

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: ENDEAVOR HEALTH LEGACY 403(B) TAX DEFERRED ANNUITY PLAN FOR NORTSHORE UNIVERSITY HEALTHSYSTEM EMPLOYEES
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/1986
2a Plan sponsor's name (employer, if for a single-employer plan): ENDEAVOR HEALTH CLINICAL OPERATIONS
2b Employer Identification Number (EIN): 36-2167060
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 DIANNA SPARACINO (plan administrator), STEVE WALLNER (employer/plan sponsor), and a 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	20113
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)	13718
	6a(2)	11719
	6b	202
	6c	3411
	6d	15332
	6e	21
	6f	15353
	6g(1)	19682
	6g(2)	14949
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2F 2G 2M 3H 2R

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

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

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

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

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

KATHI L MEYER CLINTON 2525 CABOT DRIVE
 SUITE 100
 LISLE, IL 60532

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
		ALLOCATED NON-CASH COMP	3

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

SHARON L WAY 2 CRESCENT CT
 MONTGOMERY, IL 60538

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

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

BRIAN P DEVLIN 121 GILLYCK STREET
 PARK RIDGE, IL 60068

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	4 5154537
5	Current value of plan's interest under this contract in separate accounts at year end.....	5
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 7498886
c	Additions: (1) Contributions deposited during the year	7c(1) 1828
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 127650
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶ TRANSFERS FROM SELF DIRECTED BROKERAGE ACCOUNT.	7c(5) 7498886
	(6) Total additions	7c(6) 7628364
d	Total of balance and additions (add lines 7b and 7c(6))	7d 15127250
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)
	(2) Administration charge made by carrier.....	7e(2) 4075
	(3) Transferred to separate account	7e(3) 9217601
	(4) Other (specify below)..... ▶ OTHER	7e(4) 751036
(5) Total deductions	7e(5) 9972712	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 5154538

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan ENDEAVOR HEALTH LEGACY 403(B) TAX DEFERRED ANNUITY PLAN FOR NORTSHORE UNIVERSITY HEALTHSYSTEM EMPLOYEES</p>	<p>B Three-digit plan number (PN) ▶ 002</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ENDEAVOR HEALTH CLINICAL OPERATIONS</p>	<p>D Employer Identification Number (EIN) 36-2167060</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	060208	0	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	181638113

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	

(6) Total additions **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 0

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	

(5) Total deductions **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan ENDEAVOR HEALTH LEGACY 403(B) TAX DEFERRED ANNUITY PLAN FOR NORTHSHORE UNIVERSITY HEALTHSYSTEM EMPLOYEES	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 ENDEAVOR HEALTH CLINICAL OPERATIONS	D Employer Identification Number (EIN) 36-2167060	

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

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

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

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

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

SEYFARTH SHAW

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?
99	SERVICE PROVIDER	273242	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FIDELITY INVESTMENTS

04-2647786

(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?
99 15	OTHER	95773	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

FIDUCIARY 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	INV. ADVISORY	72500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MITCHELL TITUS

13-2781641

(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?
10	AUDIT	20000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.	
INVESCO TECHNOLOGY CLASS A 11 GREENWAY PLAZA HOUSTON, TX 77046	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.	
INVESCO DEVELOPING MARKETS Y 11 GREENWAY PLAZA HOUSTON, TX 77046	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.	
AQR EQUITY MARKET NEUTRAL FD CL N 1 GREENWICH PLAZA GREENWICH, CT 06830	0.40%	

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
FID INV INST OPS CO	60	0
(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.
AQR LONG SHORT EQUITY CL N	1 GREENWICH PLAZA GREENWICH, CT 06830	0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.
AMANA MUTUAL FUND TRUST INCOME	1300 NORTH STATE ST BELLINGHAM, WA 98225	0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.
AMANA MUTUAL FUND TRUST GROWTH	1300 NORTH STATE ST BELLINGHAM, WA 98225	0.40%

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
FID INV INST OPS CO	60	0
(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.
AMERICAN CENTURY GLOBAL GOLD INV CL 4400 MAIN ST KANSAS CITY, MO 64111		0.35%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.
BLACKROCK FLOATING RATE INC PORT IN 40 EAST NEW YORK, NY 10022		0.15%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.
CLIFFWATER CORPORATELENDING FUND I 4640 ADMIRALTY WAY, MARINA DEL REY, CA 90292		0.18%

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
FID INV INST OPS CO	60	0
(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.	
CLIFFWATER ENHANCED LENDING FUND IN 4640 ADMIRALTY WAY, MARINA DEL REY, CA 90292	0.18%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.	
STEPSTONE PRIVATE MARKETS FUND CL I 128 S. TRYON STREET, CHARLOTTE, NC 28202	0.20%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.	
DFA INTERNATIONAL CORE EQUITY 6300 BEE CAVES ROAD, AUSTIN, TX 78746	0.02%	

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
FID INV INST OPS CO	60	0
(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.	
DFA US CORE EQUITY II 6300 BEE CAVES ROAD AUSTIN, TX 78746	0.02%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.	
DFA EMERGING MRKTS CORE EQU PORTF 6300 BEE CAVES ROAD AUSTIN, TX 78746	0.02%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.	
DFA US MICRO CAP PRTF INSTL 6300 BEE CAVES ROAD AUSTIN, TX 78746	0.02%	

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
FID INV INST OPS CO	60	0
(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.	
DFA US SMALL CAP VALUE PRTF INSTL 6300 BEE CAVES ROAD AUSTIN, TX 78746	0.02%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.	
DFA US LARGE CAP VALUE PRTF INSTL 6300 BEE CAVES ROAD AUSTIN, TX 78746	0.02%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.	
DFA REAL ESTATE SEC PRTF INSTL 6300 BEE CAVES ROAD AUSTIN, TX 78746	0.02%	

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
FID INV INST OPS CO	60	0
(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.	
DFA US SMALL CAP PORTFOLIO INSTL CL 6300 BEE CAVES ROAD AUSTIN, TX 78746	0.02%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.	
DFA LARGE CAP INTL PORTFOLIO INSTL 6300 BEE CAVES ROAD AUSTIN, TX 78746	0.02%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.	
DFA U.S. LARGE CAP GROWTH PORT INST 6300 BEE CAVES ROAD AUSTIN, TX 78746	0.02%	

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
FID INV INST OPS CO	60	0
(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.
DFA GLOBAL REAL ESTATE SEC PORTFOLI	6300 BEE CAVES ROAD AUSTIN, TX 78746	0.02%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.
DOUBLELINE TOTAL RT BOND FD CL N	777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.
SEAFARER OVERSEAS GROWTH & INC INST	1290 BROADWAY, DENVER, CO 80203	0.10%

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
FID INV INST OPS CO	60	0
(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.
GOLDMAN SACH US EQU DIVIDEND & PREM	71 S. WACKER DR, CHICAGO, IL 60606	0.17%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.
OAKMARK FUND ADVISORCLASS	111 SOUTH WACKER DR. CHICAGO, IL 60606	0.15%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.
EUROPAC INTERNATNL DIVIDEND INC CL	LOTS 81 82, ST C, DORADO, PR 00646	0.10%

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
FID INV INST OPS CO	60	0
(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.	
EP EMERGING MARKETS CLASS I LOTS 81 82, ST C, DORADO, PR 00646	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.	
EP INTERNATIONAL VALUE FUND CL I LOTS 81 82, ST C, DORADO, PR 00646	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.	
JANUS HENDERSON GLOBAL SELECT T 151 DETROIT ST. DENVER, CO 80206	0.35%	

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
FID INV INST OPS CO	60	0
(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.	
JANUS HENDERSON GLOB TECH & INNOV T 151 DETROIT ST. DENVER, CO 80206	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.	
JPMORGAN CORE BOND CLASS I 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.	
JPMORGAN CORE PLUS BOND CLASS I 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.15%	

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
FID INV INST OPS CO	60	0
(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.	
MFS INTERNATIONAL GROWTH FD CL I 111 HUNTINGTON AVE BOSTON, MA 21997	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.	
TECHNOLOGY ULTRA SECTOR PRO FD INVS 7501 WISCONSIN AVE, BETHESDA, MD 20814	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.	
SEMICONDUCTOR ULTRA SECTOR PRO FD I 7501 WISCONSIN AVE, BETHESDA, MD 20814	0.40%	

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
FID INV INST OPS CO	60	0
(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.
ULTRA BULL PRO FUND INVESTORS SHARE	7501 WISCONSIN AVE, BETHESDA, MD 20814	0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.
ULTRA NASDAQ-100 PRO FUND INVESTOR	7501 WISCONSIN AVE, BETHESDA, MD 20814	0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.
BITCOIN STRATEGY FD INVESTOR	7501 WISCONSIN AVE, BETHESDA, MD 20814	0.40%

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
FID INV INST OPS CO	60	0
(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.
T ROWE PRICE US TREALONG TERM INDEX 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117		0.15%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.
RYDEX RUSSELL 2000 1.5X STRATEGY CL 9601 BLACKWELL RD ROCKVILLE, MD 20850		0.07%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(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.
C&S INST REALTY SHS -SS&C GIDS, INC 2000 CROWN COLONY DR QUINCY, MA 02169		0.10%

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
FID INV INST OPS CO	60	0
(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.	
VOYA GOVT MM A - BNY 500 ROSS STREET PITTSBURGH, PA 53442	0.15%	
(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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ENDEAVOR HEALTH LEGACY 403(B) TAX DEFERRED ANNUITY PLAN FOR NORTHSHORE UNIVERSITY HEALTHSYSTEM EMPLOYEES</u>	B Three-digit plan number (PN)	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ENDEAVOR HEALTH CLINICAL OPERATIONS</u>	D Employer Identification Number (EIN) <u>36-2167060</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>VOYA SEPARATE ACCOUNT 892</u>		
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>		
c EIN-PN <u>71-0294708-002</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>246188348</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
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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 ENDEAVOR HEALTH LEGACY 403(B) TAX DEFERRED ANNUITY PLAN FOR NORTHSHORE UNIVERSITY HEALTHSYSTEM EMPLOYEES	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 ENDEAVOR HEALTH CLINICAL OPERATIONS	D Employer Identification Number (EIN) 36-2167060

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	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	9760262
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	10872663
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	246188348
(11) Value of interest in master trust investment accounts	1c(11)	0
(12) Value of interest in 103-12 investment entities	1c(12)	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1884907689
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	181677023
(15) Other	1c(15)	

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	2005336202	2087217637
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
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	2005336202	2087217637

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)	14053738	
(B) Participants.....	2a(1)(B)	2120583	
(C) Others (including rollovers).....	2a(1)(C)	5695827	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		21870148
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	490281	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	787279	
(F) Other.....	2b(1)(F)	4936447	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6214007
(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)	74363014	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		74363014
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		205907681
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		308354850

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	225411582	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		225411582
f Corrective distributions (see instructions)	2f		21311
g Certain deemed distributions of participant loans (see instructions)	2g		579990
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	94790	
(4) IQPA audit fees	2i(4)	20000	
(5) Investment advisory and investment management fees	2i(5)	72500	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	273242	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		460532
j Total expenses. Add all expense amounts in column (b) and enter total	2j		226473415

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		81881435
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 _____.

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

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

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

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

A Name of plan <u>ENDEAVOR HEALTH LEGACY 403(B) TAX DEFERRED ANNUITY PLAN FOR NORTHSHORE UNIVERSITY HEALTHSYSTEM EMPLOYEES</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ENDEAVOR HEALTH CLINICAL OPERATIONS</u>	D Employer Identification Number (EIN) <u>36-2167060</u>	

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

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

1		0
---	--	---

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): 71-0294708

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

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

3	
---	--

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

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

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

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

**ENDEAVOR HEALTH LEGACY 403(b)
TAX DEFERRED ANNUITY PLAN FOR NORTSHORE
UNIVERSITY HEALTHSYSTEM EMPLOYEES**

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



MITCHELL TITUS
ACHIEVING EXCELLENCE TOGETHER

**ENDEAVOR HEALTH LEGACY 403(B) TAX DEFERRED ANNUITY PLAN
FOR NORTSHORE UNIVERSITY HEALTHSYSTEM EMPLOYEES**
Financial Statements and Supplemental Schedule
Years Ended December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Endeavor Health Retirement Plan Committee

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

We were engaged to perform audits of the financial statements of the Endeavor Health Legacy 403(b) Tax Deferred Annuity Plan for NorthShore University HealthSystem Employees (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 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 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 a certification from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate evidence to provide a basis for an audit opinion on the financial statements.

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Basis for Disclaimer of Opinion

The Endeavor Health Legacy 403(b) Tax Deferred Annuity Plan for NorthShore University HealthSystem Employees has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Responsibilities of Management

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 that the financial statements are 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

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

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.



Other Matter – Supplemental Schedule Required by ERISA

The accompanying supplemental schedule of assets (held at end of year) as of December 31, 2024 is presented for the purpose 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 the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on this supplemental schedule.

Mitchell Titus, LLP

September 23, 2025

**ENDEAVOR HEALTH LEGACY 403(B) TAX DEFERRED ANNUITY PLAN
FOR NORTSHORE UNIVERSITY HEALTHSYSTEM EMPLOYEES**

Statements of Net Assets Available for Benefits

As of December 31, 2024 and 2023

(Dollars in Thousands)

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value	\$ 2,094,302	\$ 2,011,655
Fully benefit-responsive investment contract at contract value	<u>10,920</u>	<u>11,727</u>
Total investments	<u>2,105,222</u>	<u>2,023,382</u>
Notes receivable from participants	<u>10,883</u>	<u>10,496</u>
<i>Contribution receivable</i>		
Employee	-	2,015
Employer	<u>-</u>	<u>12,813</u>
Total contribution receivable	<u>-</u>	<u>14,828</u>
Net assets available for benefits	<u>\$ 2,116,105</u>	<u>\$ 2,048,706</u>

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

**ENDEAVOR HEALTH LEGACY 403(B) TAX DEFERRED ANNUITY PLAN
FOR NORTSHORE UNIVERSITY HEALTHSYSTEM EMPLOYEES**

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2024

(Dollars in Thousands)

ADDITIONS

Investment income

Net appreciation in fair value of investments	\$	208,801
Interest and dividends		81,124
		<u>289,925</u>

Interest income on notes receivable from participants		<u>787</u>
---	--	------------

Contributions

Employee		105
Employer		1,241
Rollovers		5,696
		<u>7,042</u>

Other		<u>43</u>
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Total additions		<u>297,797</u>
-----------------	--	----------------

DEDUCTIONS

Benefit payments		229,936
Administrative expenses		462
		<u>230,398</u>

Net increase in net assets available for benefits		67,399
---	--	--------

Net assets available for benefits

Beginning of year		<u>2,048,706</u>
End of year	\$	<u>2,116,105</u>

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

ENDEAVOR HEALTH LEGACY 403(B) TAX DEFERRED ANNUITY PLAN FOR NORTHSORE UNIVERSITY HEALTHSYSTEM EMPLOYEES

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

(Dollars in Thousands)

NOTE 1 DESCRIPTION OF THE PLAN

General

Endeavor Health Clinical Operations, formerly known as NorthShore University HealthSystem, an Illinois not-for-profit corporation (the Corporation), maintains the Endeavor Health Legacy 403(b) Tax Deferred Annuity Plan for NorthShore University HealthSystem Employees (the Plan), formerly known as the NorthShore University HealthSystem Tax Deferred Annuity Plan. The information described provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

The purpose of the Plan is to provide eligible employees a method of long-term, tax-deferred savings and retirement benefits to such employees. Individual accounts under the Plan are funded by a custodial account, which is an account invested in mutual funds. The custodial account is funded by employee elective deferrals, employer matching contributions, and employer non-elective contributions.

The Plan was originally established, effective as of January 1, 1986, with the intent that it satisfies the requirements of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and Sections 403(b) and 401(f)(2) of the Internal Revenue Code of 1986 (the Code), as amended.

Plan Administrator

The Plan Administrator is the Endeavor Health Retirement Plan Committee (Committee), the members of which are appointed by the Chief Executive Officer of Endeavor Health (formerly known as NS-EE Holdings) or the Chief People Officer of Endeavor Health. Endeavor Health is the parent company of the Corporation. The Plan Administrator has complete authority to control and manage the operation and administration of the Plan.

Participation and Eligibility

Prior to January 1, 2024, all employees of the Corporation were immediately eligible to participate in the Plan on their first day of work by properly electing to make employee elective deferrals. Effective January 1, 2020, Swedish Hospital (including any tax-exempt subsidiaries as described in Code Section 501(c)(3)) was a participating employer.

**ENDEAVOR HEALTH LEGACY 403(B) TAX DEFERRED ANNUITY PLAN
FOR NORTHSORE UNIVERSITY HEALTHSYSTEM EMPLOYEES**

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

(Dollars in Thousands)

NOTE 1 DESCRIPTION OF THE PLAN *(continued)*

Participation and Eligibility *(continued)*

Employees hired or rehired on or after January 1, 2024 are not eligible to participate in the Plan, and the Plan is frozen after December 31, 2023 with respect to all participants.

No participant shall be eligible to earn any additional benefits under the Plan with respect to Plan years beginning on and after January 1, 2024.

Contributions and Funding

Employee Contributions

Once participants determine the amount they want to contribute to the Plan (between 1% and 45% of eligible earnings not to exceed Internal Revenue Service [IRS] limits), the amount is deducted every pay period and deposited into a participant's employee elective deferrals account. Prior to January 1, 2024, participants were allowed to contribute to the Plan in the following manner:

- (a) **Elective Deferrals** - The employee had to complete the written or electronic enrollment forms required under the enrollment procedures prescribed by the Plan Administrator.
- (b) **Catch-Up Contributions** - Participants who attained age 50 before the close of a given Plan year could elect to make a catch-up contribution (between 1% and 35% of eligible earnings not to exceed IRS limits). Amounts contributed were not eligible for employer matching contributions.
- (c) **Rollover Contributions** - Participants could elect to roll over all or a portion of their eligible rollover distribution into the Plan at any time after their employment commencement date. Amounts contributed were not eligible for employer matching contributions.
- (d) **Transfer Contributions** - Participants could transfer funds invested in another annuity contract or custodial account to their account, subject to IRS regulations. Participants could not transfer any portion of their custodial account from the Plan into another Code Section 403(b) funding vehicle.
- (e) **Roth After-Tax Contributions** - Effective January 1, 2020, and prior to January 1, 2024, the Plan included a qualified Roth after-tax contribution program within the meaning of Code Section 402A.

**ENDEAVOR HEALTH LEGACY 403(B) TAX DEFERRED ANNUITY PLAN
FOR NORTHSORE UNIVERSITY HEALTHSYSTEM EMPLOYEES**

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

(Dollars in Thousands)

NOTE 1 DESCRIPTION OF THE PLAN *(continued)*

Contributions and Funding *(continued)*

Employee Contributions (continued)

- (f) **Roth Rollover Contributions** - Effective January 1, 2020, the Plan allowed participants to roll over the amounts of any Roth after-tax contributions under a 403(b), 401(k) or governmental 457(b) plan at a previous employer.
- (g) **In-Plan Roth Conversions** - Effective January 1, 2020, the Plan allowed participants to convert their vested non-Roth after-tax accounts under the Plan into designated Roth after-tax accounts pursuant to Code Section 402A(c) and the guidance issued thereunder.

Effective January 1, 2024, participants are allowed to contribute to the Plan in the following manner:

- (a) **Rollover Contributions** - Participants may elect to roll over all or a portion of their eligible rollover distribution into the Plan at any time after their employment commencement date. Amounts contributed shall not eligible for employer matching contributions.
- (b) **Roth Rollover Contributions** - The Plan allows participants to roll over the amounts of any Roth after-tax contributions under a 403(b), 401(k) or governmental 457(b) plan at a previous employer.
- (c) **In-Plan Roth Conversions** - The Plan allows active or terminated participants to convert their vested non-Roth after-tax accounts under the Plan into designated Roth after-tax accounts pursuant to Code Section 402A(c) and the guidance issued thereunder. However, beneficiaries and alternative payees are not eligible to make such an election.

**ENDEAVOR HEALTH LEGACY 403(B) TAX DEFERRED ANNUITY PLAN
FOR NORTHSORE UNIVERSITY HEALTHSYSTEM EMPLOYEES**

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

(Dollars in Thousands)

NOTE 1 **DESCRIPTION OF THE PLAN** *(continued)*

Contributions and Funding *(continued)*

Employer Contributions

The Corporation shall be entitled to make the following contributions to the Plan for eligible employees of the Corporation, including Swedish Hospital:

- (a) **Employer Matching Contributions** - Effective on and after January 1, 2021, and before January 1, 2024, the Corporation could make an annual discretionary employer matching contribution in an amount up to 50% of a participant's pre-tax and/or Roth after-tax contributions, on up to 6% of eligible earning for the applicable calendar year. The match percentage could fluctuate between 0% and 50%, and was based on the Corporation's business performance. In order to receive an allocation of the employer matching contribution for a given calendar year, the participant had to have been employed by the Corporation or a related entity on the last day of such calendar year. However, if, while actively employed by the Corporation or a related entity, the participant died, terminated employment due to disability (as defined in the Plan document) or retired after attaining age 62 during a given calendar year, the participant would be entitled to an employer matching contribution for such calendar year, regardless of whether he or she was employed on the last day of such calendar year.

The employer matching contributions became 100% vested after a participant completed 12 consecutive months of employment in which the participant earned at least one hour of service with the Corporation or any related entity.

Base Employer Contributions - Effective on and after January 1, 2021, and before January 1, 2024, the Corporation made a base employer contribution equal to 3% of an employee's eligible compensation each payroll period, regardless of whether the eligible employee made employee contributions to the Plan. The 3% base employer contributions became 100% vested after an employee completed 12 consecutive months of employment in which the employee earned at least one hour of service with the Corporation or any related entity.

Supplemental Contributions - The Corporation could, for any year, make qualified non-elective contributions on behalf of participants. The Corporation made \$0 and \$2 of such contributions for 2024 and 2023, respectively.

**ENDEAVOR HEALTH LEGACY 403(B) TAX DEFERRED ANNUITY PLAN
FOR NORTHSORE UNIVERSITY HEALTHSYSTEM EMPLOYEES**

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

(Dollars in Thousands)

NOTE 1 DESCRIPTION OF THE PLAN *(continued)*

Contributions and Funding *(continued)*

Employer Contributions (continued)

Discretionary Employer Contributions - Effective on and after January 1, 2021, and before January 1, 2024, the Corporation may in its sole discretion (but is not required to) make a discretionary employer contribution from Plan year to Plan year during the continuance of the Plan in such amounts as the Corporation determines in its sole discretion from time to time. Discretionary employer contributions are 100% vested at all times. No discretionary employer contributions were made for the 2024 Plan year.

- (b) **Other Required Contributions** - In addition to any other contributions, the Corporation shall make any contribution required to provide for reinstatement of forfeitures.

Contribution Limitations

The annual additions to a participant's account under the Plan shall not exceed the IRS limit or 100% of the participant's Code Section 415(c)(3) compensation during that limitation year.

Investment Funds

The investment manager and investment vehicles from which participants can choose are determined by the Committee. The Committee reviews the funds' performance at least annually and switches eligible funds, as necessary. Participants are able to make investment elections for new money with the record-keeper to invest in specified multiples from 1% up to 100%. Prior to January 1, 2024, Voya was the record-keeper for the Plan. Effective January 1, 2024, Fidelity became the record-keeper for the Plan. Participants may elect to change the investment of future contributions in any multiple of 1%. Participants may each elect to change the investment of the existing balance of their account with Fidelity in whole percentages or dollar amounts.

Effective on and after January 1, 2021, if a participant did not make any investment elections, the participant's account under the Plan would automatically be invested in the qualified default investment alternative option designated by the Committee.

The Plan is intended to constitute a plan as described in ERISA Section 404(c), and the Plan's fiduciaries may be relieved of any liability for any losses that are the direct and necessary result of the investment decisions made, and investment instructions given, by a participant.

**ENDEAVOR HEALTH LEGACY 403(B) TAX DEFERRED ANNUITY PLAN
FOR NORTHSORE UNIVERSITY HEALTHSYSTEM EMPLOYEES**

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

(Dollars in Thousands)

NOTE 1 DESCRIPTION OF THE PLAN *(continued)*

Expenses

Expenses incurred in the administration of the Plan and the management of Plan assets are paid by Plan participants, except to the extent paid by the Corporation. Participants currently pay two types of fees under the Plan, investment fees and administrative fees.

Investment fees are generally charged by the investment firms that manage the investment options offered under the Plan and are seen as expense ratios.

Expense ratios are expressed as a percentage of assets (*i.e.*, the total dollar value invested in that fund) and are factored in the net asset value (NAV) of each investment option under the Plan.

NAV includes the investment fund management fee and other related investment fund fees of the investment options offered under the Plan. These fees are not directly deducted from a participant's individual account. Rather, they are deducted from the investment fund assets before investment returns are calculated for anyone invested in that particular fund.

Administrative fees generally cover costs related to the daily operation and administration of the Plan for the benefit of participants (*e.g.*, record-keeping expenses paid to the record-keeper). For the 2023 Plan year, this was an asset-based fee where a participant will incur an annual administrative fee equal to a percentage of their account balance under the Plan. Beginning January 1, 2024, this is a per-participant fee. This fee is charged to a participant's account at the end of each calendar quarter for various administrative services utilized by the Plan, and the participant will see this as a separate line item on their quarterly statement.

Additionally, there are certain transaction-type fees (including, but not limited to, loan initiation fees, payment processing fees and overnight mail) that will be charged against the account of the participant to whom the transaction relates.

Participant Accounts

Each participant's account was credited with his or her contributions; the Corporation's employer matching contributions, base employer contributions and discretionary employer contributions, if any; and allocations of Plan earnings (losses), and was charged an administrative fee. Plan earnings (losses) are allocated based on the participant's share of net earnings or losses of their respective elected investment options. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**ENDEAVOR HEALTH LEGACY 403(B) TAX DEFERRED ANNUITY PLAN
FOR NORTHSORE UNIVERSITY HEALTHSYSTEM EMPLOYEES**

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

(Dollars in Thousands)

NOTE 1 DESCRIPTION OF THE PLAN *(continued)*

Participant Loans

Prior to January 1, 2024, participants could borrow from their account from employee elective deferrals. The minimum loan amount participants could take was \$1,000. Participants could borrow up to the lesser of: (i) 50% of their vested account balance; or (ii) \$50,000, reduced by the highest outstanding loan balance they had from a previous loan under the Plan, or any other defined contribution retirement plan maintained by the Corporation or a related entity. A participant was allowed to receive only one loan in any 12-month period. A participant could have no more than one loan outstanding at any time.

Beginning January 1, 2024, participants can take a loan from their total vested account balance (including employer contributions) under the Plan. Also, beginning January 1, 2024, the requirement that a participant shall be allowed to receive only one loan in any 12-month period no longer applies.

Each loan shall bear a reasonable rate of interest. In general, any loan initiated on or after October 3, 2022, shall be repaid via ACH debit. For loans issued before October 3, 2022, loan repayments shall be repaid via ACH debit on and after January 1, 2023. The repayment period for a loan issued before January 1, 2024, shall be no longer than 57 months, or 15 years if borrowed for a dwelling. The minimum term for any loan under the Plan is 12 months. The repayment period for a loan issued on or after January 1, 2024, shall be no longer than five years (60 months), or 20 years if borrowed for the participant's primary residence. Loans shall be repaid in substantially equal amortized installments, but in no event less frequently than quarterly.

In the event a participant defaults on any loan, the Plan Administrator may declare the full amount of the loan to be due and payable.

Any applicable fees associated with the loan (such as an origination fee and/or annual maintenance fees) shall be charged directly to the account of the participant requesting such loan.

A participant's separation from service shall not cause the participant to default on the loan. In this circumstance, participants are able to continue to repay their loans directly to the record-keeper.

Benefit Payments

Participants may request, at any time and for any reason, to receive an in-service distribution of all or a portion of the balance of their account attributable to rollover contributions. Participants who have attained age 59½ may request to receive an in-service distribution of all or a portion of the vested percentage of their account.

**ENDEAVOR HEALTH LEGACY 403(B) TAX DEFERRED ANNUITY PLAN
FOR NORTHSORE UNIVERSITY HEALTHSYSTEM EMPLOYEES**

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

(Dollars in Thousands)

NOTE 1 DESCRIPTION OF THE PLAN *(continued)*

Benefit Payments *(continued)*

Before employment termination, a participant may also request a hardship withdrawal. There is no limit as to the number of hardship withdrawals participants may take over their lifetime.

If a participant is on active military duty for more than 30 days, as defined in the Heroes Earnings Assistance and Relief Tax Act of 2008, the participant may withdraw all or a portion of their account attributable to employee elective deferrals, provided, however, the participant may not make any employee elective deferrals or other employee contributions for six months following such a withdrawal.

Notwithstanding the foregoing, the six-month suspension will not apply if the participant is also entitled to a qualified reservist distribution described directly below.

If a participant is a member of a reserve component (as defined in 37 USC 101) and is called into active military duty for a period in excess of 179 days or an indefinite period, the participant may request to receive a distribution of all or a portion of their vested account without incurring an early withdrawal penalty.

Forfeitures and Other

If an unvested participant leaves the Corporation (and all related entities) and receives a distribution of the vested portion of their account balance, the non-vested portion of the participant's account will be forfeited as of their termination date. If a participant leaves the Corporation (and all related entities) and does not receive a distribution of the vested portion of their account balance, the non-vested portion of the participant's account will be forfeited as of the date their break in service equals five years. Prior to November 1, 2024, the Plan used forfeitures to offset the cost of future employer contributions and to pay administrative and/or the Plan's expenses. Effective November 1, 2024, forfeitures may be used to pay for reasonable Plan administrative expenses.

Unallocated forfeitures balances as of December 31, 2024 and 2023, were \$47 and \$0, respectively.

Plan Termination

The Corporation may terminate the Plan at any time, and for any reason, subject to the provisions of ERISA. Upon termination of the Plan, the Corporation shall give written notice to the Plan Administrator and participants and affected participants will become 100% vested in their accounts.

**ENDEAVOR HEALTH LEGACY 403(B) TAX DEFERRED ANNUITY PLAN
FOR NORTHSORE UNIVERSITY HEALTHSYSTEM EMPLOYEES**

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

(Dollars in Thousands)

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest.

Interest income on notes receivable from participants is recorded when it is earned. No allowance for credit losses has been recorded as of December 31, 2024 or 2023. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

Excess Employee Contributions

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability, with a corresponding reduction to contributions. There were no excess contributions as of December 31, 2024 or 2023.

Investment Valuation and Income Recognition

Investments held by the Plan (except for fully benefit-responsive investment contracts) are stated at fair value. Fair value is defined as 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 (*i.e.*, an exit price). See Note 5 for further discussion of fair value.

Purchases and sales of investments 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Plan investments held in fully benefit-responsive investment contracts are reported at contract value, represent contributions made, plus earnings, less participant withdrawals and administrative expenses. See Note 7 for further discussion.

Payment of Benefits

Benefit payments are recorded when paid.

**ENDEAVOR HEALTH LEGACY 403(B) TAX DEFERRED ANNUITY PLAN
FOR NORTHSORE UNIVERSITY HEALTHSYSTEM EMPLOYEES**

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

(Dollars in Thousands)

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the Plan Administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

NOTE 3 INCOME TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the Code and, therefore, it is not currently eligible to receive a determination letter from the IRS. The Plan is required to operate in conformity with the Code to maintain its qualification under Section 403(b) of the Code. The Plan Administrator believes that the Plan is operating in accordance with the applicable requirements of Section 403(b) of the Code and, therefore, believes the Plan is qualified and the related accounts are tax exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more-likely-than-not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan and has concluded that there are 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.

NOTE 4 RISKS AND UNCERTAINTIES

The Plan invests in various investment securities that are exposed to 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. The changes could materially affect participants' account balances and the amounts reported on the statements of net assets available for benefits.

NOTE 5 FAIR VALUE MEASUREMENTS

The Plan's investments must be measured in accordance with the Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, prescribed fair value hierarchy and related valuation methodologies. ASC 820 defines fair value as 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.

**ENDEAVOR HEALTH LEGACY 403(B) TAX DEFERRED ANNUITY PLAN
FOR NORTHSORE UNIVERSITY HEALTHSYSTEM EMPLOYEES**

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

(Dollars in Thousands)

NOTE 5 FAIR VALUE MEASUREMENTS (continued)

ASC 820 specifies a hierarchy of valuation techniques based on whether the inputs to each measurement are observable or unobservable.

Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect the Plan's assumptions a market participant would make. The prescribed fair value hierarchy and related valuation techniques and inputs are as follows:

Level 1: Inputs are quoted prices for identical instruments in active markets.

Level 2: Inputs are quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-derived valuations in which all significant inputs are observable in active markets.

Level 3: Inputs are valuations derived from valuation techniques in which one or more significant inputs are unobservable.

The levels of the Plan's financial assets that are carried at fair value as of December 31, 2024, were as follows:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds ^(a)	\$ 9,761	\$ -	\$ -	\$ 9,761
Self-directed brokerage accounts ^(b)	16,209	-	-	16,209
Mutual funds ^(b)	1,886,655	-	-	1,886,655
	<u>\$ 1,912,625</u>	<u>\$ -</u>	<u>\$ -</u>	<u>1,912,625</u>
Stable value fund ^(c)				181,677
Total assets at fair value				<u>\$ 2,094,302</u>

The levels of the Plan's financial assets that are carried at fair value as of December 31, 2023, were as follows:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds ^(a)	\$ 104	\$ -	\$ -	\$ 104
Mutual funds ^(b)	1,765,363	-	-	1,765,363
	<u>\$ 1,765,467</u>	<u>\$ -</u>	<u>\$ -</u>	<u>1,765,467</u>
Stable value fund ^(c)				246,188
Total assets at fair value				<u>\$ 2,011,655</u>

**ENDEAVOR HEALTH LEGACY 403(B) TAX DEFERRED ANNUITY PLAN
FOR NORTHSORE UNIVERSITY HEALTHSYSTEM EMPLOYEES**

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

(Dollars in Thousands)

NOTE 5 FAIR VALUE MEASUREMENTS *(continued)*

- (a) Money market funds are held in bank and interest-bearing accounts. The fair value is equal to the account balance.
- (b) Mutual funds, including those held in self-directed brokerage accounts, are investments in registered investment companies. Registered investment company funds are valued at fair value based on the closing NAV for which identical quotes exist on active exchanges.
- (c) The stable value fund is a pooled separate account measured at NAV: This category consists of a pooled separate account that is designed to deliver stability by preserving principal and accumulating earnings. This fund is primarily invested in guaranteed investment contracts and synthetic investment contracts. Participant-directed redemptions have no restrictions; however, the Plan is required to provide a one-year redemption notice to liquidate its entire share in the fund.

NOTE 6 INFORMATION CERTIFIED BY FIDELITY

The following is a summary of the Plan's financial information as of December 31, 2024 and 2023, and for the year ended December 31, 2024, included throughout the Plan's financial statements and supplemental information, that was prepared by or derived from information provided by the custodian and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodian that information provided to the Plan Administrator by the custodian related to the following assets and liabilities is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's (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:

- Investments as shown in the statements of net assets available for benefits.
- Notes receivable from participants as shown in the statements of net assets available for benefits.
- Net investment income as shown in the statement of changes in net assets available for benefits.
- Assets held at Fidelity as shown in the schedule of assets (held at end of year).

**ENDEAVOR HEALTH LEGACY 403(B) TAX DEFERRED ANNUITY PLAN
FOR NORTHSORE UNIVERSITY HEALTHSYSTEM EMPLOYEES**

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

(Dollars in Thousands)

NOTE 7 INVESTMENT CONTRACT WITH INSURANCE COMPANIES

The Plan holds a guaranteed investment contract (GIC), which meets the fully benefit-responsive investment criteria and, therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer; such interest rates are reviewed and may be reset on a quarterly basis. The minimum guaranteed interest rate is 1% for 2024 and 2023.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (a) amendments to the Plan document (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, or (c) the failure of the custodial account to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that the occurrence of any such event that would limit the Plan's ability to transact at contract value with participants is likely.

The GIC issuer may discontinue the contract with the Plan under the following circumstances:

- The Plan fails to meet any of its obligations under the contracts or under any related agreements.
- All amounts under the contracts are withdrawn.
- The Plan is no longer a qualified plan under the Code.
- The Plan is terminated.
- The Plan, without the issuers' written agreement, attempts to assign the Plan's interest in the contracts.
- The Plan rejects an amendment to the contracts proposed by the issuers under the Amendments section.
- The issuers elect to discontinue accepting deposits for all contracts of this class.
- Employees of the Corporation are no longer eligible to participate in the Plan (any such discontinuance affects only those ineligible employees).

**ENDEAVOR HEALTH LEGACY 403(B) TAX DEFERRED ANNUITY PLAN
FOR NORTHSORE UNIVERSITY HEALTHSYSTEM EMPLOYEES**

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

(Dollars in Thousands)

NOTE 7 INVESTMENT CONTRACT WITH INSURANCE COMPANIES *(continued)*

- A change in applicable laws and regulations (including tax laws and regulations) materially affects the taxation of the contracts or separate accounts, or otherwise materially affects the issuers' obligations hereunder.

NOTE 8 RECONCILIATION TO THE FORM 5500

Orphaned Status

The IRS relieves the Plan from Form 5500 reporting requirements if the contract meets the criteria to be orphaned. An orphaned contract meets the following definition: Pursuant to Department of Labor Field Assistance Bulletin No. 2009-02, the plan sponsor of a Code Section 403(b) plan is not required to treat an annuity contract as part of the plan sponsor's 403(b) plan assets for purposes of the ERISA annual reporting and disclosure requirements, provided that:

- (a) The annuity contract was issued to a current or former employee before January 1, 2009.
- (b) The plan sponsor ceased to have any obligation to make contributions (including employee salary reduction contributions) and, in fact, ceased making contributions to the annuity contract before January 1, 2009.
- (c) All of the rights and benefits under the annuity contract are legally enforceable against the insurer or custodian by the individual owner of the annuity contract without any involvement by the plan sponsor.
- (d) The individual owner of the annuity contract is fully vested in the annuity contract.

Two orphaned ERISA contracts are included in the financial statements. The following table is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 2,116,105	\$ 2,048,706
Less: Accrual for contributions		
Employee	-	(2,015)
Employer	-	(12,813)
Less: Orphan contracts not in the Form 5500	<u>(28,887)</u>	<u>(28,542)</u>
Net assets available for benefits per the Form 5500	<u>\$ 2,087,218</u>	<u>\$ 2,005,336</u>

**ENDEAVOR HEALTH LEGACY 403(B) TAX DEFERRED ANNUITY PLAN
FOR NORTHSORE UNIVERSITY HEALTHSYSTEM EMPLOYEES**

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

(Dollars in Thousands)

NOTE 8 RECONCILIATION TO THE FORM 5500 (continued)

Orphaned Status (continued)

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2024, to the Form 5500:

Benefits paid to participants per the financial statements	\$ 229,936
Less: Orphan contracts not in the Form 5500	(3,600)
Offset loans	<u>(323)</u>
Benefits paid to participants per the Form 5500	<u>\$ 226,013</u>

The following is a reconciliation of total additions per the financial statements to total income per the Form 5500 for the year ended December 31, 2024:

Total additions per the financial statements	\$ 297,796
Other deductions	(320)
Change in accrual of employee contributions	2,015
Change in accrual of employer contribution	12,813
Less: Orphan contracts not in the Form 5500	<u>(3,945)</u>
Total additions per the Form 5500	<u>\$ 308,359</u>

NOTE 9 RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan invests in various mutual funds that are professionally managed by Fidelity, the holder of the Plan's assets, and the custodian, as defined by the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA.

The Corporation provides certain other administrative services at no cost to the Plan.

**ENDEAVOR HEALTH LEGACY 403(B) TAX DEFERRED ANNUITY PLAN
FOR NORTHSORE UNIVERSITY HEALTHSYSTEM EMPLOYEES**

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

(Dollars in Thousands)

NOTE 10 LEGAL PROCEEDINGS

On May 16, 2022, a putative class action lawsuit entitled *Remied v. NorthShore Univ. HealthSystem, et al.*, No. 1:22-cv-02578 (N.D. Ill.) was filed alleging a breach of ERISA's fiduciary duty of prudence in the administration of the Plan allegedly due to (i) excessive recordkeeping fees and (ii) unreasonably high-cost investment options. In July 2024, the district court dismissed the claims based on allegedly excessive investment management fees, but allowed the recordkeeping-fee claims to continue. The parties subsequently reached a settlement of all claims for \$850,000 and are currently seeking approval of the settlement by the court. A fairness hearing on the settlement is scheduled for September 26, 2025. If approved, the Settlement Administrator will distribute the settlement funds in accordance with the Settlement Agreement and the case will be dismissed.

NOTE 11 SUBSEQUENT EVENTS

Effective May 1, 2025, any forfeiture occurring under the Plan shall be applied in the following order:

- a) to restore any previously forfeited amounts pursuant to Section 9.2 of the Plan Document, then
- b) to reduce any Employer contributions necessary or desirable to correct errors, including but not limited to as provided in Section 17.5 of the Plan document, then
- c) to pay any Plan administrative expenses that are neither (i) charged directly to participant accounts (including but not limited to expenses related to transactions), nor (ii) paid by the Employer

Management evaluated events and transactions for the Plan occurring subsequent to December 31, 2024, through September 23, 2025, the date the accompanying financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

**NORTHSHORE UNIVERSITY HEALTHSYSTEM
TAX DEFERRED ANNUITY PLAN**

Schedule H, Line 4(i)—Schedule of Assets (Held at End of Year)
As of December 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	Current Value
	Voya Stabilizer	Pooled Separate	**	\$ 181,677,023
	Harbor Capital Apprec Fnd Ret	Mutual Fund	**	290,537,216
	Neuberg Berm Genesis Fund R6	Mutual Fund	**	69,822,698
	ClrBrg SmCp Grw Fd IS	Mutual Fund	**	24,408,474
*	Fid 500 Index*	Mutual Fund	**	320,626,123
*	Fid Glb Ex US Idx*	Mutual Fund	**	15,380,409
*	Fid Extd Mkt Idx*	Mutual Fund	**	160,057,408
*	Fid Fdm Idx Inc Prm*	Mutual Fund	**	13,663,232
*	Fid Fdm Idx 2010 Prm*	Mutual Fund	**	1,837,796
*	Fid Fdm Idx 2015 Prm*	Mutual Fund	**	1,864,108
*	Fid Fdm Idx 2020 Prm*	Mutual Fund	**	21,997,423
*	Fid Fdm Idx 2025 Prm*	Mutual Fund	**	69,285,239
*	Fid Fdm Idx 2030 Prm*	Mutual Fund	**	87,508,644
*	Fid Fdm Idx 2035 Prm*	Mutual Fund	**	100,804,422
*	Fid Fdm Idx 2040 Prm*	Mutual Fund	**	90,556,202
*	Fid Fdm Idx 2045 Prm*	Mutual Fund	**	90,454,755
*	Fid Fdm Idx 2050 Prm*	Mutual Fund	**	78,614,023
*	Fid Fdm Idx 2055 Prm*	Mutual Fund	**	54,824,263
*	Fid Fdm Idx 2060 Prm*	Mutual Fund	**	24,879,846
*	Fid Fdm Idx 2065 Prm*	Mutual Fund	**	10,082,057
*	Fid Fdm Idx 2070 Prm*	Mutual Fund	**	259,459
*	Self-Directed Brokerage Accounts*	Self-Directed	**	16,208,765
	RBC Emerg Mkts Eq R6	Mutual Fund	**	9,176,940
	IM Rae US I	Mutual Fund	**	104,100,811
*	Fid US Bd Id Fd*	Mutual Fund	**	15,429,851
	Vangrd FTSE Soc Indx Fund Ins	Mutual Fund	**	24,435,159
	Dodge & Cox Income X	Mutual Fund	**	100,131,606
	Dodge & Cox Int Sk X	Mutual Fund	**	49,122,117
	Vang Vmmr-Fed Mmkt	Money Market	**	185,701
	Voya Govt MM A	Money Market	**	9,574,561
	C&S Inst Realty SHS	Mutual Fund	**	913,611
	Am Cent Smcap Val R6	Mutual Fund	**	10,771,997
	AF Europac Growth R6	Mutual Fund	**	27,153,035
				<u>2,076,344,974</u>
*	Notes receivable from participants*	Interest rates of 4.25% - 9.50% with maturities from 2025 to 2045	-	<u>10,872,663</u>
				<u>\$ 2,087,217,637</u>

* Denotes party-in-interest.

** Information not required for participant-directed investments.

This schedule has been derived from information certified as complete and accurate by Fidelity Management Trust Company.



**NORTHSHORE UNIVERSITY HEALTHSYSTEM
TAX DEFERRED ANNUITY PLAN**

Schedule H, Line 4(i)—Schedule of Assets (Held at End of Year)
As of December 31, 2024

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				<u>2,076,344,974</u>
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