

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: COBRE VALLEY REGIONAL MEDICAL CENTER 401(K) PROFIT SHARING PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 01/01/2006
2a Plan sponsor's name (employer, if for a single-employer plan): COBRE VALLEY REGIONAL MEDICAL CENTER
2b Employer Identification Number (EIN): 86-0732836
2c Plan Sponsor's telephone number: 928-425-3261
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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN
	4d PN

5 Total number of participants at the beginning of the plan year	5	578
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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)	387
	6a(2)	388
	6b	0
	6c	195
	6d	583
	6e	1
	6f	584
	6g(1)	578
6g(2)	584	
6h	36	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 3D

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

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

a Pension Schedules

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

b General Schedules

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

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

A Name of plan COBRE VALLEY REGIONAL MEDICAL CENTER 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 COBRE VALLEY REGIONAL MEDICAL CENTER	D Employer Identification Number (EIN) 86-0732836	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

ASCENSUS, LLC

11-3665754

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

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

LPL FINANCIAL

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

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

RAYMOND, REEVES & STOUT

95-3731313

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan COBRE VALLEY REGIONAL MEDICAL CENTER 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 COBRE VALLEY REGIONAL MEDICAL CENTER	D Employer Identification Number (EIN) 86-0732836

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	28706	0
(2) Participant contributions	1b(2)	59592	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	567208	556274
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	17345367	20137162
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	18000873	20693436
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	18000873	20693436

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)	813134	
(B) Participants.....	2a(1)(B)	1691139	
(C) Others (including rollovers).....	2a(1)(C)	22414	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	38301	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		38301
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	426404	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		426404
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	
(B) Other.....	2b(5)(B)	0	
(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)	0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	1520925
c Other income	2c	0
d Total income. Add all income amounts in column (b) and enter total	2d	4512317

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1759421
(2) To insurance carriers for the provision of benefits	2e(2)	0
(3) Other	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	1759421
f Corrective distributions (see instructions)	2f	0
g Certain deemed distributions of participant loans (see instructions)	2g	0
h Interest expense	2h	0
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	0
(2) Contract administrator fees	2i(2)	0
(3) Recordkeeping fees	2i(3)	60333
(4) IQPA audit fees	2i(4)	0
(5) Investment advisory and investment management fees	2i(5)	0
(6) Bank or trust company trustee/custodial fees	2i(6)	0
(7) Actuarial fees	2i(7)	0
(8) Legal fees	2i(8)	0
(9) Valuation/appraisal fees	2i(9)	0
(10) Other trustee fees and expenses	2i(10)	0
(11) Other expenses	2i(11)	0
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	60333
j Total expenses. Add all expense amounts in column (b) and enter total	2j	1819754

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	2692563
l Transfers of assets:		
(1) To this plan	2l(1)	0
(2) From this plan	2l(2)	0

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: **JWT & ASSOCIATES, LLP**

(2) EIN: **47-2718509**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

Audited Financial Statements
and Supplemental Information

COBRE VALLEY REGIONAL MEDICAL CENTER
401(k) PROFIT SHARING PLAN

December 31, 2024

JWT & Associates, LLP
Advisory Assurance Tax

Cobre Valley Regional Medical Center
401(k) Profit Sharing Plan

Audited Financial Statements

December 31, 2024

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JWT & Associates, LLP

Advisory Assurance Tax

7797 N First Street, Suite 101 #111, Fresno, CA 93720

Voice: (559) 431-7708 Fax: (559) 431-7685

Report of Independent Auditors

To the Administrative Committee of
Cobre Valley Regional Medical Center 401(k) Profit Sharing Plan
Globe, Arizona

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

We have performed an audit of the accompanying financial statements of Cobre Valley Regional Medical Center 401(k) Profit Sharing 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). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit 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 audit 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 a certification from a qualified institution as of and for the year 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 audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

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

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

Supplemental Schedules Required by ERISA

The supplemental Schedule H, line 4i - Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

JWT & Associates, LLP

Fresno, California
September 24, 2025

Cobre Valley Regional Medical Center 401(k) Profit Sharing Plan

Statement of Net Assets Available for Plan Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value		
Registered investment companies	\$ 20,137,162	\$ 17,345,367
Receivables		
Notes receivable from participants	556,274	567,208
Employer contributions	-	28,706
Participant contributions	-	59,592
	<u>556,274</u>	<u>655,506</u>
Total assets	<u>20,693,436</u>	<u>18,000,873</u>
Liabilities		
Other payables	-	-
Total liabilities	<u>-</u>	<u>-</u>
Net assets available for plan benefits	<u>\$ 20,693,436</u>	<u>\$ 18,000,873</u>

See accompanying notes to the financial statements

Cobre Valley Regional Medical Center 401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Plan Benefits

Year Ended December 31, 2024

Additions

Investment income	
Net realized and unrealized gain on investments	\$ 1,520,925
Interest and dividend income	426,404
	<hr/>
Net investment income	1,947,329
Interest income on notes receivable from participants	38,301
Contributions	
Employer contributions	813,134
Participant contributions	1,691,139
Participant rollover contributions	22,414
	<hr/>
Total contributions	2,526,687
	<hr/>
Total additions	4,512,317
Deductions	
Distributions to participants	1,759,421
Administrative expenses	60,333
	<hr/>
Total deductions	1,819,754
	<hr/>
Net change for the year	2,692,563
Net assets available for plan benefits at beginning of year	18,000,873
	<hr/>
Net assets available for plan benefits at end of year	<u><u>\$ 20,693,436</u></u>

See accompanying notes to the financial statements

Cobre Valley Regional Medical Center
401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2024

NOTE 1 - DESCRIPTION OF THE PLAN

Cobre Valley Regional Medical Center 401(k) Profit Sharing Plan (the Plan) is a defined contribution pension plan established on January 1, 2006. The Plan covers substantially all full-time employees of Cobre Valley Regional Medical Center (the Hospital) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan's assets are held by Ascensus and administered by the Board of Trustees of the Plan, which are appointed by the Hospital, the Plan sponsor.

Eligibility: All employees of the Hospital become eligible to participate in the Plan upon completion of one year of service, are over the age of eighteen and have been credited with 1,000 hours of service during the eligibility computation period.

Contributions: Contributions to the Plan are made by employees and the Hospital. The contributions made by the Hospital are discretionary. Each year the Hospital determines if contributions will be made and the amounts to be contributed to the Plan. During the year ended December 31, 2024 the Hospital made contributions totaling \$813,134.

Participant accounts: Each participant's account is credited with the participant's contributions as well as allocations of Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. For Hospital contributions the Hospital will determine the uniform percentage of compensation to be contributed on behalf of each eligible employee. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan allows participants to rollover balances from other eligible pension plans and Roth contributions.

Vesting: Participants in the Plan become fully vested after five years of eligible service. The vesting schedule is 25% after 2 years of service, increasing 25% per year for each of the next 3 years.

Notes receivable from participants: Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 and 50% of their vested account balance. The loans are issued by the Plan and are secured by the balance in the participant's account. The term of the loan may not exceed five years, unless the loan is used to purchase a principal residence, in which case, the loan must be repaid within a reasonable period of time not to exceed fifteen years. The loans bear interest at a rate commensurate with local prevailing rates as determined by the plan administrator. As of December 31, 2024, the rate of interest on outstanding loans was 4.25% to 9.50% with various maturities through February 2031. All notes receivable are from participants with investment balances held by Ascensus, the custodian of the Plan. Principal and interest payments are made through payroll deductions, not less than quarterly. Loans that are considered uncollectible are treated as deemed distributions and therefore there is no allowance for uncollectible loans.

Cobre Valley Regional Medical Center
401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2024

NOTE 1 - DESCRIPTION OF THE PLAN (continued)

Payment of Benefits: On termination of service (retirement, death, disability or termination of employment), participants with account balances not greater than \$5,000 will receive a single lump-sum distribution. Those participants with account balances greater than or equal to \$5,000 may choose between various annuity options provided. Distributions are subject to applicable provisions of the Plan agreement.

Forfeitures: Forfeitures are the non-vested portion of a participant's account that is lost upon termination of employment. Forfeitures are retained in the Plan and may first be used to pay plan expenses, with any remaining amount used to reduce future employer contributions. As of December 31, 2024 and 2023, forfeited non-vested accounts totaled \$263,794 and \$236,340, respectively. For the year ended December 31, 2024, employer contributions ad/or Plan expenses were offset in the amount of 27,352 from forfeited non-vested accounts.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation: The accompanying financial statements have been prepared on the accrual basis of accounting and present the net assets available for plan benefits and the changes in those net assets.

Use of Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan's management to make estimates and assumptions that may affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment valuation: The investments are reported at fair value. The Plan's custodian, Ascensus, certifies the fair market value of all investments. If available, quoted market prices are used to value investments.

Fair value is the price that would be received to sell an asset or paid to transfer a liability (the "exit price") in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Income recognition: Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net appreciation or depreciation in fair value of investments consists of both the realized gains and losses and unrealized appreciation and depreciation of those investments.

Notes receivable from participants: Notes receivable from participants are measured at amortized cost, which represents unpaid principal balance plus accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions upon the occurrence of a distributable event, based on the terms of the Plan Agreement. No allowance for credit losses has been recorded as of December 31, 2024 or 2023.

Cobre Valley Regional Medical Center
401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2024

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (continued)

Payment of Benefits: Generally, benefits are recorded when paid.

Expenses: Certain expenses of maintaining the Plan are paid directly by the Hospital and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Subsequent events: Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before the financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before the financial statements are available to be issued.

The Plan has evaluated subsequent events through September 24, 2025, which is the date the financial statements were available to be issued.

NOTE 3 - FAIR VALUE MEASUREMENTS

FASB ASC Topic 820, *Fair Value Measurements and Disclosures* (ASC 820) provides a framework for measuring fair value under U.S. generally accepted accounting principles. 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 following provides a general description of the three levels of inputs that may be used to measure fair value under ASC 820:

Level 1 - Inputs to the valuation methodology are based on quoted prices available in active markets for identical assets or liabilities on the reporting date.

Level 2 - Inputs to the valuation methodology are other than quoted market prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies. 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.

Cobre Valley Regional Medical Center
401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2024

NOTE 8 - FAIR VALUE MEASUREMENTS (continued)

Level 3 - Inputs to the valuation methodology include significant inputs that are generally unobservable from objective sources. These inputs may be used with internally developed methodologies that result in management's best estimate of fair value including assumptions regarding risk. Level 3 instruments include those that may be more structured or otherwise tailored to the Plan's needs.

As required by ASC 820, financial assets and liabilities are classified in their entirety based on the lowest level of 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 Plan's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

Following is a description of the valuation methodologies used for assets measured at fair value.

Registered investment companies (mutual funds) – Valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value and to transact at that price. The funds held by the Plan are deemed to be actively traded. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission.

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

Assets measured at fair value as of December 31, 2024 and 2023 are as follows:

	2024			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 20,137,162	\$ -	\$ -	\$ 20,137,162
Investments at fair value	\$ 20,137,162	\$ -	\$ -	\$ 20,137,162

Cobre Valley Regional Medical Center
401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2024

NOTE 3 - FAIR VALUE MEASUREMENTS (continued)

	2023			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 17,345,367	\$ -	\$ -	\$ 17,345,367
Investments at fair value	\$ 17,345,367	\$ -	\$ -	\$ 17,345,367

NOTE 4 - INCOME TAX STATUS

The Internal Revenue Service has ruled that the Plan qualifies under Section 401(a) of the Internal Revenue Code ("Code") and is, therefore, exempt from federal income taxation under the provisions of Section 401(a) of the Code. The Plan's administrator is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status.

Accounting principles generally accepted in the United States of American require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 5 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Cobre Valley Regional Medical Center
401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2024

NOTE 6 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, all investment information disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2024 and 2023, net appreciation or depreciation in fair value of investments, and interest and dividend income for the year then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Ascensus, the trustee/custodian of the Plan.

NOTE 7 – PARTY-IN-INTEREST TRANSACTIONS

Plan investments include registered investment company accounts managed by Ascensus. As Ascensus is the custodian of the Plan, transactions between the Plan and Ascensus qualify as exempt party-in-interest transactions.

NOTE 8 - PLAN TERMINATION

Although they have not expressed any intent to do so, the Hospital has the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Schedule H, Line 4i - Schedule of Assets
Schedule of Assets (Held at End of Year)
Plan Year Ending: 12/31/2024

Name of Plan: Cobre Valley Regional Medical Center 401(k) Profit Sharing Plan					
Employer Identification Number: 86-0732836				Three-digit plan number >	003
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value	
	PIMCO Income Instl	Registered Investment Company - Mutual Fund	N/A	33,881	
	Vanguard Energy Inv	Registered Investment Company - Mutual Fund	N/A	202,208	
	First Eagle Global A	Registered Investment Company - Mutual Fund	N/A	23,514	
	PGIM High Yield CL Z	Registered Investment Company - Mutual Fund	N/A	69,115	
	Janus Henderson Triton I	Registered Investment Company - Mutual Fund	N/A	90,958	
	Valic GFUA-398 Instl	Registered Investment Company - Mutual Fund	N/A	1,153,650	
	Franklin Utilities Fund R6	Registered Investment Company - Mutual Fund	N/A	60,717	
	Principal MidCap Fund Inst	Registered Investment Company - Mutual Fund	N/A	265,683	
	Vanguard Equity Income Inv	Registered Investment Company - Mutual Fund	N/A	267,532	
	Gabelli Small Cap Growth I	Registered Investment Company - Mutual Fund	N/A	7,411	
	AB Bond Inflation Strategy I	Registered Investment Company - Mutual Fund	N/A	42,602	
	Calamos Growth and Income I	Registered Investment Company - Mutual Fund	N/A	245,568	
	Vanguard Dividend Growth Inv	Registered Investment Company - Mutual Fund	N/A	304,401	
	Vanguard Materials Index Adm	Registered Investment Company - Mutual Fund	N/A	36,531	
	MFS Research International R4	Registered Investment Company - Mutual Fund	N/A	64,200	
	Calamos International Growth I	Registered Investment Company - Mutual Fund	N/A	77,126	
	ClearBridge Small Cap Growth I	Registered Investment Company - Mutual Fund	N/A	107,103	
	JPMorgan Mid Cap Value Class L	Registered Investment Company - Mutual Fund	N/A	233,500	
	Vanguard Health Care Index Adm	Registered Investment Company - Mutual Fund	N/A	173,737	
	Vanguard Real Estate Index Adm	Registered Investment Company - Mutual Fund	N/A	97,375	
	iShares Nasdaq Biotechnology ETF	Registered Investment Company - Mutual Fund	N/A	140,300	
	iShares U.S. Pharmaceuticals ETF	Registered Investment Company - Mutual Fund	N/A	214,133	
	JHancock III Disc Val Mid Cap I	Registered Investment Company - Mutual Fund	N/A	15,548	
	Macquarie Small Cap Value Instl	Registered Investment Company - Mutual Fund	N/A	62,193	
	Vanguard LifeStrategy Income Inv	Registered Investment Company - Mutual Fund	N/A	354	
	iShares Expanded Tech-Software ETF	Registered Investment Company - Mutual Fund	N/A	495,017	
	Federated Hermes Ultrashort Bd IS	Registered Investment Company - Mutual Fund	N/A	21,241	
	PGIM Jennison Focused Growth CL Z	Registered Investment Company - Mutual Fund	N/A	406,384	
	PGIM Jennison Mid-Cap Growth CL Z	Registered Investment Company - Mutual Fund	N/A	150,108	
	iShares MSCI GI Met & Mng Prod ETF	Registered Investment Company - Mutual Fund	N/A	10,461	
	Hennessy Equity and Inc Fund Instl	Registered Investment Company - Mutual Fund	N/A	117,797	
	T. Rowe Price Financial Services I	Registered Investment Company - Mutual Fund	N/A	69,475	
	American Century One Choice Mod Inv	Registered Investment Company - Mutual Fund	N/A	4,136,944	
	Vanguard Short-Term Invest Grade Adm	Registered Investment Company - Mutual Fund	N/A	27,981	
	Vanguard Target Retirement 2020 Fund	Registered Investment Company - Mutual Fund	N/A	129,434	
	Vanguard Target Retirement 2025 Fund	Registered Investment Company - Mutual Fund	N/A	492,965	
	Vanguard Target Retirement 2030 Fund	Registered Investment Company - Mutual Fund	N/A	750,982	
	Vanguard Target Retirement 2035 Fund	Registered Investment Company - Mutual Fund	N/A	760,650	
	Vanguard Target Retirement 2040 Fund	Registered Investment Company - Mutual Fund	N/A	253,785	
	Vanguard Target Retirement 2045 Fund	Registered Investment Company - Mutual Fund	N/A	1,391,217	
	Vanguard Target Retirement 2050 Fund	Registered Investment Company - Mutual Fund	N/A	2,843,426	
	Vanguard Target Retirement 2055 Fund	Registered Investment Company - Mutual Fund	N/A	488,068	
	BlackRock Strategic Global Bond Instl	Registered Investment Company - Mutual Fund	N/A	3	
	Templeton Instl Forgn Sml Comp Series	Registered Investment Company - Mutual Fund	N/A	27,321	
	American Century One Choice Aggrsv Inv	Registered Investment Company - Mutual Fund	N/A	1,900,144	
	American Century One Choice Consvr Inv	Registered Investment Company - Mutual Fund	N/A	1,315,321	
	American Century One Choice Vy Cons Inv	Registered Investment Company - Mutual Fund	N/A	271,779	
	Goldman Sachs Em Mkts Eq Insights Instl	Registered Investment Company - Mutual Fund	N/A	87,320	
		Participant Loans - 4.25% to 9.50% interest rate		556,274	
				<u>20,693,436</u>	

* Party-in-interest

Schedule H, Line 4i - Schedule of Assets
Schedule of Assets (Held at End of Year)
Plan Year Ending: 12/31/2024

Name of Plan: Cobre Valley Regional Medical Center 401(k) Profit Sharing Plan				
Employer Identification Number: 86-0732836			Three-digit plan number > 003	
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
	PIMCO Income Instl	Registered Investment Company - Mutual Fund	N/A	33,881
	Vanguard Energy Inv	Registered Investment Company - Mutual Fund	N/A	202,208
	First Eagle Global A	Registered Investment Company - Mutual Fund	N/A	23,514
	PGIM High Yield CL Z	Registered Investment Company - Mutual Fund	N/A	69,115
	Janus Henderson Triton I	Registered Investment Company - Mutual Fund	N/A	90,958
	Valic GFUA-398 Instl	Registered Investment Company - Mutual Fund	N/A	1,153,650
	Franklin Utilities Fund R6	Registered Investment Company - Mutual Fund	N/A	60,717
	Principal MidCap Fund Inst	Registered Investment Company - Mutual Fund	N/A	265,683
	Vanguard Equity Income Inv	Registered Investment Company - Mutual Fund	N/A	267,532
	Gabelli Small Cap Growth I	Registered Investment Company - Mutual Fund	N/A	7,411
	AB Bond Inflation Strategy I	Registered Investment Company - Mutual Fund	N/A	42,602
	Calamos Growth and Income I	Registered Investment Company - Mutual Fund	N/A	245,568
	Vanguard Dividend Growth Inv	Registered Investment Company - Mutual Fund	N/A	304,401
	Vanguard Materials Index Adm	Registered Investment Company - Mutual Fund	N/A	36,531
	MFS Research International R4	Registered Investment Company - Mutual Fund	N/A	64,200
	Calamos International Growth I	Registered Investment Company - Mutual Fund	N/A	77,126
	ClearBridge Small Cap Growth I	Registered Investment Company - Mutual Fund	N/A	107,103
	JPMorgan Mid Cap Value Class L	Registered Investment Company - Mutual Fund	N/A	233,500
	Vanguard Health Care Index Adm	Registered Investment Company - Mutual Fund	N/A	173,737
	Vanguard Real Estate Index Adm	Registered Investment Company - Mutual Fund	N/A	97,375
	iShares Nasdaq Biotechnology ETF	Registered Investment Company - Mutual Fund	N/A	140,300
	iShares U.S. Pharmaceuticals ETF	Registered Investment Company - Mutual Fund	N/A	214,133
	JHancock III Disc Val Mid Cap I	Registered Investment Company - Mutual Fund	N/A	15,548
	Macquarie Small Cap Value Instl	Registered Investment Company - Mutual Fund	N/A	62,193
	Vanguard LifeStrategy Income Inv	Registered Investment Company - Mutual Fund	N/A	354
	iShares Expanded Tech-Software ETF	Registered Investment Company - Mutual Fund	N/A	495,017
	Federated Hermes Ultrashort Bd IS	Registered Investment Company - Mutual Fund	N/A	21,241
	PGIM Jennison Focused Growth CL Z	Registered Investment Company - Mutual Fund	N/A	406,384
	PGIM Jennison Mid-Cap Growth CL Z	Registered Investment Company - Mutual Fund	N/A	150,108
	iShares MSCI GI Met & Mng Prod ETF	Registered Investment Company - Mutual Fund	N/A	10,461
	Hennessy Equity and Inc Fund Instl	Registered Investment Company - Mutual Fund	N/A	117,797
	T. Rowe Price Financial Services I	Registered Investment Company - Mutual Fund	N/A	69,475
	American Century One Choice Mod Inv	Registered Investment Company - Mutual Fund	N/A	4,136,944
	Vanguard Short-Term Invest Grade Adm	Registered Investment Company - Mutual Fund	N/A	27,981
	Vanguard Target Retirement 2020 Fund	Registered Investment Company - Mutual Fund	N/A	129,434
	Vanguard Target Retirement 2025 Fund	Registered Investment Company - Mutual Fund	N/A	492,965
	Vanguard Target Retirement 2030 Fund	Registered Investment Company - Mutual Fund	N/A	750,982
	Vanguard Target Retirement 2035 Fund	Registered Investment Company - Mutual Fund	N/A	760,650
	Vanguard Target Retirement 2040 Fund	Registered Investment Company - Mutual Fund	N/A	253,785
	Vanguard Target Retirement 2045 Fund	Registered Investment Company - Mutual Fund	N/A	1,391,217
	Vanguard Target Retirement 2050 Fund	Registered Investment Company - Mutual Fund	N/A	2,843,426
	Vanguard Target Retirement 2055 Fund	Registered Investment Company - Mutual Fund	N/A	488,068
	BlackRock Strategic Global Bond Instl	Registered Investment Company - Mutual Fund	N/A	3
	Templeton Instl Forgn Sml Comp Series	Registered Investment Company - Mutual Fund	N/A	27,321
	American Century One Choice Aggrsv Inv	Registered Investment Company - Mutual Fund	N/A	1,900,144
	American Century One Choice Consvr Inv	Registered Investment Company - Mutual Fund	N/A	1,315,321
	American Century One Choice Vy Cons Inv	Registered Investment Company - Mutual Fund	N/A	271,779
	Goldman Sachs Em Mkts Eq Insights Instl	Registered Investment Company - Mutual Fund	N/A	87,320
		Participant Loans - 4.25% to 9.50% interest rate		556,274
				20,693,436

* Party-in-interest