

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 [X] 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: ELMHURST MEMORIAL HOSPITAL RETIREMENT PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 01/01/1964
2a Plan sponsor's name (employer, if for a single-employer plan): ELMHURST MEMORIAL HOSPITAL
2b Employer Identification Number (EIN): 36-2167784
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 of plan administrator, Date, and Enter name of individual signing as plan administrator. Includes entries for DOUG WELDAY and DIANNA SPARACINO.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	3022
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	824
	<b>6a(2)</b>	0
	<b>6b</b>	0
	<b>6c</b>	0
	<b>6d</b>	0
	<b>6e</b>	0
	<b>6f</b>	0
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 \_\_\_\_\_

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

<b>A</b> Name of plan <b>ELMHURST MEMORIAL HOSPITAL RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ELMHURST MEMORIAL HOSPITAL</b>	<b>D</b> Employer Identification Number (EIN) <b>36-2167784</b>	

**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

**NORTHERN TRUST**

**36-1561860**

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

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

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

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

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARIAL	601904	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)

REAMS ASSET MANAGEMENT

43-1925734

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	INV. ADVISORY	246982	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)

SEI INVESTMENT

23-1707341

(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?
26 50	INVEST ADVISORY	129614	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)

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	75815	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)

MITCHELL & TITUS, LLP

36-2085229

(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?
16	CONTRACT	15500	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)

FIDUCIENT ADVISORS LLC

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?
16	CONTRACT	9750	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"/>

**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.

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

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

<b>A</b> Name of plan <u>ELMHURST MEMORIAL HOSPITAL RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ELMHURST MEMORIAL HOSPITAL</u>	<b>D</b> Employer Identification Number (EIN) <u>36-2167784</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEI CORE PROPERTY COLL INV TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>27-3224429-045</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>		
<b>A</b> Name of plan <b>ELMHURST MEMORIAL HOSPITAL RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ELMHURST MEMORIAL HOSPITAL</b>	<b>D</b> Employer Identification Number (EIN) <b>36-2167784</b>	

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	592225	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	24160000	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	1822722	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	55327057	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	14509468	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	82767352	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	20522084	0
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	4689561	0
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	204390469	0
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	0	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	204390469	0

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	15849	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	629740	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	2540479	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	134063	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		3320131
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	218156264	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	220341677	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-2185413
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		-261571
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		3
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		873150

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	57123048	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	130540000	
(3) Other .....	<b>2e(3)</b>	12570075	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		200233123
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	25250	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	376596	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	75815	
(7) Actuarial fees .....	<b>2i(7)</b>	696904	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	3855931	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		5030496
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		205263619

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-204390469
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: MITCHEL TITUS

(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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		15000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year 12570075.

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 550504.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>ELMHURST MEMORIAL HOSPITAL RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>ELMHURST MEMORIAL HOSPITAL</u>	<b>D</b> Employer Identification Number (EIN) <u>36-2167784</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 36-2167784

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	1153
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

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

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<b>c</b> 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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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 \_\_\_\_\_.

**ELMHURST MEMORIAL HOSPITAL RETIREMENT PLAN**

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



**MITCHELL TITUS**  
ACHIEVING EXCELLENCE TOGETHER

**ELMHURST MEMORIAL HOSPITAL RETIREMENT PLAN**  
Financial Statements and Supplemental Schedules  
For the Years Ended December 31, 2024 and 2023

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## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator  
Elmhurst Memorial Hospital Retirement Plan

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

We have performed audits of the financial statements of the Elmhurst Memorial Hospital Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets in liquidation as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### ***Opinion***

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

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

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

### ***Basis for Opinion***

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

### ***Emphasis of Matter – Plan Termination and Liquidation Basis of Accounting***

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

### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of 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.

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



### ***Auditor's Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with GAAS, we:

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

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

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



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

***Other Matter – Supplemental Schedules Required by ERISA***

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

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

In our opinion:

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

*Mitchell Titus, LLP*

September 23, 2025

**ELMHURST MEMORIAL HOSPITAL RETIREMENT PLAN**

Statements of Net Assets in Liquidation

As of December 31, 2024 and 2023

*(Dollars in Thousands)*

	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
Non-interest-bearing cash	\$ -	\$ 592
<i>Investments, at fair value</i>		
U.S. Government securities	-	55,327
Corporate debt instruments	-	97,276
Collective investment trust	-	20,522
Other Investments	-	4,690
Total investments	<u>-</u>	<u>177,815</u>
<b>RECEIVABLES</b>		
Company contribution receivable	-	24,160
Due from brokers for securities sold	-	1,823
Total receivables	<u>-</u>	<u>25,983</u>
Total assets	-	204,390
<b>LIABILITIES</b>		
Due to broker for securities purchased	-	-
<b>Net assets available for benefits</b>	<u>\$ -</u>	<u>\$ 204,390</u>

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

**ELMHURST MEMORIAL HOSPITAL RETIREMENT PLAN**

Statements of Changes in Net Assets in Liquidation

For the Years Ended December 31, 2024 and 2023

*(Dollars in Thousands)*

	<u>2024</u>	<u>2023</u>
<b>ADDITIONS</b>		
<i>Investment income (loss)</i>		
Net depreciation in fair value of investments	\$ (2,447)	\$ (5,222)
Interest and dividends	3,320	6,611
	<u>873</u>	<u>1,389</u>
Net investment (loss) income		
Company contributions	-	24,160
Total additions	<u>873</u>	<u>25,549</u>
<b>DEDUCTIONS</b>		
Benefits paid to participants	57,123	11,203
Purchase of annuity contracts (Note 8)	130,540	-
Administrative expenses	5,030	1,537
	<u>192,693</u>	<u>12,740</u>
Total deductions		
Net (decrease) increase	(191,820)	12,809
Net assets reverted to Endeavor (Note 8)	(12,570)	-
<b>NET ASSETS IN LIQUIDATION</b>		
Beginning of year	<u>204,390</u>	<u>191,581</u>
End of year	<u>\$ -</u>	<u>\$ 204,390</u>

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

## **ELMHURST MEMORIAL HOSPITAL RETIREMENT PLAN**

Notes to Financial Statements

For the Year Ended December 31, 2024 and 2023

*(Dollars in Thousands)*

### **NOTE 1      DESCRIPTION OF PLAN**

The following description of the Elmhurst Memorial Hospital Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

#### General

The Plan was a defined benefit plan that covered substantially all eligible employees of Elmhurst Memorial Hospital (the Hospital) hired prior to January 1, 2014. The Endeavor Health Retirement Plan Committee was responsible for managing the operation and administration of the Plan. Endeavor Health (formerly known as NS-EE Holdings) is the parent company of Elmhurst Memorial Hospital. Northern Trust (the trustee), together with an investment manager, managed the Plan's investments. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan was amended to freeze participation and benefit accruals for all eligible employees, effective December 31, 2013.

#### Payment of Benefits

Employees hired prior to January 1, 2014, were eligible to participate in the Plan after reaching the age of 21 and completing 1,000 hours of service, as defined by the Plan, in either their first employment anniversary year or subsequent Plan year. Participants who completed five years of vesting service, as defined by the Plan, were fully vested and were entitled to pension benefits upon the later of reaching the normal retirement age of 65 or their fifth anniversary of entry into the Plan. Notwithstanding the foregoing, any participant affected by the Plan termination became fully vested in their pension benefit effective June 30, 2023. Early retirement payments were available at a percentage of normal retirement benefits based on schedules, as defined by the Plan. Pension benefits were provided to participants based upon years of benefit service and final average compensation, as defined by the Plan. Retirement benefits were paid to participants or beneficiaries in various forms of annuities.

As a result of the amendment to the Plan, effective December 31, 2013, to freeze participation and benefit accruals, no additional benefits have been accrued and no additional employees have become participants since December 31, 2013. Participants continued to earn years of vesting service in accordance with the terms of the Plan.

## **ELMHURST MEMORIAL HOSPITAL RETIREMENT PLAN**

Notes to Financial Statements

For the Year Ended December 31, 2024 and 2023

*(Dollars in Thousands)*

### **NOTE 2      SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

#### Basis of Accounting

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

#### Use of Estimates in Preparation of Financial Statements

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results may differ from these estimates.

#### Risks and Uncertainties

The Plan utilized various investment instruments including mutual funds, money market funds, and a collective investment trust. Investment instruments, in general, were exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment instruments, it was reasonably possible that changes in the values of investments could occur in the near term. The changes could have materially affected the amounts reported in the statements of net assets in liquidation.

Plan contributions were made, and the actuarial present value of accumulated plan benefits were reported, based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which were subject to change. Due to uncertainties inherent in the estimations and assumptions process, it was at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

## ELMHURST MEMORIAL HOSPITAL RETIREMENT PLAN

Notes to Financial Statements

For the Year Ended December 31, 2024 and 2023

(Dollars in Thousands)

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

#### Funding Policy

Contributions to provide benefits under the Plan were made solely by the Hospital. The Hospital's funding policy was to make cash contributions to the Plan in amounts as determined by the Plan's independent actuarial consultant to adequately fund benefits and meet ERISA minimum funding requirements. At its discretion, from time to time, the Hospital would make contributions in excess of actuarially determined minimum requirements.

#### Investment Valuation and Income Recognition

The Plan did not hold any investments at December 31, 2024. The Plan's investments held at December 31, 2023, were reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

#### Administrative Expenses

Certain overhead costs to administer the Plan are paid by the Hospital and are excluded from these financial statements. In the accompanying statements of changes in net assets in liquidation, administrative expenses paid by the Plan for Plan operations are recorded as a deduction and investment-related expenses are recorded as a reduction of investment income.

#### Payment of Benefits

Benefit payments to participants are recorded upon distribution.

### NOTE 3 SUMMARY OF INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Certain information disclosed in the accompanying financial statements and supplemental schedules, including investments held and accrued investment income at December 31, 2024 and 2023, and net investment income for the years then ended, and reportable transactions for the year ended December 31, 2024, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Northern Trust, the trustee of the Plan.

## ELMHURST MEMORIAL HOSPITAL RETIREMENT PLAN

Notes to Financial Statements

For the Year Ended December 31, 2024 and 2023

*(Dollars in Thousands)*

### NOTE 4 FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority level; Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1); Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There are no Plan assets requiring the use of Level 3 inputs for the periods presented.

The following is a description of the valuation methodologies used for instruments measured at fair value. There have been no changes in the methodologies used as of December 31, 2024 and 2023.

#### Collective Investment Trust

The collective investment trust asset consists of an investment in the SEI Core Property Fund LP. Fair value is estimated using NAV as a practical expedient. NAV is determined using the estimated fair values of the underlying assets held in the fund at year-end as reported to the trustee of the Plan by the manager of the Fund. The SEI Core Property Fund LP is structured as a U.S. limited partnership, with a strategy of holding diversified property funds. The fund has no lock up period and can be redeemed quarterly with 65-days notice. This fund currently has imposed a "gate," which limits redemptions because it is difficult to sell the underlying investments in this fund. So, while the fund has no lock-up period and redemptions are permitted quarterly, investors can only redeem a limited amount of their investment each quarter.

#### U.S. Government Securities

Valued using pricing models maximizing the use of observable inputs for similar securities.

#### Corporate Debt Instruments

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

## ELMHURST MEMORIAL HOSPITAL RETIREMENT PLAN

### Notes to Financial Statements

For the Year Ended December 31, 2024 and 2023

(Dollars in Thousands)

#### NOTE 4 FAIR VALUE MEASUREMENTS (continued)

##### Other Investments

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

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values.

Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The Plan did not hold any financial assets as of December 31, 2024. The following table set forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2023:

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
U.S. Government securities	\$ -	\$ 55,327	\$ -	\$ 55,327
Corporate debt	-	97,276	-	97,276
Other	-	4,690	-	4,690
<b>Total investments in the fair value hierarchy</b>	<b>\$ -</b>	<b>\$ 157,293</b>	<b>\$ -</b>	<b>157,293</b>
Investments measured at NAV (a)				20,522
<b>Total investment assets at fair value</b>				<b>\$ 177,815</b>

- (a) In accordance with U.S. GAAP, certain investments that are measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

#### NOTE 5 ACCUMULATED PLAN BENEFITS

Accumulated plan benefits were those future periodic payments (including lump-sum distributions for small benefits under \$7) that were attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits included benefits expected to be paid to: (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits was determined by an independent actuarial consultant and was that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

## ELMHURST MEMORIAL HOSPITAL RETIREMENT PLAN

Notes to Financial Statements

For the Year Ended December 31, 2024 and 2023

(Dollars in Thousands)

### NOTE 5 ACCUMULATED PLAN BENEFITS (continued)

The effect of the Plan amendments on accumulated plan benefits was recognized during the year in which such amendments become effective and reflected in the actuarial present value of accumulated plan benefits at the beginning of the next period.

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

	<b>2023</b>
	<u>(Liquidation)</u>
Participants and/or beneficiaries currently receiving benefits	\$ 107,952
Other participants	<u>84,775</u>
Total vested benefits	192,727
Nonvested benefits	<u>-</u>
<b>Total actuarial present value of accumulated plan benefits</b>	<b>\$ 192,727</b>

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

	<b>2023</b>
Actuarial present value of accumulated plan benefits as of January 1, 2023	<u>\$ 180,610</u>
<i>Increase (decrease) during the year attributable to</i>	
Decrease in discount period	9,647
Assumption changes	13,673
Benefit payments	(11,203)
Additional benefits earned, including experience gains and losses	<u>-</u>
Net increase	<u>12,117</u>
<b>Actuarial present value of accumulated plan benefits at of December 31, 2023</b>	<b>\$ 192,727</b>

## ELMHURST MEMORIAL HOSPITAL RETIREMENT PLAN

Notes to Financial Statements

For the Year Ended December 31, 2024 and 2023

(Dollars in Thousands)

### NOTE 5 ACCUMULATED PLAN BENEFITS (continued)

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

	<u>2024</u>
Actuarial present value of accumulated plan benefits as of January 1, 2024	\$ 192,727
<i>Increase (decrease) during the year attributable to</i>	
Decrease in discount period	5,138
Assumption changes	-
Benefit payments	(8,388)
Benefits settled in lump sum window	(48,871)
Benefits settled in annuity purchase	(130,540)
Additional benefits earned, including experience gains and losses	(10,066)
Net decrease	(192,727)
<b>Actuarial present value of accumulated plan benefits at of December 31, 2024</b>	<b>\$ -</b>

#### Actuarial Assumptions

The Plan was terminated as of June 30, 2023. The significant actuarial assumptions used in the January 1, 2023, valuation is described below:

Actuarial cost method:	Unit-credit cost
Interest rate:	5.51% for January 1, 2023 valuation
Mortality assumptions:	Pri-2012 Total Mortality Tables with Scale MP-2021 Mortality Improvement Scale applied on a generational basis for January 1, 2023 valuation

### NOTE 6 RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain of the Plan's assets were invested in funds managed by Northern Trust, the custodian of the Plan's assets and the Trustee, as defined by the Plan. These transactions qualified as party-in-interest transactions; however, they were exempt from the prohibited transaction rules under ERISA.

The Hospital provided certain other administrative services at no cost to the Plan.

## **ELMHURST MEMORIAL HOSPITAL RETIREMENT PLAN**

Notes to Financial Statements

For the Year Ended December 31, 2024 and 2023

*(Dollars in Thousands)*

### **NOTE 7 TAX STATUS**

The Plan obtained its latest determination letter on October 29, 2015, in which the Internal Revenue Service stated that the Plan and related trust, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan was required to operate in conformity with the IRC to maintain its qualified status. The Plan Administrator believed the Plan was being operated in compliance with the applicable requirements of the IRC and, therefore, believed the Plan, as amended, was qualified and the related trust was tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements. In connection with the Plan termination, on May 15, 2023, the Plan administrator submitted an IRS determination letter as it relates to the Plan termination. On May 12, 2025, the Plan received a favorable determination letter relating to the Plan termination.

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

### **NOTE 8 PLAN TERMINATION**

As referenced in Note 2, effective March 17, 2023, the CPO approved the effective termination date of the Plan of June 30, 2023. The Hospital commenced the termination process subject to the provisions set forth under Section 4041(b) of ERISA and Section 411(d)(3) of the IRC.

As such, the net assets of the Plan were allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. First, in equal preference, among benefits in the following two subcategories:
  - (1) in the case of a benefit pay status three years prior to termination, to each such benefit at the lowest pay level in that period and at the lowest benefit level under the Plan during the past five years prior to termination, and
  - (2) in the case of a benefit (other than a benefit described in (1) above) which would have been in pay status three years prior to termination if the Participant had retired prior to the beginning of the three-year period and if his/her benefits had commenced then in the Normal Form of Benefit, to each such benefit at the lowest benefit level under the Plan during the five years prior to termination;

## ELMHURST MEMORIAL HOSPITAL RETIREMENT PLAN

Notes to Financial Statements

For the Year Ended December 31, 2024 and 2023

(Dollars in Thousands)

### NOTE 8 PLAN TERMINATION (continued)

- b. Second, among all other benefits (if any) of individuals under the Plan guaranteed under the termination insurance provisions of ERISA, determined without regard to ERISA Sections 4022(b)(5) 4022(b)(6), and 4021(c);
- c. Third, among all other benefits which were nonforfeitable under provisions of the Plan other than Section 10.5(a), in the following order of preference:
  - (1) all such benefits payable to participants whose annuity starting date occurred prior to termination;
  - (2) all other such benefits payable to participants who satisfied the requirements for a normal retirement benefit but who had not retired at the date of termination;
  - (3) all other such benefits payable to participants who satisfied the requirements for an early retirement benefit but who had not retired as of the date of termination;
  - (4) all other such benefits payable to participants; and
- d. Fourth, among all other benefits under the Plan.

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

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

Participants not yet in pay status were notified that if they did not submit an election regarding their distribution, annuity contracts would be purchased by the Plan from an insurance company on behalf of the participant. During July 2024, insurance company annuity contracts totaling \$130,540 were purchased from Athene Annuity and Life Company and Athene Annuity and Life Assurance Company of New York to provide benefits to participants subsequent to termination.

The Plan's assets were sufficient to provide for the accumulated benefit obligations of the Plan due to the Plan's termination and change to the liquidation basis of accounting, as noted previously. Net plan assets in excess of the accumulated benefit obligation of \$12,570 were refunded back to Endeavor Health Clinical Operations. This amount consisted of \$7,330 in securities deliveries and \$5,240 in cash.

**ELMHURST MEMORIAL HOSPITAL RETIREMENT PLAN**

Notes to Financial Statements

For the Year Ended December 31, 2024 and 2023

*(Dollars in Thousands)*

**NOTE 9      SUBSEQUENT EVENTS**

The Plan has evaluated subsequent events through September 23, 2025, which is the date the financial statements were available to be issued.

**SCHEDULE H, LINE 4(i)–  
SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)  
FOR THE YEAR ENDED DECEMBER 31, 2024 (IN LIQUIDATION)  
EIN: 36-2167784; PLAN #: 003**

# 5500 Supplemental Schedules

01 JAN 24 - 31 DEC 24

Account Name ELMHURST MEMORIAL PENSION PLAN

Account number EVANEE

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## ◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
C999599GHO	FUT JUN 24 CBT UL T-BONDS	Free Delivery	-29.00		
		Free Receipt	29.00	-3,688,993.00	
C999599GHO	FUT JUN 24 CBT UL T-BONDS	Free Delivery	-29.00		
		Free Receipt	29.00	-3,688,993.00	
C999599GHO	FUT JUN 24 CBT UL T-NOTE	Free Delivery	-62.00		
		Free Receipt	62.00	-7,058,796.72	
C999599GHO	FUT JUN 24 CBT UL T-NOTE	Free Delivery	-62.00		
		Free Receipt	62.00	-7,058,796.72	
C999599GHO	FUT JUN 24 CBT 5Y T-NOTE	Free Delivery	-40.00		
		Free Receipt	40.00	-4,269,375.20	
C999599GHO	FUT JUN 24 CBT 5Y T-NOTE	Free Delivery	-40.00		
		Free Receipt	40.00	-4,269,375.20	
C999599GHO	FUT JUN 24 U.S. T-BONDS	Free Delivery	-64.00		
		Free Receipt	64.00	-7,591,120.52	
C999599GHO	FUT JUN 24 U.S. T-BONDS	Free Delivery	-64.00		
		Free Receipt	64.00	-7,591,120.52	
C999599GHO	FUT JUN 24 US 2YR T-NOTE	Free Delivery	-104.00		
		Free Receipt	104.00	-21,279,375.00	
C999599GHO	FUT JUN 24 US 2YR T-NOTE	Free Delivery	-104.00		
		Free Receipt	104.00	-21,279,375.00	
C999599GHO	FUT JUN 24 10 YR T-NOTES	Free Delivery	-36.00		
		Free Receipt	36.00	-3,966,473.88	
C999599GHO	FUT JUN 24 10 YR T-NOTES	Free Delivery	-36.00		
		Free Receipt	36.00	-3,966,473.88	
C999599GHO	FUT MAR 24 CBT UL T-BONDS	Free Delivery	-29.00		

# 5500 Supplemental Schedules

01 JAN 24 - 31 DEC 24

Account Name ELMHURST MEMORIAL PENSION PLAN

Account number EVANEE

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## ◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
C999599GH0	FUT MAR 24 CBT UL T-BONDS	Free Receipt	29.00	-3,651,281.25	
		Free Delivery	-29.00		
		Free Receipt	29.00	-3,651,281.25	
C999599GH0	FUT MAR 24 U.S. T-BONDS	Free Delivery	-64.00		
		Free Receipt	18.00	-2,158,875.00	
C999599GH0	FUT MAR 24 U.S. T-BONDS	Free Delivery	-18.00		
		Free Receipt	64.00	-7,489,032.63	
C999599GH0	FUT SEP 24 CBT UL T-BONDS	Free Delivery	-29.00		
		Free Receipt	29.00	-3,546,835.94	
C999599GH0	FUT SEP 24 CBT UL T-BONDS	Free Delivery	-29.00		
		Free Receipt	29.00	-3,546,835.94	
C999599GH0	FUT SEP 24 CBT UL TNOTE	Free Delivery	-62.00		
		Free Receipt	62.00	-6,932,375.00	
C999599GH0	FUT SEP 24 CBT UL TNOTE	Free Delivery	-62.00		
		Free Receipt	62.00	-6,932,375.00	
C999599GH0	FUT SEP 24 CBT 5Y T-NOTE	Free Delivery	-38.00		
		Free Receipt	38.00	-4,013,156.44	
C999599GH0	FUT SEP 24 CBT 5Y T-NOTE	Free Delivery	-38.00		
		Free Receipt	38.00	-4,013,156.44	
C999599GH0	FUT SEP 24 U.S. T-BONDS	Free Delivery	-63.00		
		Free Receipt	63.00	-7,299,140.63	
C999599GH0	FUT SEP 24 U.S. T-BONDS	Free Delivery	-63.00		
		Free Receipt	63.00	-7,299,140.63	
C999599GH0	FUT SEP 24 US 2YR T-NOTE	Free Delivery	-104.00		
		Free Receipt	104.00	-21,164,000.00	

# 5500 Supplemental Schedules

01 JAN 24 - 31 DEC 24

Account Name ELMHURST MEMORIAL PENSION PLAN

Account number EVANEE

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## ◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
C999599GHO	FUT SEP 24 10 YR T-NOTES	Free Delivery Free Receipt	-104.00 104.00	-21,164,000.00	
C999599GHO	FUT SEP 24 10 YR T-NOTES	Free Delivery Free Receipt	-36.00 36.00	-3,909,656.16	
SBNRPM13	MIDAMERICAN ENERGY CO 5.3% 02-01-2055	Free Delivery Free Receipt	-36.00 36.00	-3,909,656.16	
		Acquisitions Dispositions	890,000.00 -890,000.00	-886,226.40	875,822.30

**SCHEDULE H, LINE 4(j)–  
SCHEDULE OF REPORTABLE TRANSACTIONS  
FOR THE YEAR ENDED DECEMBER 31, 2024 (IN LIQUIDATION)  
EIN: 36-2167784; PLAN #: 003**

# 5500 Supplemental Schedules

1 JAN 24 - 31 DEC 24

Account Name ELMHURST MEMORIAL PENSION PLAN

Account number EVANEE

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## ◆ 5% Report - Part A

### Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
<b>Value of Interest in Common/Collective Trusts</b>									
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	-11,354,044.660	26 Jun 24	1.0000	1.0000		0.00	11,354,044.66	11,354,044.66	0.00
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	-11,376,091.630	28 Jun 24	1.0000	1.0000		0.00	11,376,091.63	11,376,091.63	0.00
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	-105,658,988.810	22 Jul 24	1.0000	1.0000		0.00	105,658,988.81	105,658,988.81	0.00
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	-106,356,493.560	23 Jul 24	1.0000	1.0000		0.00	106,356,493.56	106,356,493.56	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 180,230,468.44

# 5500 Supplemental Schedules

1 JAN 24 - 31 DEC 24

Account Name ELMHURST MEMORIAL PENSION PLAN  
Account number EVANEE

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## ◆ 5% Report - Part B

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

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 180,230,468.44

# 5500 Supplemental Schedules

1 JAN 24 - 31 DEC 24

Account Name ELMHURST MEMORIAL PENSION PLAN

Account number EVANEE

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## ◆ 5% Report - Part C Summary

### Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Number of Transactions	Transaction Aggregate Acquisition Price	Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
NON-INTEREST BEARING DEPOSIT CUSIP: 125993139	Total acquisitions	8,438,774.12		0.00	8,438,774.12	8,438,774.12
	Total dispositions			0.00	8,438,774.12	8,438,774.12
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	Total acquisitions	343,454,453.10		0.00	343,454,453.10	343,454,453.10
	Total dispositions			0.00	350,171,956.36	350,171,956.36
UNITED STATES OF AMER TREAS BONDS 4.25% 02-15-2054 SEDOL: BS2G1C0	Total acquisitions	13,977,039.84		0.00	13,977,039.84	13,977,039.84
	Total dispositions			0.00	13,977,039.84	13,977,039.84
UNITED STATES OF AMER TREAS NOTES 4.25% 09-30-2024 SEDOL: BN6ML30	Total acquisitions	15,381,967.98		0.00	15,381,967.98	15,381,967.98
	Total dispositions			0.00	15,381,967.98	15,381,967.98
UNITED STATES OF AMER TREAS NOTES 4.375% 05-15-2034 SEDOL: BQSB5K1	Total acquisitions	4,739,262.89		0.00	4,739,262.89	4,739,262.89
	Total dispositions			0.00	4,739,262.89	4,739,262.89
UNITED STATES TREAS BDS 4.625% 05-15-20 44 SEDOL: BPZRN8	Total acquisitions	7,324,256.65		0.00	7,324,256.65	7,324,256.65
	Total dispositions			0.00	4,742,309.38	4,742,309.38
UNITED STATES TREAS NTS 1.5% DUE 10-31-2028 REG SEDOL: BN7DP74	Total acquisitions	5,296,875.00		0.00	5,296,875.00	5,296,875.00
	Total dispositions			0.00	7,338,437.70	7,338,437.70
UNITED STATES TREAS NTS 4.25% 06-30-2029 SEDOL: BRT7688	Total acquisitions	7,997,459.38		0.00	7,997,459.38	7,997,459.38
	Total dispositions			0.00	6,831,585.94	6,966,679.69
	Total acquisitions	8,005,208.20		0.00	8,005,208.20	8,005,208.20

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 180,230,468.44

# 5500 Supplemental Schedules

1 JAN 24 - 31 DEC 24

Account Name ELMHURST MEMORIAL PENSION PLAN

Account number EVANEE

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## ◆ 5% Report - Part D

### Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
<b>BMO CAPITAL MARKETS CORP</b>									
<b>U.S. Government Securities</b>									
<b>United States - USD</b>									
UNITED STATES OF AMER TREAS BONDS 4.25% 02-15-2054 SEDOL: BS2G1C0	-2,650,000.000	17 Jul 24		97.9258		0.00	2,594,686.91	2,595,033.20	346.29
UNITED STATES OF AMER TREAS BONDS 4.25% 02-15-2054 SEDOL: BS2G1C0	-11,625,000.000	* 17 Jul 24		98.0352		0.00	11,382,352.93	11,396,586.91	14,233.98
UNITED STATES OF AMER TREAS NOTES 4.0% 0 2-15-2034 SEDOL: BS2G1B9	2,235,000.000	12 Feb 24	98.6328			0.00	2,204,443.36	2,204,443.36	0.00
UNITED STATES OF AMER TREAS NOTES 4.5% DUE 11-15-2033 SEDOL: BRBS4K9	-2,230,000.000	12 Feb 24		102.5273		0.00	2,324,949.22	2,286,359.77	-38,589.45
UNITED STATES OF AMER TREAS NOTES 4.625% 06-30-2026 SEDOL: BRT7679	-1,920,000.000	17 Jul 24		100.3398		0.00	1,925,775.00	1,926,525.00	750.00
UNITED STATES TREAS BDS 4.625% 05-15-20 44 SEDOL: BPZRNR8	-465,000.000	17 Jul 24		101.9805		0.00	473,682.80	474,209.18	526.38
UNITED STATES TREAS NTS 4.25% 06-30-2029 SEDOL: BRT7668	-7,945,000.000	17 Jul 24		100.7578		0.00	7,997,459.38	8,005,208.20	7,748.82
Total BMO CAPITAL MARKETS CORP							28,903,349.60	28,888,365.62	-14,983.98
<b>MORGAN STANLEY AND CO., LLC</b>									
<b>U.S. Government Securities</b>									
<b>United States - USD</b>									
UNITED STATES OF AMER TREAS NOTES 4.375% 05-15-2034 SEDOL: BQSB5K1	-8,870,000.000	* 17 Jul 24		101.7852		0.00	8,988,014.23	9,028,343.36	40,329.13
UNITED STATES OF AMER TREAS NOTES 4.375% 07-15-2027 SEDOL: BT5FJ16	3,165,000.000	17 Jul 24	100.4063			0.00	3,177,857.81	3,177,857.81	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 180,230,468.44

# 5500 Supplemental Schedules

1 JAN 24 - 31 DEC 24

Account Name ELMHURST MEMORIAL PENSION PLAN

Account number EVANEE

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## ◆ 5% Report - Part D

### Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
<b>MORGAN STANLEY AND CO., LLC</b>									
UNITED STATES TREAS BDS 4.625% 05-15-20 44 SEDOL: BPZRNR8	95,000,000	17 Jul 24	102.0781			0.00	96,974.22	96,974.22	0.00
<b>Corporate Debt Instruments - Preferred</b>									
United States - USD									
FLORIDA PWR CORP 5.65% DUE 04-01-2040 SEDOL: BAWTC62	-120,000,000	17 Jul 24	102.4660			0.00	135,396.00	122,959.20	-12,436.80
<b>Corporate Debt Instruments - Other</b>									
United States - USD									
AT&T INC 2.25% DUE 02-01-2032 SEDOL: BMDFAQ1	-275,000,000	18 Jul 24	82.5840			0.00	230,821.25	227,106.00	-3,715.25
DELTA AIR LINES INC DEL 2.0% 12-10-2029 REG SEDOL: BLH1392	-83,690,660	17 Jul 24	91.2820			0.00	70,927.82	76,394.52	5,466.70
PNC FINL SERVICES FIXED 5.354% DUE 12-02-2028 SEDOL: BPCVH93	-2,860,000,000	17 Jul 24	101.0680			0.00	2,860,000.00	2,890,544.80	30,544.80
PVTPJ JACKSON NATIONAL LIFE GLOBAL FUNDING NEW ISSUE 3YR 3YR 1.75% 01-12-2025 SEDOL: BPG9FH7	-90,000,000	18 Jul 24	98.1130			0.00	85,185.00	88,301.70	3,116.70
SHELL INTL FIN BV 3.75% DUE 09-12-2046 SEDOL: BD5NF87	-1,700,000,000	18 Jul 24	79.5240			0.00	1,440,019.00	1,351,908.00	-88,111.00
Total MORGAN STANLEY AND CO., LLC							17,085,195.33	17,060,389.61	-24,805.72

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 180,230,468.44



**SCHEDULE H, LINE 4(j)–  
SCHEDULE OF REPORTABLE TRANSACTIONS  
FOR THE YEAR ENDED DECEMBER 31, 2024 (IN LIQUIDATION)  
EIN: 36-2167784; PLAN #: 003**

# 5500 Supplemental Schedules

1 JAN 24 - 31 DEC 24

Account Name ELMHURST MEMORIAL PENSION PLAN

Account number EVANEE

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## ◆ 5% Report - Part A

### Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
<b>Value of Interest in Common/Collective Trusts</b>									
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	-11,354,044.660	26 Jun 24	1.0000	1.0000		0.00	11,354,044.66	11,354,044.66	0.00
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	-11,376,091.630	28 Jun 24	1.0000	1.0000		0.00	11,376,091.63	11,376,091.63	0.00
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	-105,658,988.810	22 Jul 24	1.0000	1.0000		0.00	105,658,988.81	105,658,988.81	0.00
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	-106,356,493.560	23 Jul 24	1.0000	1.0000		0.00	106,356,493.56	106,356,493.56	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 180,230,468.44

# 5500 Supplemental Schedules

1 JAN 24 - 31 DEC 24

Account Name ELMHURST MEMORIAL PENSION PLAN  
Account number EVANEE

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## ◆ 5% Report - Part B

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

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 180,230,468.44

# 5500 Supplemental Schedules

1 JAN 24 - 31 DEC 24

Account Name ELMHURST MEMORIAL PENSION PLAN

Account number EVANEE

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## ◆ 5% Report - Part C Summary

### Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Number of Transactions	Transaction Aggregate Acquisition Price	Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
NON-INTEREST BEARING DEPOSIT CUSIP: 125993139	Total acquisitions	8,438,774.12		0.00	8,438,774.12	8,438,774.12
	Total dispositions			0.00	8,438,774.12	8,438,774.12
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	Total acquisitions	343,454,453.10		0.00	343,454,453.10	343,454,453.10
	Total dispositions			0.00	350,171,956.36	350,171,956.36
UNITED STATES OF AMER TREAS BONDS 4.25% 02-15-2054 SEDOL: BS2G1C0	Total acquisitions	13,977,039.84		0.00	13,977,039.84	13,977,039.84
	Total dispositions			0.00	13,977,039.84	13,977,039.84
UNITED STATES OF AMER TREAS NOTES 4.25% 09-30-2024 SEDOL: BN6ML30	Total acquisitions	15,381,967.98		0.00	15,381,967.98	15,381,967.98
	Total dispositions			0.00	15,381,967.98	15,381,967.98
UNITED STATES OF AMER TREAS NOTES 4.375% 05-15-2034 SEDOL: BQSB5K1	Total acquisitions	4,739,262.89		0.00	4,739,262.89	4,739,262.89
	Total dispositions			0.00	4,739,262.89	4,739,262.89
UNITED STATES TREAS BDS 4.625% 05-15-20 44 SEDOL: BPZRN8	Total acquisitions	7,324,256.65		0.00	7,324,256.65	7,324,256.65
	Total dispositions			0.00	4,742,309.38	4,742,309.38
UNITED STATES TREAS NTS 1.5% DUE 10-31-2028 REG SEDOL: BN7DP74	Total acquisitions	5,296,875.00		0.00	5,296,875.00	5,296,875.00
	Total dispositions			0.00	7,338,437.70	7,338,437.70
UNITED STATES TREAS NTS 4.25% 06-30-2029 SEDOL: BRT7688	Total acquisitions	7,997,459.38		0.00	7,997,459.38	7,997,459.38
	Total dispositions			0.00	6,831,585.94	6,966,679.69
	Total acquisitions	8,005,208.20		0.00	8,005,208.20	8,005,208.20

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 180,230,468.44

# 5500 Supplemental Schedules

1 JAN 24 - 31 DEC 24

Account Name ELMHURST MEMORIAL PENSION PLAN

Account number EVANEE

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## ◆ 5% Report - Part D

### Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
<b>BMO CAPITAL MARKETS CORP</b>									
<b>U.S. Government Securities</b>									
<b>United States - USD</b>									
UNITED STATES OF AMER TREAS BONDS 4.25% 02-15-2054 SEDOL: BS2G1C0	-2,650,000.000	17 Jul 24		97.9258		0.00	2,594,686.91	2,595,033.20	346.29
UNITED STATES OF AMER TREAS BONDS 4.25% 02-15-2054 SEDOL: BS2G1C0	-11,625,000.000	* 17 Jul 24		98.0352		0.00	11,382,352.93	11,396,586.91	14,233.98
UNITED STATES OF AMER TREAS NOTES 4.0% 0 2-15-2034 SEDOL: BS2G1B9	2,235,000.000	12 Feb 24	98.6328			0.00	2,204,443.36	2,204,443.36	0.00
UNITED STATES OF AMER TREAS NOTES 4.5% DUE 11-15-2033 SEDOL: BRBS4K9	-2,230,000.000	12 Feb 24		102.5273		0.00	2,324,949.22	2,286,359.77	-38,589.45
UNITED STATES OF AMER TREAS NOTES 4.625% 06-30-2026 SEDOL: BRT7679	-1,920,000.000	17 Jul 24		100.3398		0.00	1,925,775.00	1,926,525.00	750.00
UNITED STATES TREAS BDS 4.625% 05-15-20 44 SEDOL: BPZRNR8	-465,000.000	17 Jul 24		101.9805		0.00	473,682.80	474,209.18	526.38
UNITED STATES TREAS NTS 4.25% 06-30-2029 SEDOL: BRT7668	-7,945,000.000	17 Jul 24		100.7578		0.00	7,997,459.38	8,005,208.20	7,748.82
Total BMO CAPITAL MARKETS CORP							28,903,349.60	28,888,365.62	-14,983.98
<b>MORGAN STANLEY AND CO., LLC</b>									
<b>U.S. Government Securities</b>									
<b>United States - USD</b>									
UNITED STATES OF AMER TREAS NOTES 4.375% 05-15-2034 SEDOL: BQSB5K1	-8,870,000.000	* 17 Jul 24		101.7852		0.00	8,988,014.23	9,028,343.36	40,329.13
UNITED STATES OF AMER TREAS NOTES 4.375% 07-15-2027 SEDOL: BT5FJ16	3,165,000.000	17 Jul 24	100.4063			0.00	3,177,857.81	3,177,857.81	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 180,230,468.44

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Account Name ELMHURST MEMORIAL PENSION PLAN

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## ◆ 5% Report - Part D

### Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
<b>MORGAN STANLEY AND CO., LLC</b>									
UNITED STATES TREAS BDS 4.625% 05-15-20 44 SEDOL: BPZRN8	95,000,000	17 Jul 24	102.0781			0.00	96,974.22	96,974.22	0.00
<b>Corporate Debt Instruments - Preferred</b>									
United States - USD									
FLORIDA PWR CORP 5.65% DUE 04-01-2040 SEDOL: BAWTC62	-120,000,000	17 Jul 24	102.4660			0.00	135,396.00	122,959.20	-12,436.80
<b>Corporate Debt Instruments - Other</b>									
United States - USD									
AT&T INC 2.25% DUE 02-01-2032 SEDOL: BMDFY1	-275,000,000	18 Jul 24	82.5840			0.00	230,821.25	227,106.00	-3,715.25
DELTA AIR LINES INC DEL 2.0% 12-10-2029 REG SEDOL: BLH1392	-83,690,660	17 Jul 24	91.2820			0.00	70,927.82	76,394.52	5,466.70
PNC FINL SERVICES FIXED 5.354% DUE 12-02-2028 SEDOL: BPCVH93	-2,860,000,000	17 Jul 24	101.0680			0.00	2,860,000.00	2,890,544.80	30,544.80
PVTPJ JACKSON NATIONAL LIFE GLOBAL FUNDING NEW ISSUE 3YR 3YR 1.75% 01-12-2025 SEDOL: BPG9FH7	-90,000,000	18 Jul 24	98.1130			0.00	85,185.00	88,301.70	3,116.70
SHELL INTL FIN BV 3.75% DUE 09-12-2046 SEDOL: BD5NF87	-1,700,000,000	18 Jul 24	79.5240			0.00	1,440,019.00	1,351,908.00	-88,111.00
Total MORGAN STANLEY AND CO., LLC							17,085,195.33	17,060,389.61	-24,805.72

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 180,230,468.44

**SCHEDULE H, LINE 4(i)–  
SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)  
FOR THE YEAR ENDED DECEMBER 31, 2024 (IN LIQUIDATION)  
EIN: 36-2167784; PLAN #: 003**

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## ◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
C999599GHO	FUT JUN 24 CBT UL T-BONDS	Free Delivery	-29.00		
		Free Receipt	29.00	-3,688,993.00	
C999599GHO	FUT JUN 24 CBT UL T-BONDS	Free Delivery	-29.00		
		Free Receipt	29.00	-3,688,993.00	
C999599GHO	FUT JUN 24 CBT UL T-NOTE	Free Delivery	-62.00		
		Free Receipt	62.00	-7,058,796.72	
C999599GHO	FUT JUN 24 CBT UL T-NOTE	Free Delivery	-62.00		
		Free Receipt	62.00	-7,058,796.72	
C999599GHO	FUT JUN 24 CBT 5Y T-NOTE	Free Delivery	-40.00		
		Free Receipt	40.00	-4,269,375.20	
C999599GHO	FUT JUN 24 CBT 5Y T-NOTE	Free Delivery	-40.00		
		Free Receipt	40.00	-4,269,375.20	
C999599GHO	FUT JUN 24 U.S. T-BONDS	Free Delivery	-64.00		
		Free Receipt	64.00	-7,591,120.52	
C999599GHO	FUT JUN 24 U.S. T-BONDS	Free Delivery	-64.00		
		Free Receipt	64.00	-7,591,120.52	
C999599GHO	FUT JUN 24 US 2YR T-NOTE	Free Delivery	-104.00		
		Free Receipt	104.00	-21,279,375.00	
C999599GHO	FUT JUN 24 US 2YR T-NOTE	Free Delivery	-104.00		
		Free Receipt	104.00	-21,279,375.00	
C999599GHO	FUT JUN 24 10 YR T-NOTES	Free Delivery	-36.00		
		Free Receipt	36.00	-3,966,473.88	
C999599GHO	FUT JUN 24 10 YR T-NOTES	Free Delivery	-36.00		
		Free Receipt	36.00	-3,966,473.88	
C999599GHO	FUT MAR 24 CBT UL T-BONDS	Free Delivery	-29.00		

# 5500 Supplemental Schedules

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Account Name ELMHURST MEMORIAL PENSION PLAN

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## ◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
C999599GH0	FUT MAR 24 CBT UL T-BONDS	Free Receipt	29.00	-3,651,281.25	
		Free Delivery	-29.00		
C999599GH0	FUT MAR 24 U.S. T-BONDS	Free Receipt	29.00	-3,651,281.25	
		Free Delivery	-64.00		
C999599GH0	FUT MAR 24 U.S. T-BONDS	Free Receipt	18.00	-2,158,875.00	
		Free Delivery	-18.00		
C999599GH0	FUT SEP 24 CBT UL T-BONDS	Free Receipt	64.00	-7,489,032.63	
		Free Delivery	-29.00		
C999599GH0	FUT SEP 24 CBT UL T-BONDS	Free Receipt	29.00	-3,546,835.94	
		Free Delivery	-29.00		
C999599GH0	FUT SEP 24 CBT UL T-NOTE	Free Receipt	29.00	-3,546,835.94	
		Free Delivery	-62.00		
C999599GH0	FUT SEP 24 CBT UL T-NOTE	Free Receipt	62.00	-6,932,375.00	
		Free Delivery	-62.00		
C999599GH0	FUT SEP 24 CBT 5Y T-NOTE	Free Receipt	62.00	-6,932,375.00	
		Free Delivery	-38.00		
C999599GH0	FUT SEP 24 CBT 5Y T-NOTE	Free Receipt	38.00	-4,013,156.44	
		Free Delivery	-38.00		
C999599GH0	FUT SEP 24 U.S. T-BONDS	Free Receipt	38.00	-4,013,156.44	
		Free Delivery	-63.00		
C999599GH0	FUT SEP 24 U.S. T-BONDS	Free Receipt	63.00	-7,299,140.63	
		Free Delivery	-63.00		
C999599GH0	FUT SEP 24 US 2YR T-NOTE	Free Receipt	63.00	-7,299,140.63	
		Free Delivery	-104.00		
C999599GH0	FUT SEP 24 US 2YR T-NOTE	Free Receipt	104.00	-21,164,000.00	

# 5500 Supplemental Schedules

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## ◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
C999599GHO	FUT SEP 24 10 YR T-NOTES	Free Delivery Free Receipt	-104.00 104.00	-21,164,000.00	
C999599GHO	FUT SEP 24 10 YR T-NOTES	Free Delivery Free Receipt	-36.00 36.00	-3,909,656.16	
SBNRPM13	MIDAMERICAN ENERGY CO 5.3% 02-01-2055	Free Delivery Free Receipt	-36.00 36.00	-3,909,656.16	
		Acquisitions Dispositions	890,000.00 -890,000.00	-886,226.40	875,822.30