	Total dispositions	6		12,083,596.87		0.00	12,186,083.98	12,083,596.87
UNITED STATES OF AMER TREAS NOTES 4.375% 05-15-2034 SEDOL: BQSB5K1	Total acquisitions	25	6,852,855.50			0.00	6,852,855.50	6,852,855.50
	Total dispositions	2		6,859,303.91		0.00	6,852,855.50	6,859,303.91
UNITED STATES OF AMER TREAS NOTES 4.5% DUE 11-15-2033 SEDOL: BRBS4K9	Total acquisitions	1	21,388,490.23			0.00	21,388,490.23	21,388,490.23
	Total dispositions	5		21,050,316.22		0.00	21,388,490.23	21,050,316.22
UNITED STATES TREAS BDS DTD 02/15/2023 3.875% 02-15-2043 SEDOL: BMXHQM5	Total dispositions	4		20,726,705.09		0.00	20,112,003.91	20,726,705.09

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 107,989,200.11

◆ 5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
		Acquisition Price	Disposition Price				
UNITED STATES TREAS NTS DTD 06/15/2021 .25% 06-15-2024 SEDOL: BPOWLL8	Total acquisitions	9	50,561,509.58		0.00	50,561,509.58	50,561,509.58
	Total dispositions	2		51,042,213.87	0.00	50,561,509.58	51,042,213.87
UNITED STATES TREAS NTS 4.25% 06-30-2029 SEDOL: BRT7668	Total acquisitions	16	3,368,756.85		0.00	3,368,756.85	3,368,756.85
	Total dispositions	1		3,370,348.83	0.00	3,368,756.85	3,370,348.83

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 107,989,200.11

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
BANK OF AMERICA MERRILL LYNCH-BAML									
U.S. Government Securities									
United States - USD									
UNITED STATES OF AMER TREAS BONDS DTD 4.125% 08-15-2053 SEDOL: BRT3QH7	4,620,000.000	08 Jan 24	99.1328			0.00	4,579,935.94	4,579,935.94	0.00
UNITED STATES OF AMER TREAS BONDS DTD 4.125% 08-15-2053 SEDOL: BRT3QH7	3,545,000.000	08 Jan 24	99.0234			0.00	3,510,380.86	3,510,380.86	0.00
UNITED STATES OF AMER TREAS BONDS DTD 4.125% 08-15-2053 SEDOL: BRT3QH7	-890,000.000	14 Feb 24		94.0039		0.00	881,859.40	836,634.77	-45,224.63
UNITED STATES OF AMER TREAS BONDS DTD 4.125% 08-15-2053 SEDOL: BRT3QH7	-585,000.000	14 Feb 24		94.0039		0.00	579,649.15	549,922.85	-29,726.30
UNITED STATES OF AMER TREAS BONDS 3.625% 05-15-2053 SEDOL: BQYLTM5	-4,940,000.000	08 Jan 24		90.6328		0.00	4,253,190.48	4,477,260.94	224,070.46
UNITED STATES OF AMER TREAS BONDS 3.625% 05-15-2053 SEDOL: BQYLTM5	-3,790,000.000	08 Jan 24		90.5313		0.00	3,263,075.29	3,431,134.38	168,059.09
UNITED STATES OF AMER TREAS NOTES 3.875% 08-15-2033 SEDOL: BRT3QG6	-21,575,000.000	* 08 Jan 24		99.2148		0.00	20,663,569.60	21,405,602.54	742,032.94
UNITED STATES OF AMER TREAS NOTES 4.0% 0 2-15-2034 SEDOL: BS2G1B9	-1,940,000.000	14 Feb 24		97.8750		0.00	1,913,476.56	1,898,775.00	-14,701.56
UNITED STATES OF AMER TREAS NOTES 4.0% 0 2-15-2034 SEDOL: BS2G1B9	-3,180,000.000	26 Feb 24		97.6250		0.00	3,136,523.44	3,104,475.00	-32,048.44
UNITED STATES OF AMER TREAS NOTES 4.375% 05-15-2034 SEDOL: BQSB5K1	20,000.000	17 Jul 24	101.6094			0.00	20,321.88	20,321.88	0.00
UNITED STATES OF AMER TREAS NOTES 4.375% 05-15-2034 SEDOL: BQSB5K1	50,000.000	17 Jul 24	101.6094			0.00	50,804.69	50,804.69	0.00
UNITED STATES OF AMER TREAS NOTES 4.375% 05-15-2034 SEDOL: BQSB5K1	50,000.000	17 Jul 24	101.6094			0.00	50,804.69	50,804.69	0.00
UNITED STATES OF AMER TREAS NOTES 4.375% 07-15-2027 SEDOL: BT5FJ16	105,000.000	17 Jul 24	100.4063			0.00	105,426.56	105,426.56	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 107,989,200.11

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
<i>BANK OF AMERICA MERRILL LYNCH-BAML</i>									
UNITED STATES OF AMER TREAS NOTES 4.5% DUE 11-15-2033 SEDOL: BRBS4K9	20,515,000.000	* 08 Jan 24	104.2578			0.00	21,388,490.23	21,388,490.23	0.00
UNITED STATES TREAS BDS DTD 00300 4.75% 11-15-2053 SEDOL: BRBS4M1	540,000.000	14 Feb 24	104.5078			0.00	564,342.19	564,342.19	0.00
UNITED STATES TREAS BDS DTD 00300 4.75% 11-15-2053 SEDOL: BRBS4M1	820,000.000	14 Feb 24	104.5078			0.00	856,964.06	856,964.06	0.00
UNITED STATES TREAS BDS DTD 02/15/2023 3.875% 02-15-2043 SEDOL: BMXHQM5	-13,000,000.000	* 11 Mar 24		93.2891		0.00	11,672,145.12	12,127,578.13	455,433.01
UNITED STATES TREAS NTS 2.75% 08-15-2032 SEDOL: BQHM4D1	-35,000.000	27 Mar 24		89.6484		0.00	32,143.95	31,376.95	-767.00
UNITED STATES TREAS NTS 4.25% 06-30-2029 SEDOL: BRT7668	15,000.000	17 Jul 24	100.6563			0.00	15,098.44	15,098.44	0.00

Corporate Debt Instruments - Other**Canada - USD**

CANADIAN NATIONAL RAILWAYS CO 6.125% DUE 11-01-2053 SEDOL: BQ6C3B3	-925,000.000	26 Mar 24		113.1000		0.00	922,354.50	1,046,175.00	123,820.50
--	--------------	-----------	--	----------	--	------	------------	--------------	------------

United States - USD

CITIGROUP INC NEW 2.976% 11-05-2030 CUSIP: 17308CC53	-15,000.000	17 Jul 24		90.2090		0.00	13,458.30	13,531.35	73.05
CITIGROUP INC SR NT 3.057% 01-25-2033 SEDOL: BMGD3	-75,000.000	17 Jul 24		86.1750		0.00	74,235.90	64,631.25	-9,604.65
CITIGROUP INC 2.52% 11-03-2032 SEDOL: BNHX0P7	-75,000.000	17 Jul 24		83.6380		0.00	60,204.75	62,728.50	2,523.75
CUMMINS INC 5.15% 02-20-2034 SEDOL: BSBGTM7	2,000,000.000	14 Feb 24	99.6680			0.00	1,993,360.00	1,993,360.00	0.00
HALEON US CAPITAL LLC 3.625% 03-24-2032 SEDOL: BP0SW57	-80,000.000	18 Jul 24		91.1590		0.00	67,507.22	72,927.20	5,419.98

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 107,989,200.11

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
<i>BANK OF AMERICA MERRILL LYNCH-BAML</i>									
HONEYWELL INTERNATIONAL INC 5.0% 03-01-2035 SEDOL: BQC5S77	3,000,000.000	26 Feb 24	99.6240			0.00	2,988,720.00	2,988,720.00	0.00
JPMORGAN CHASE & CO 2.545% DUE 11-08-2032 SEDOL: BMGDC33	-30,000.000	17 Jul 24		84.3940		0.00	23,768.70	25,318.20	1,549.50
PVTPL ERAC USA FINANCE LLC 4.9% DUE 05-01-2033 SEDOL: BRJQT75	-950,000.000	26 Mar 24		97.4480		0.00	947,254.50	925,756.00	-21,498.50
PVTPL ERAC USA FINANCE LLC 5.2% 10-30-2034 SEDOL: BR1WPT7	2,050,000.000	05 Feb 24	99.9110			0.00	2,048,175.50	2,048,175.50	0.00
TOYOTA AUTO RECEIVABLES 2022-D OWNE NT CL A-2A 5.27% 01-15-2026 CUSIP: 89239HAB4	-15,430.510	16 Jul 24		99.9063		0.00	15,430.34	15,416.04	-14.30
VERIZON FIXED 2.55% DUE 03-21-2031 SEDOL: BKY5H43	-125,000.000	18 Jul 24		86.3960		0.00	113,550.08	107,995.00	-5,555.08
WELLS FARGO & COMPANY 3.584% 05-22-2028 SEDOL: BF3R2P1	-115,000.000	17 Jul 24		96.0430		0.00	127,201.50	110,449.45	-16,752.05
Total BANK OF AMERICA MERRILL LYNCH-BAML							86,933,423.82	88,480,513.59	1,547,089.77
<i>BMO CAPITAL MARKETS CORP</i>									
U.S. Government Securities									
United States - USD									
UNITED STATES OF AMER TREAS BONDS DTD 4.125% 08-15-2053 SEDOL: BRT3QH7	-585,000.000	12 Feb 24		95.7188		0.00	579,649.15	559,954.69	-19,694.46
UNITED STATES OF AMER TREAS BONDS 4.25% 02-15-2054 SEDOL: BS2G1C0	-4,490,000.000	17 Jul 24		98.0352		0.00	4,392,887.50	4,401,778.52	8,891.02
UNITED STATES OF AMER TREAS NOTES 4.0% 0 2-15-2034 SEDOL: BS2G1B9	12,355,000.000	* 12 Feb 24	98.6328			0.00	12,186,083.98	12,186,083.98	0.00
UNITED STATES OF AMER TREAS NOTES 4.5% DUE 11-15-2033 SEDOL: BRBS4K9	-12,325,000.000	* 12 Feb 24		102.5273		0.00	12,849,775.38	12,636,495.12	-213,280.26

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 107,989,200.11

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
<i>BMO CAPITAL MARKETS CORP</i>									
UNITED STATES TREAS BDS DTD 00300 4.75% 11-15-2053 SEDOL: BRBS4M1	540,000.000	12 Feb 24	106.3867			0.00	574,488.28	574,488.28	0.00
UNITED STATES TREAS BDS 4.625% 05-15-20 44 SEDOL: BPZRNR8	-310,000.000	17 Jul 24		101.9805		0.00	315,990.34	316,139.45	149.11
UNITED STATES TREAS NTS 4.25% 06-30-2029 SEDOL: BRT7668	45,000.000	17 Jul 24	100.7148			0.00	45,321.68	45,321.68	0.00
UNITED STATES TREAS NTS 4.25% 06-30-2029 SEDOL: BRT7668	-3,345,000.000	17 Jul 24		100.7578		0.00	3,368,756.85	3,370,348.83	1,591.98
Total BMO CAPITAL MARKETS CORP							34,312,953.16	34,090,610.55	-222,342.61

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 107,989,200.11

