

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: RIVERSIDE HEALTH SYSTEM 403(B) RETIREMENT PLAN
1b Three-digit plan number (PN): 004
1c Effective date of plan: 09/01/1982
2a Plan sponsor's name (employer, if for a single-employer plan): RIVERSIDE MANAGEMENT SERVICES, INC.
2b Employer Identification Number (EIN): 52-1241840
2c Plan Sponsor's telephone number: 757-534-5547
2d Business code (see instructions): 622000

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4d PN	
c Plan Name			
5 Total number of participants at the beginning of the plan year	5	12506	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	9871	
6a(2) Total number of active participants at the end of the plan year	6a(2)	10238	
b Retired or separated participants receiving benefits.....	6b	9	
c Other retired or separated participants entitled to future benefits	6c	2673	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	12920	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	19	
f Total. Add lines 6d and 6e	6f	12939	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	8150	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	8595	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	89	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		

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

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

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

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

- a Pension Schedules**
- (1) **R** (Retirement Plan Information)
 - (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 - (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
 - (4) **DCG** (Individual Plan Information) – Number Attached 0
 - (5) **MEP** (Multiple-Employer Retirement Plan Information)

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

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan RIVERSIDE HEALTH SYSTEM 403(B) RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>004</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 RIVERSIDE MANAGEMENT SERVICES, INC.</p>	<p>D Employer Identification Number (EIN) 52-1241840</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	613953	12939	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ CUSTODIAL GUARANTEED INTEREST CONTRACT

b Balance at the end of the previous year	7b	12653416	
c Additions: (1) Contributions deposited during the year	7c(1)	769181	
	7c(2)		
	7c(3)	186529	
	7c(4)		
	7c(5)	718903	
	▶ OUTSIDE INVESTMENT TRANSFER, LOAN PAYMENT, ROLLOVER		
(6) Total additions	7c(6)	1674613	
d Total of balance and additions (add lines 7b and 7c(6))	7d	14328029	
e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1802981
	(2) Administration charge made by carrier.....	7e(2)	14251
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below).....	7e(4)	1207145
▶ LOAN WITHDRAWAL, OUTSIDE INVESTMENT TRANSFER, MISTAKE OF FACT REFUND			
(5) Total deductions	7e(5)	3024377	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	11303652	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan RIVERSIDE HEALTH SYSTEM 403(B) RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>004</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 RIVERSIDE MANAGEMENT SERVICES, INC.</p>	<p>D Employer Identification Number (EIN) 52-1241840</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	892436/060/194	12939	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	489130
5	Current value of plan's interest under this contract in separate accounts at year end.....	0
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 557963
c	7c(1) Additions: (1) Contributions deposited during the year	
	7c(2) (2) Dividends and credits.....	
	7c(3) (3) Interest credited during the year.....	16309
	7c(4) (4) Transferred from separate account	
	7c(5) (5) Other (specify below)..... ▶ LOAN PAYMENTS/TRANSFER	35043
	7c(6) (6) Total additions	51352
d	Total of balance and additions (add lines 7b and 7c(6))	7d 609315
e	7e(1) Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	18629
	7e(2) (2) Administration charge made by carrier.....	
	7e(3) (3) Transferred to separate account	
	7e(4) (4) Other (specify below)..... ▶ CORRECTION	101556
	7e(5) (5) Total deductions	120185
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 489130

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan RIVERSIDE HEALTH SYSTEM 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 RIVERSIDE MANAGEMENT SERVICES, INC.	D Employer Identification Number (EIN) 52-1241840	

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

1 Coverage Information:

(a) Name of insurance carrier
VALIC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	46290	12939	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

4 Current value of plan's interest under this contract in the general account at year end	4	101356
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	108130
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c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	2303
	7c(4)	
	7c(5)	

(6) Total additions	7c(6)	2303
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d Total of balance and additions (add lines 7b and 7c(6))	7d	110433
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e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	9077
	7e(2)	
	7e(3)	
	7e(4)	

(5) Total deductions	7e(5)	9077
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	101356
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Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan RIVERSIDE HEALTH SYSTEM 403(B) RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>004</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 RIVERSIDE MANAGEMENT SERVICES, INC.</p>	<p>D Employer Identification Number (EIN) 52-1241840</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	RIV00VAOORN	12939	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	18314
5	Current value of plan's interest under this contract in separate accounts at year end.....	0
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 17781
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 533
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 533
d	Total of balance and additions (add lines 7b and 7c(6))	7d 18314
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5)	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 18314

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan RIVERSIDE HEALTH SYSTEM 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 RIVERSIDE MANAGEMENT SERVICES, INC.	D Employer Identification Number (EIN) 52-1241840	

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

LINCOLN NATIONAL CORPORATION

35-1140070

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

NATIONWIDE

31-4156860

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

VARIABLE ANNUITY LIFE INSURANCE CO

74-1625348

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

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

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

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

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	615641	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CHARLES SCHWAB & CO, INC.

94-1737782

(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?
33 50 71	BROKER/DEALER	1014	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan RIVERSIDE HEALTH SYSTEM 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 RIVERSIDE MANAGEMENT SERVICES, INC.	D Employer Identification Number (EIN) 52-1241840

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	5217207
(9) Value of interest in common/collective trusts	1c(9)	6011016
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	366501441
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	437530144
(15) Other	1c(15)	13337290
		6656466
		7709283

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	391712404	463162894
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	391712404	463162894

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	451975	
(B) Participants.....	2a(1)(B)	44739473	
(C) Others (including rollovers).....	2a(1)(C)	6441605	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		51633053
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	436171	
(F) Other.....	2b(1)(F)	205674	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		641845
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	9764090	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		9764090
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		40672828
c Other income	2c		346110
d Total income. Add all income amounts in column (b) and enter total	2d		103057926

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	30976218	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	359	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		30976577
f Corrective distributions (see instructions)	2f		10165
g Certain deemed distributions of participant loans (see instructions)	2g		3934
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	616654	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	106	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		616760
j Total expenses. Add all expense amounts in column (b) and enter total	2j		31607436

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		71450490
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **PBMARES, LLP**

(2) EIN: **54-0737372**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

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

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

A Name of plan <u>RIVERSIDE HEALTH SYSTEM 403(B) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RIVERSIDE MANAGEMENT SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>52-1241840</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 42-0127290

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	624
--	---	-----

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500882A.

**RIVERSIDE HEALTH SYSTEM
403(b) RETIREMENT PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2024



ASSURANCE, TAX & ADVISORY SERVICES

RIVERSIDE HEALTH SYSTEM 403(b) RETIREMENT PLAN

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INDEPENDENT AUDITOR'S REPORT

Those Charged with Governance
Riverside Health System 403(b) Retirement Plan

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

We were engaged to perform audits of the financial statements of Riverside Health System 403(b) Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Disclaimer of Opinion

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

Basis for Disclaimer of Opinion

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Further, as described in Note 2 to the financial statements, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the DOL's Field Assistance Bulletin No. 2009-02, Annual Reporting Requirements for 403(b) Plans. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America (U.S. GAAP) require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

We are required to be independent of the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

Other Matter - Supplemental Schedule Required by ERISA

The supplementary schedule of assets (held at end of year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the 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. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

PBMares, LLP

Norfolk, Virginia
September 22, 2025

FINANCIAL STATEMENTS

RIVERSIDE HEALTH SYSTEM 403(b) RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	2024	2023
Investments:		
Investments at fair value	\$ 445,359,097	\$ 373,283,818
Investments at contract value	<u>11,792,781</u>	<u>13,211,379</u>
Total investments	457,151,878	386,495,197
Notes receivable from participants	<u>6,011,016</u>	<u>5,217,207</u>
Net assets available for benefits	<u>\$ 463,162,894</u>	<u>\$ 391,712,404</u>

RIVERSIDE HEALTH SYSTEM 403(b) RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2024

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	\$ 41,018,938
Interest and dividends	<u>9,969,764</u>
	<u>50,988,702</u>
Interest income on notes receivable from participants	<u>436,171</u>
Contributions:	
Participants	44,739,473
Employer	451,975
Rollovers	<u>6,441,605</u>
	<u>51,633,053</u>
Total additions	<u>103,057,926</u>
Deductions from net assets attributed to:	
Benefits paid to participants	30,990,676
Administrative expenses	<u>616,760</u>
Total deductions	<u>31,607,436</u>
Net change	71,450,490
Net assets available for benefits:	
Beginning of year	<u>391,712,404</u>
End of year	<u><u>\$ 463,162,894</u></u>

RIVERSIDE HEALTH SYSTEM 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following description of the Riverside Health System (RHS) 403(b) Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution 403(b) Plan sponsored by Riverside Management Services, Inc. (RMS). The Plan covers substantially all employees of the participating RHS entities. RMS and the participating RHS entities are collectively referred to herein as "the Company". The Plan works in conjunction with the Riverside Health System 401(k) Savings Plan (the 401(k) Plan). All employee deferrals are made to the 403(b) Plan, while employer contributions are made to both plans. Employees are immediately eligible to make deferrals. Eligibility for the matching contributions is immediate; however, not all divisions or facilities are included in the match. RHS has appointed the Compensation Committee of the Board of Directors of Riverside Healthcare Association, Inc. and management to manage the operation and administration of the Plan. Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company (Principal) serves as the custodian of the Plan. The Lincoln National Life Insurance Company (Lincoln), Nationwide Life Insurance Company (Nationwide) and The Variable Annuity Life Insurance Company (VALIC) also serve as custodians of some of the Plan's assets. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: Each year, participants may contribute up to 100 percent of their annual compensation, as defined in the Plan document, subject to Internal Revenue Code (IRC) limitations. Participant salary deferrals may be traditional 403(b) (pretax) or Roth 403(b) (after-tax). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans and certain individual retirement accounts. The Company's matching contribution is 100 percent of salary deferrals with a maximum annual matching contribution of \$600 on behalf of each eligible participant. Additional discretionary amounts may be contributed at the option of the Company's Board of Directors. No additional contributions were made for the year ended December 31, 2024. Contributions are subject to certain limitations in addition to participant salary deferral limits. Effective January 1, 2025 the Company's match will be a discretionary match of deferrals up to 5% of Plan compensation determined on a payroll period basis.

Investment options: Participants direct the investment of their accounts into various investment options offered by the Plan. The Plan currently offers mutual funds, pooled separate accounts and guaranteed investment contracts as investment options for participants. In addition, participants may utilize an individual self-directed brokerage option, through which participants are able to invest in mutual funds in accordance with the Plan document.

Participant accounts: Each participant's account is credited with the participant's contributions and allocations of the Company's contributions and plan earnings (losses), and charged with benefit payments, transaction fees related to notes receivable from participants, distributions, and self-directed brokerage accounts, and allocations of administrative expenses. Allocations are based on participant earnings, participant contributions, or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

RIVERSIDE HEALTH SYSTEM 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan (Continued)

Vesting: Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of service. A participant is 100 percent vested in the Company's contribution portion after three years of credited service.

Notes receivable from participants: Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. For purposes of the maximum borrowing amount, loans in all plans maintained by the Company are considered in determining the amount available to borrow. The loans are secured by the balance in the participant's account and bear interest at rates that are commensurate with local prevailing rates as determined by the plan administrator. At December 31, 2024, loans bear interest at rates that range from 4.25 percent to 9.50 percent per annum. A participant may have only one loan outstanding at a time. Loans granted to participants must have repayment terms ranging from one to five years for general-purpose loans and up to ten years for primary residence loans. Principal and interest is paid ratably over the term of the loans.

Payment of benefits: On termination of service, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount, installment payments, or annuity options, as provided by the Plan. Hardship distributions are permitted from salary deferral accounts upon demonstration of financial hardship, with limitations as defined in the Plan. In-service distributions are available from fully vested balances after the participant reaches the age of 59½.

Forfeited accounts: At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$115,836 and \$247,730, respectively. These accounts will be used to reduce future Company contributions or to pay administrative expenses. During 2024 forfeitures of \$357,389 were used to reduce Company contributions and \$3,744 were used to pay administrative expenses.

Note 2. Summary of Significant Accounting Policies

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

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

Contributions: Participant salary deferrals and Company matching contributions are recorded in the year the salary deferrals are withheld from compensation.

Investment valuation and income recognition: Investments are reported at fair value, except fully benefit-responsive investment contracts. 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. Plan management determines the Plan's valuation policies utilizing information provided by the custodians. See Note 3 for discussion of fair value measurements.

RIVERSIDE HEALTH SYSTEM 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

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

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Excluded contracts and accounts: The plan administrator has elected to exclude certain contracts and accounts from Plan assets in accordance with Department of Labor Field Assistance Bulletin No. 2010-01, due to the fact that:

- The contract or account was issued to a current or former employee before January 1, 2009;
- The Company ceased to have any obligation to make contributions;
- All the rights under the contract or account are legally enforceable against the insurer or custodian by the individual owner of the contract or account without any involvement by the Company; and
- The individual owner of the contract is fully vested in the contract or account.

Payment of benefits: Benefits are recorded when paid.

Administrative expenses: The Plan's administrative expenses are paid by either the Plan or the Company, as provided by the Plan document. Expenses that are paid by the Company are excluded from these financial statements. Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan. Investment related expenses are included in net appreciation of fair value of investments. Fees related to specific participant transactions (notes receivable from participants, distributions, and self-directed brokerage accounts) are charged directly to the participant's account.

Subsequent events: The Plan has evaluated subsequent events through September 22, 2025, the date the financial statements were available to be issued.

RIVERSIDE HEALTH SYSTEM 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 3. 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. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

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

- Mutual funds are publicly traded investments and are valued daily at the closing price reported on the active market on which the funds are traded.
- Self-directed brokerage accounts consist of mutual funds that are valued on the basis of readily-determinable market prices.
- Pooled separate accounts are valued at the closing price of the units provided by the custodians.

RIVERSIDE HEALTH SYSTEM 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 3. Fair Value Measurements (Continued)

- The fair value of the non-benefit-responsive investment contracts are estimated by the custodians, Nationwide and VALIC, as contract value. The custodians maintain contributions in a general account. The accounts are credited with earnings on the underlying investments and charged with withdrawals and administrative fees. Disclosure of unobservable inputs to fair value measurement has not been included for the non-benefit-responsive investment contracts because quantitative unobservable inputs are not developed by the Plan when measuring fair value and have not been made available to the Plan by the custodians.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future 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 following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023.

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 434,443,105	\$ -	\$ -	\$ 434,443,105
Self-directed brokerage accounts	7,709,283	-	-	7,709,283
Pooled separate accounts	-	3,087,039	-	3,087,039
Non-benefit-responsive investment contracts	-	-	119,670	119,670
Investments at fair value	\$ 442,152,388	\$ 3,087,039	\$ 119,670	\$ 445,359,097
	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 363,702,435	\$ -	\$ -	\$ 363,702,435
Self-directed brokerage accounts	6,656,466	-	-	6,656,466
Pooled separate accounts	-	2,799,006	-	2,799,006
Non-benefit-responsive investment contracts	-	-	125,911	125,911
Investments at fair value	\$ 370,358,901	\$ 2,799,006	\$ 125,911	\$ 373,283,818

RIVERSIDE HEALTH SYSTEM 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 3. Fair Value Measurements (Continued)

The following illustrates the changes of fair value in Level 3 non-benefit-responsive investments contracts from December 31, 2023 to December 31, 2024:

Fair value at December 31, 2023	\$	125,911
Interest income		2,836
Distributions		<u>(9,077)</u>
Fair value at December 31, 2024	\$	<u>119,670</u>

Note 4. Information Certified by the Custodians

The following is a summary of the Plan's investment information as of December 31, 2024 and 2023, and for the year ended December 31, 2024, included throughout the Plan's financial statements and ERISA required supplemental schedule, obtained by management and agreed to or derived from information certified as complete and accurate by Principal, Lincoln, Nationwide and VALIC, qualified institutions, and the Plan's custodians.

	<u>2024</u>	<u>2023</u>
Investments at fair value	\$ 445,359,097	\$ 373,283,818
Investments at contract value	11,792,781	13,211,379
Notes receivable from participants	6,011,016	5,217,207
Net appreciation in fair value of investments	41,018,938	n/a
Interest and dividends	9,969,764	n/a
Interest income on notes receivable from participants	436,171	n/a

Note 5. Fully Benefit-Responsive Investment Contract

The Principal Fixed Income Guaranteed Option is a single group annuity contract with a fixed rate of interest and has a contract value of \$11,303,651 and \$12,653,416 at December 31, 2024 and 2023, respectively. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals and administrative expenses. The contract issuer, Principal Life Insurance Company, is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan.

RIVERSIDE HEALTH SYSTEM 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 5. Fully Benefit-Responsive Investment Contract (Continued)

The Plan holds a traditional investment contract with Lincoln. Contract value was \$489,130 and \$557,963 at December 31, 2024 and 2023, respectively. Lincoln is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. There are no reserves against contract value for credit risk of the contract issuers or otherwise. The crediting interest rate is based on a formula agreed upon with the issuers, but it may not be less than zero. Such interest rates are reviewed on a quarterly basis for resetting.

The Plan's ability to receive amounts due in accordance with the fully benefit-responsive investment contracts is dependent on the issuers' ability to meet their financial obligations. The issuers' ability to meet their contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with the issuers. Such events include the following: (1) amendments to the Plan document (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) premature termination of the contract, (4) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (5) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

In addition, certain events allow Lincoln and Principal Life Insurance Company to terminate the contracts with the Plan and settle at amounts different from contract values. Examples of such events include the following: (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, or (4) a material amendment to the agreements without the consent of Lincoln or Principal Life Insurance Company.

Note 6. Exempt Party-In-Interest Transactions

Certain plan investments are funds managed by the custodians or their affiliates. Fees paid for investment management services were included as a reduction of the return earned on each fund. The Plan paid Principal and its affiliates \$615,641 for administrative services. The Plan also paid \$1,119 to other providers for administrative and consulting services during 2024. These transactions qualify as exempt party-in-interest transactions.

Note 7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right, under the Plan, to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100 percent vested in their accounts.

RIVERSIDE HEALTH SYSTEM 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 8. Tax Status

The Plan has been designed to qualify under Section 403(b) of the IRC. The Plan is required to operate in conformity with the IRC to maintain its qualification under Section 403(b). The Plan was completely restated effective November 1, 2019 utilizing a volume submitter document. The Plan is relying on the Internal Revenue Service (IRS) approval of the volume submitter plan. The IRS has determined and informed the document sponsor by a letter dated March 31, 2017 that the volume submitter plan document was designed in accordance with applicable sections of the IRC. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9. Risks and Uncertainties

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

SUPPLEMENTARY INFORMATION

RIVERSIDE HEALTH SYSTEM 403(b) RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

EIN: 52-1241840 PN: 004

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current value
	Guaranteed investment contracts:			
*	Principal Life Insurance Company	Guaranteed investment contract	\$	\$ 11,303,651
*	Lincoln National Life Insurance Co.	Guaranteed investment contract		489,130
	Self-directed brokerage accounts:			
	Charles Schwab & Co.	Self-directed brokerage account		7,709,283
	Mutual funds:			
	State Street Global Advisors	Retirement 2030 Fund		61,190,446
	State Street Global Advisors	Retirement 2040 Fund		51,468,465
	Vanguard	Institutional Index Fund		48,033,497
	T. Rowe Price	Large Cap Growth Fund		42,975,483
	State Street Global Advisors	Retirement 2050 Fund		28,724,275
	State Street Global Advisors	Retirement 2020 Fund		26,666,375
	State Street Global Advisors	Retirement 2045 Fund		26,138,995
	State Street Global Advisors	Retirement 2035 Fund		25,413,227
	State Street Global Advisors	Retirement 2055 Fund		23,319,757
	State Street Global Advisors	Retirement 2025 Fund		17,345,484
	JP Morgan	Equity Income Fund		9,949,164
	State Street Global Advisors	Retirement 2060 Fund		9,688,653
*	Principal Funds, Inc.	Small Cap Growth Fund		7,984,352
	State Street Global Advisors	Target Retirement Fund		7,968,940
	JP Morgan	Core Bond Fund		7,347,380
	Vanguard	Extended Market Index Fund		7,241,550
	American Funds	EuroPacific Growth Fund		7,163,181
	Columbia	Small Cap Value II Fund		6,062,581
	Vanguard	Federal Money Market Investment Fund		5,003,422
	Vanguard	Total International Stock Index		4,450,692
	Vanguard	Total Bond Market Index		4,376,251
	State Street Global Advisors	Retirement 2065 Fund		2,537,089
	MFS Investment Management	Mid Cap Growth Fund		2,401,145
	MFS Investment Management	Mid Cap Value Fund		992,701
	Pooled separate accounts:			
*	Lincoln National Life Insurance Co.	American Funds Growth Fund		799,076
*	Lincoln National Life Insurance Co.	Macquarie Social Awareness Fund		235,374
*	Lincoln National Life Insurance Co.	SSGA S&P 500 Index Fund		98,745
*	Lincoln National Life Insurance Co.	Macquarie U.S. Reit		91,319
*	Lincoln National Life Insurance Co.	SSGA Small Cap Index Fund		63,080
*	Lincoln National Life Insurance Co.	American Funds International Fund		55,858
*	Lincoln National Life Insurance Co.	Fidelity Growth Portfolio Fund		45,015
*	Lincoln National Life Insurance Co.	Dimensional US Core Equity Fund		44,690
*	Lincoln National Life Insurance Co.	Fidelity Contrafund		37,647
*	Lincoln National Life Insurance Co.	Baron Growth Opportunities Fund		31,093
*	Lincoln National Life Insurance Co.	Macquarie VIP Small Cap Value Series		16,772
*	Lincoln National Life Insurance Co.	AllianceBernstein Large Cap Growth		18,237
*	Lincoln National Life Insurance Co.	T. Rowe Price Structured Mid Cap Growth		16,132
*	Lincoln National Life Insurance Co.	American Funds Growth-Income Fund		15,620
*	Lincoln National Life Insurance Co.	Macquarie Mid Cap Value Fund		14,922
*	Lincoln National Life Insurance Co.	Neuberger Berman Sustainable Equity		13,591
*	Lincoln National Life Insurance Co.	Fidelity Asset Manager Fund		11,641
*	Lincoln National Life Insurance Co.	Janus Henderson Global Research Fund		9,847
*	Lincoln National Life Insurance Co.	American Century Balanced Fund		8,955
*	Lincoln National Life Insurance Co.	T. Rowe Price International Stock Fund		6,331

RIVERSIDE HEALTH SYSTEM 403(b) RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(Continued)

December 31, 2024

EIN: 52-1241840 PN: 004

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current value
*	Lincoln National Life Insurance Co.	Global Moderate Allocation Fund		6,256
*	Lincoln National Life Insurance Co.	Macquarie Diversified Income Fund		3,988
*	Lincoln National Life Insurance Co.	MFS Utilities Fund		3,747
*	Lincoln National Life Insurance Co.	Macquarie Bond Fund		2,963
*	Lincoln National Life Insurance Co.	Macquarie Wealth Builder Fund		2,847
*	Lincoln National Life Insurance Co.	Global Growth Allocation Fund		2,603
*	Lincoln National Life Insurance Co.	JP Morgan Retirement Income Fund		2,425
*	Lincoln National Life Insurance Co.	Mondrian International Value Fund		2,113
*	Lincoln National Life Insurance Co.	Dividend Value Fund		1,882
*	Lincoln National Life Insurance Co.	Macquarie High Yield Fund		904
*	Lincoln National Life Insurance Co.	Government Money Market Fund		317
*	Variable Annuity Life Insurance Co.	Vanguard Wellington Fund		102,775
*	Variable Annuity Life Insurance Co.	Science & Technology Fund		79,524
*	Variable Annuity Life Insurance Co.	NASDAQ-100 Index Fund		69,268
*	Variable Annuity Life Insurance Co.	Mid Cap Index Fund		56,820
*	Variable Annuity Life Insurance Co.	Growth Fund		49,982
*	Variable Annuity Life Insurance Co.	Stock Index Fund		45,474
*	Variable Annuity Life Insurance Co.	Mid Capt Strategic Growth Fund		44,915
*	Variable Annuity Life Insurance Co.	Vanguard Windsor II Fund		34,567
*	Variable Annuity Life Insurance Co.	Large Capital Growth Fund		32,851
*	Variable Annuity Life Insurance Co.	Small Cap Special Value Fund		24,675
*	Variable Annuity Life Insurance Co.	Systematic Value Fund		18,349
*	Variable Annuity Life Insurance Co.	Small Cap Index Fund		17,995
*	Variable Annuity Life Insurance Co.	Blue Chip Growth Fund		17,465
*	Variable Annuity Life Insurance Co.	Core Bond Fund		14,073
*	Variable Annuity Life Insurance Co.	Mid Cap Value Fund		12,794
*	Variable Annuity Life Insurance Co.	International Opportunities		11,472
*	Variable Annuity Life Insurance Co.	Ariel Fund		11,298
*	Variable Annuity Life Insurance Co.	Vanguard Long-Term Treasury Fund		10,716
*	Variable Annuity Life Insurance Co.	International Value Fund		10,424
*	Variable Annuity Life Insurance Co.	Ariel Appreciation Fund		10,103
*	Variable Annuity Life Insurance Co.	Small Cap Value Fund		8,180
*	Variable Annuity Life Insurance Co.	Vanguard Long-Term Inv-Grade Fund		7,483
*	Variable Annuity Life Insurance Co.	Emerging Economics Fund		5,539
*	Variable Annuity Life Insurance Co.	Small Cap Growth Fund		3,606
*	Variable Annuity Life Insurance Co.	Systematic Core Fund		3,278
*	Variable Annuity Life Insurance Co.	Vanguard Lifestrategy Growth Fund		3,168
*	Variable Annuity Life Insurance Co.	Dividend Value Fund		2,551
*	Variable Annuity Life Insurance Co.	Global Strategy Fund		1,256
*	Variable Annuity Life Insurance Co.	Socially Responsible Fund		808
*	Variable Annuity Life Insurance Co.	International Growth Fund		607
*	Variable Annuity Life Insurance Co.	Vanguard Lifestrategy Moderate Fund		393
*	Variable Annuity Life Insurance Co.	International Equities Fund		307
*	Variable Annuity Life Insurance Co.	Vanguard Lifestrategy Conservative Fund		245
*	Nationwide Life Insurance Co.	BNY Mellon Stock Index Fund		208,007
*	Nationwide Life Insurance Co.	NVIT Mellon Dynamic U.S. Core Fund		105,837
*	Nationwide Life Insurance Co.	Janus Aspen Forty Portfolio Fund		69,797
*	Nationwide Life Insurance Co.	Invesco Opportunities Global Fund		48,237
*	Nationwide Life Insurance Co.	Multi-Manager Small Company Fund		47,765

RIVERSIDE HEALTH SYSTEM 403(b) RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(Continued)

December 31, 2024

EIN: 52-1241840 PN: 004

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current value
*	Nationwide Life Insurance Co.	Investor Destinations Moderately Aggressive		41,793
*	Nationwide Life Insurance Co.	Investor Destinations Moderate Fund		31,687
*	Nationwide Life Insurance Co.	NVIT Mid Cap Index Fund		27,154
*	Nationwide Life Insurance Co.	Fidelity Mid Cap Service Fund		26,378
*	Nationwide Life Insurance Co.	Investor Destinations Aggressive Fund		19,068
*	Nationwide Life Insurance Co.	NVIT AQR Large Cap Defensive Style Fund		14,510
*	Nationwide Life Insurance Co.	NVIT Mellon Dynamic U.S. Equity Fund		11,932
*	Nationwide Life Insurance Co.	NVIT Governmental Bond Fund		10,389
*	Nationwide Life Insurance Co.	NVIT Real Estate I Fund		8,908
*	Nationwide Life Insurance Co.	NVIT Wells Fargo Discovery Fund		6,581
*	Nationwide Life Insurance Co.	Fidelity Equity Income Fund		5,740
*	Nationwide Life Insurance Co.	Fidelity Energy Service Fund		5,004
*	Nationwide Life Insurance Co.	NVIT AQR Large Cap Defensive Style Fund		3,816
*	Nationwide Life Insurance Co.	Franklin Income Fund		3,463
*	Nationwide Life Insurance Co.	Multi-Manager Small Cap Value Fund		3,187
*	Nationwide Life Insurance Co.	LVIP American Century Inflation Protection Fund		2,494
*	Nationwide Life Insurance Co.	Janus Henderson Overseas Fund		1,801
*	Nationwide Life Insurance Co.	Short Term Bond Fund		1,769
*	Nationwide Life Insurance Co.	Investor Destinations Conservative Fund		1,283
*	Nationwide Life Insurance Co.	Multi-Manager Mid Cap Value Fund		1,124
*	Nationwide Life Insurance Co.	Amundi NVIT Multi Sector Bond Fund		926
*	Nationwide Life Insurance Co.	Fidelity Institutional AM Emerging Markets Fund		904
*	Nationwide Life Insurance Co.	Multi-Manager Small Cap Growth Fund		534
	Non-benefit responsive investment contracts:			
*	Variable Annuity Life Insurance Co.	Fixed Account Plus Fund		86,945
*	Variable Annuity Life Insurance Co.	Short Term Fixed Account		14,411
*	Nationwide Life Insurance Co.	Fixed Account		18,314
*	Participant loans***	Interest bearing at 4.25% - 9.50% maturing through August 2034	-	6,011,016
			<u>-</u>	<u>6,011,016</u>
			<u>\$ -</u>	<u>\$ 463,162,894</u>

* Party-in-interest

** Cost omitted for participant directed investments

*** The accompanying financial statements classify participant loans as notes receivable from participants.

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

R H S 403() R P
 EIN 52 1241840
 PLAN NUMBER 004
 PLAN YEAR 01/01/2024 TO 12/31/2024

(A) Identity of issuer, borrower, lessor or similar party.	(B) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
The American Funds	Registered Investment Company Am Fds EuroPacific Grth R6 Fd	Registered Investment Company AB VPS LARGE CAP GROWTH PORT	\$ 0.00	\$ 7,163,180.85
Lincoln National Life Insurance Co	Registered Investment Company AMERICAN CENTURY VP BALANCED	Registered Investment Company AMERICAN FUNDS GROWTH FUND	\$ 0.00	\$ 18,237.07
Lincoln National Life Insurance Co	Registered Investment Company AMERICAN FUNDS GROWTH FUND	Registered Investment Company AMERICAN FUNDS GROWTH-INCOME	\$ 0.00	\$ 8,954.99
Lincoln National Life Insurance Co	Registered Investment Company AMERICAN FUNDS GROWTH-INCOME	Registered Investment Company AMERICAN FUNDS INTERNATIONAL	\$ 0.00	\$ 799,077.03
Lincoln National Life Insurance Co	Registered Investment Company ARIEL APPRECIATION FUND	Registered Investment Company ARIEL FUND	\$ 0.00	\$ 15,619.78
Lincoln National Life Insurance Co	Registered Investment Company ARIEL FUND	Registered Investment Company BLUE CHIP GROWTH FUND	\$ 0.00	\$ 55,858.02
Lincoln National Life Insurance Co	Registered Investment Company BNYMEL STK INDX INITIAL	Registered Investment Company CORE BOND FUND	\$ 0.00	\$ 10,102.64
VALIC	Registered Investment Company DELAWARE VIP DVRS INCOME	Registered Investment Company DELAWARE VIP HIGH YEILD SERIES	\$ 0.00	\$ 11,298.21
VALIC	Registered Investment Company DELAWARE VIP REIT SERIES		\$ 0.00	\$ 17,465.39
VALIC			\$ 0.00	\$ 208,002.75
Nationwide Life Insurance Co			\$ 0.00	\$ 6,062,581.15
Columbia Funds			\$ 0.00	\$ 14,072.88
VALIC			\$ 0.00	\$ 3,988.19
Lincoln National Life Insurance Co			\$ 0.00	\$ 903.99
Lincoln National Life Insurance Co			\$ 0.00	\$ 91,319.44

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

R H S 403() R P
 EIN 52 1241840
 PLAN NUMBER 004
 PLAN YEAR 01/01/2024 TO 12/31/2024

(A) Identity of issuer, borrower, lessor or similar party.	(B) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
Lincoln National Life Insurance Co	Registered Investment Company DELAWARE VIP SMALL CAP VALUE	Registered Investment Company DELAWARE VIP SMALL CAP VALUE	\$ 0.00	\$ 16,772.39
Lincoln National Life Insurance Co	Registered Investment Company DELAWARE VIP SMID CAP CORE	Registered Investment Company DELAWARE VIP SMID CAP CORE	\$ 0.00	\$ 12,790.52
VALIC	Registered Investment Company DIVIDEND VALUE	Registered Investment Company DIVIDEND VALUE	\$ 0.00	\$ 2,550.98
VALIC	Registered Investment Company EMERGING ECONOMIES	Registered Investment Company EMERGING ECONOMIES	\$ 0.00	\$ 5,539.07
NATIONWIDE LIFE INSURANCE COMPANY	Insurance Company General Fixed Account	Insurance Company General Fixed Account	\$ 0.00	\$ 18,314.02
Lincoln National Life Insurance Co	Registered Investment Company FIDELITY ASSET MANAGER	Registered Investment Company FIDELITY ASSET MANAGER	\$ 0.00	\$ 11,640.71
Lincoln National Life Insurance Co	Registered Investment Company FIDELITY CONTRAFUND PORTFOLIO	Registered Investment Company FIDELITY CONTRAFUND PORTFOLIO	\$ 0.00	\$ 37,647.22
Lincoln National Life Insurance Co	Registered Investment Company FIDELITY GROWTH PORTFOLIO	Registered Investment Company FIDELITY GROWTH PORTFOLIO	\$ 0.00	\$ 45,015.27
Nationwide Life Insurance Co	Registered Investment Company FIDVIP ENRGY SVC 2	Registered Investment Company FIDVIP ENRGY SVC 2	\$ 0.00	\$ 5,004.47
Nationwide Life Insurance Co	Registered Investment Company FIDVIP EO INC INITIAL	Registered Investment Company FIDVIP EO INC INITIAL	\$ 0.00	\$ 5,740.09
Nationwide Life Insurance Co	Registered Investment Company FIDVIP MDCAP SVC	Registered Investment Company FIDVIP MDCAP SVC	\$ 0.00	\$ 26,378.24
VALIC	Insurance Company General FIXED ACCOUNT PLUS	Insurance Company General FIXED ACCOUNT PLUS	\$ 0.00	\$ 86,945.21
Nationwide Life Insurance Co	Registered Investment Company FNKLNTVPT FNKLN INC VIP 2	Registered Investment Company FNKLNTVPT FNKLN INC VIP 2	\$ 0.00	\$ 3,463.24
VALIC	Registered Investment Company GLOBAL STRATEGY	Registered Investment Company GLOBAL STRATEGY	\$ 0.00	\$ 1,255.54
VALIC	Registered Investment Company GROWTH FUND	Registered Investment Company GROWTH FUND	\$ 0.00	\$ 49,981.82

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

R H S 403() R P
 EIN 52 1241840
 PLAN NUMBER 004
 PLAN YEAR 01/01/2024 TO 12/31/2024

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VALIC	Registered Investment Company INTERNATIONAL GROWTH FUND	Registered Investment Company INTERNATIONAL GROWTH FUND	\$ 0.00	\$ 606.53
VALIC	Registered Investment Company INTERNATIONAL VALUE FUND	Registered Investment Company INTERNATIONAL VALUE FUND	\$ 0.00	\$ 10,424.47
VALIC	Registered Investment Company INTERNATL EQUITIES INDEX FUND	Registered Investment Company INTERNATL EQUITIES INDEX FUND	\$ 0.00	\$ 307.14
VALIC	Registered Investment Company INTL OPPORTUNITIES	Registered Investment Company INTL OPPORTUNITIES	\$ 0.00	\$ 11,471.66
Nationwide Life Insurance Co	Registered Investment Company INVSCO OPP VI GLOB I	Registered Investment Company INVSCO OPP VI GLOB I	\$ 0.00	\$ 48,237.27
Lincoln National Life Insurance Co	Registered Investment Company JANUS HENDERSON GIB RESEARCH	Registered Investment Company JANUS HENDERSON GIB RESEARCH	\$ 0.00	\$ 9,846.71
Nationwide Life Insurance Co	Registered Investment Company JNSHNDRSNVIIT FRTY SVC	Registered Investment Company JNSHNDRSNVIIT FRTY SVC	\$ 0.00	\$ 69,797.40
Nationwide Life Insurance Co	Registered Investment Company JNSHNDRSNVIIT OVRSEAS SVC	Registered Investment Company JNSHNDRSNVIIT OVRSEAS SVC	\$ 0.00	\$ 1,801.09
JP Morgan Funds	Registered Investment Company JP Morgan Core Bond R6 Fund	Registered Investment Company JP Morgan Core Bond R6 Fund	\$ 0.00	\$ 7,347,380.49
JP Morgan Funds	Registered Investment Company JP Morgan Equity Income R6 Fd	Registered Investment Company JP Morgan Equity Income R6 Fd	\$ 0.00	\$ 9,949,164.28
Lincoln National Life Insurance Co	Insurance Company General Lincoln Fixed Account Fund	Insurance Company General Lincoln Fixed Account Fund	\$ 0.00	\$ 489,130.03
VALIC	Registered Investment Company LARGE CAPITAL GROWTH	Registered Investment Company LARGE CAPITAL GROWTH	\$ 0.00	\$ 32,851.74
Lincoln National Life Insurance Co	Registered Investment Company LINCOLN VIP BOND FUND	Registered Investment Company LINCOLN VIP BOND FUND	\$ 0.00	\$ 2,962.95
Lincoln National Life Insurance Co	Registered Investment Company LINCOLN VIP SOCIAL AWARENESS	Registered Investment Company LINCOLN VIP SOCIAL AWARENESS	\$ 0.00	\$ 235,373.72
NATIONWIDE LIFE INSURANCE COMPANY	Registered Investment Company LNCLNVIPTAMCENINFLPRCTSV	Registered Investment Company LNCLNVIPTAMCENINFLPRCTSV	\$ 0.00	\$ 2,493.65

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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Lincoln National Life Insurance Co	Registered Investment Company LVIP BARON GRTH OPPORTUNITIES	Registered Investment Company LVIP BRON GRTH OPPORTUNITIES	\$ 0.00	\$ 31,092.95
Lincoln National Life Insurance Co	Registered Investment Company LVIP BR DIVIDEND VALUE MGDVLT	Registered Investment Company LVIP BR DIVIDEND VALUE MGDVLT	\$ 0.00	\$ 1,882.28
Lincoln National Life Insurance Co	Registered Investment Company LVIP DELAWARE MID CAP VAL FUND	Registered Investment Company LVIP DELAWARE MID CAP VAL FUND	\$ 0.00	\$ 2,131.41
Lincoln National Life Insurance Co	Registered Investment Company LVIP DELAWARE WEALTH BUILDER	Registered Investment Company LVIP DELAWARE WEALTH BUILDER	\$ 0.00	\$ 2,846.96
Lincoln National Life Insurance Co	Registered Investment Company LVIP DIMENSIONAL US CORE EQTY1	Registered Investment Company LVIP DIMENSIONAL US CORE EQTY1	\$ 0.00	\$ 44,689.57
Lincoln National Life Insurance Co	Registered Investment Company LVIP GLOBAL MODERATE ALLOCTN MR	Registered Investment Company LVIP GLOBAL MODERATE ALLOCTN MR	\$ 0.00	\$ 6,256.20
Lincoln National Life Insurance Co	Registered Investment Company LVIP GLOBAL GROWTH ALLOCTN MR	Registered Investment Company LVIP GLOBAL GROWTH ALLOCTN MR	\$ 0.00	\$ 2,602.69
Lincoln National Life Insurance Co	Registered Investment Company LVIP GOVERNMENT MONEY MARKET	Registered Investment Company LVIP GOVERNMENT MONEY MARKET	\$ 0.00	\$ 316.60
Lincoln National Life Insurance Co	Registered Investment Company LVIP JP MORGAN RETIREMENT INCOME	Registered Investment Company LVIP JP MORGAN RETIREMENT INCOME	\$ 0.00	\$ 2,424.83
Lincoln National Life Insurance Co	Registered Investment Company LVIP MONDRIAN INT'L VALUE	Registered Investment Company LVIP MONDRIAN INT'L VALUE	\$ 0.00	\$ 2,113.12
Lincoln National Life Insurance Co	Registered Investment Company LVIP SSGA S&P 500 INDEX	Registered Investment Company LVIP SSGA S&P 500 INDEX	\$ 0.00	\$ 98,744.80
Lincoln National Life Insurance Co	Registered Investment Company LVIP SSGA SMALL-CAP INDEX	Registered Investment Company LVIP SSGA SMALL-CAP INDEX	\$ 0.00	\$ 63,079.75
Lincoln National Life Insurance Co	Registered Investment Company LVIP T.ROME PRICE STRUCTURED	Registered Investment Company LVIP T.ROME PRICE STRUCTURED	\$ 0.00	\$ 16,132.34
MFS Investment Management	Registered Investment Company MFS Mid Cap Value R6 Fund	Registered Investment Company MFS Mid Cap Value R6 Fund	\$ 0.00	\$ 992,701.25
MFS Investment Management	Registered Investment Company MFS Mid-Cap Growth R6 Fund	Registered Investment Company MFS Mid-Cap Growth R6 Fund	\$ 0.00	\$ 2,401,145.02

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

05/29/25

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PLAN ID 6-28838

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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 EIN 52 1241840
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 PLAN YEAR 01/01/2024 TO 12/31/2024

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Lincoln National Life Insurance Co	Registered Investment Company MFS UTILITIES SERIES	Registered Investment Company MFS UTILITIES SERIES	\$ 0.00	\$ 3,747.37
VALIC	Registered Investment Company MID CAP INDEX FUND	Registered Investment Company MID CAP INDEX FUND	\$ 0.00	\$ 56,819.70
VALIC	Registered Investment Company MID CAP STRATEGIC GWTH	Registered Investment Company MID CAP STRATEGIC GWTH	\$ 0.00	\$ 44,915.07
VALIC	Registered Investment Company MID CAP VALUE FUND	Registered Investment Company MID CAP VALUE FUND	\$ 0.00	\$ 12,794.16
VALIC	Registered Investment Company NASDAQ-100(R) INDEX FUND	Registered Investment Company NASDAQ-100(R) INDEX FUND	\$ 0.00	\$ 69,268.38
Lincoln National Life Insurance Co	Registered Investment Company NB AMT SUSTAINABLE EO PORT	Registered Investment Company NB AMT SUSTAINABLE EO PORT	\$ 0.00	\$ 13,591.04
Nationwide Life Insurance Co	Registered Investment Company NW AMUNDI NVITMULTSCTRBD I	Registered Investment Company NW AMUNDI NVITMULTSCTRBD I	\$ 0.00	\$ 926.02
Nationwide Life Insurance Co	Registered Investment Company NW NVIT EMRG MKT I	Registered Investment Company NW NVIT EMRG MKT I	\$ 0.00	\$ 904.07
Nationwide Life Insurance Co	Registered Investment Company NW NVIT GOVT BD I	Registered Investment Company NW NVIT GOVT BD I	\$ 0.00	\$ 10,389.46
Nationwide Life Insurance Co	Registered Investment Company NW NVIT INV DEST AGGR II	Registered Investment Company NW NVIT INV DEST AGGR II	\$ 0.00	\$ 18,994.15
Nationwide Life Insurance Co	Registered Investment Company NW NVIT INV DEST CNSRV II	Registered Investment Company NW NVIT INV DEST CNSRV II	\$ 0.00	\$ 1,356.85
Nationwide Life Insurance Co	Registered Investment Company NW NVIT INV DEST MOD II	Registered Investment Company NW NVIT INV DEST MOD II	\$ 0.00	\$ 31,686.59
Nationwide Life Insurance Co	Registered Investment Company NW NVIT INV DESTMODAGGR II	Registered Investment Company NW NVIT INV DESTMODAGGR II	\$ 0.00	\$ 33,094.74
Nationwide Life Insurance Co	Registered Investment Company NW NVIT INVDESTMODCNSRV II	Registered Investment Company NW NVIT INVDESTMODCNSRV II	\$ 0.00	\$ 8,698.49
Nationwide Life Insurance Co	Registered Investment Company NW NVIT JCBSILVY IGCAPGR I	Registered Investment Company NW NVIT JCBSILVY IGCAPGR I	\$ 0.00	\$ 14,509.81

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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 PLAN NUMBER 004
 PLAN YEAR 01/01/2024 TO 12/31/2024

(A)	(B)	(C)	(D)	(E)
	Identity of issuer, borrower, lessor or similar party.	Description of investment including maturity date, rate of interest, collateral, par or maturity value.	Cost	Current Value
	Nationwide Life Insurance Co	Registered Investment Company NW NVIT MDCAP INDX I	\$ 0.00	\$ 27,154.42
	Nationwide Life Insurance Co	Registered Investment Company NW NVIT MEL DYNMC US COR I	\$ 0.00	\$ 29,250.59
	Nationwide Life Insurance Co	Registered Investment Company NW NVIT MEL DYNMCUSEOINC I	\$ 0.00	\$ 88,519.10
	Nationwide Life Insurance Co	Registered Investment Company NW NVIT MULT MGR SM CO I	\$ 0.00	\$ 47,764.86
	Nationwide Life Insurance Co	Registered Investment Company NW NVIT MULT MGR SMCAPGR I	\$ 0.00	\$ 534.39
	Nationwide Life Insurance Co	Registered Investment Company NW NVIT MULT MGRSMCAPVAL I	\$ 0.00	\$ 3,187.44
	Nationwide Life Insurance Co	Registered Investment Company NW NVIT MULTGRMDCAPVAL II	\$ 0.00	\$ 1,124.31
	Nationwide Life Insurance Co	Registered Investment Company NW NVIT REALEST I	\$ 0.00	\$ 8,908.08
	Nationwide Life Insurance Co	Registered Investment Company NW NVIT ST BD II	\$ 0.00	\$ 1,768.75
	Nationwide Life Insurance Co	Registered Investment Company NW NVIT WF DISC I	\$ 0.00	\$ 6,580.87
	Nationwide Life Insurance Co	Registered Investment Company NW NVITAQIGCAPDEFNSTYLE I	\$ 0.00	\$ 3,815.63
*	Principal Life Insurance Company	Insurance Company General Prin Fixed Inc Guar Option	\$ 0.00	\$ 11,303,651.59
*	Principal Funds Inc	Registered Investment Company Princ SmallCap Growth I R6 Fd	\$ 0.00	\$ 7,984,351.99
	Schwab Funds	Brokerage Account Self-Directed Brokerage Acct	\$ 0.00	\$ 7,709,283.12
	VALIC	Registered Investment Company Small Cap Growth Fund	\$ 0.00	\$ 3,605.66

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	State Street Global Advisors	Registered Investment Company State Street Target Rt K Fund	\$ 0.00	\$ 7,968,939.84
	VALIC	Registered Investment Company Systematic Core Fund	\$ 0.00	\$ 3,277.77
	VALIC	Registered Investment Company Systematic Value Fund	\$ 0.00	\$ 18,348.65
	VALIC	Registered Investment Company SCIENCE & TECHNOLOGY FUND	\$ 0.00	\$ 79,523.67
	VALIC	Insurance Company General SHORT TERM FIXED ACCOUNT	\$ 0.00	\$ 14,410.61
	VALIC	Registered Investment Company SMALL CAP INDEX FUND	\$ 0.00	\$ 17,995.43
	VALIC	Registered Investment Company SMALL CAP SPECIAL VALUE FUND	\$ 0.00	\$ 24,674.78
	VALIC	Registered Investment Company SMALL CAP VALUE FUND	\$ 0.00	\$ 8,180.05
	State Street Global Advisors	Registered Investment Company SSGa Target Ret 2020 K Fund	\$ 0.00	\$ 26,666,374.99
	State Street Global Advisors	Registered Investment Company SSGa Target Ret 2025 K Fund	\$ 0.00	\$ 17,345,483.96
	State Street Global Advisors	Registered Investment Company SSGa Target Ret 2030 K Fund	\$ 0.00	\$ 61,190,445.34
	State Street Global Advisors	Registered Investment Company SSGa Target Ret 2035 K Fund	\$ 0.00	\$ 25,413,226.96
	State Street Global Advisors	Registered Investment Company SSGa Target Ret 2040 K Fund	\$ 0.00	\$ 51,468,465.11
	State Street Global Advisors	Registered Investment Company SSGa Target Ret 2045 K Fund	\$ 0.00	\$ 26,138,995.35
	State Street Global Advisors	Registered Investment Company SSGa Target Ret 2050 K Fund	\$ 0.00	\$ 28,724,275.30

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

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	State Street Global Advisors	Registered Investment Company SSGA Target Ret 2055 K Fund	\$ 0.00	\$ 23,319,757.46
	State Street Global Advisors	Registered Investment Company SSGA Target Ret 2060 K Fund	\$ 0.00	\$ 9,688,653.34
	State Street Global Advisors	Registered Investment Company SSGA Target Ret 2065 K Fund	\$ 0.00	\$ 2,537,088.65
	VALIC	Registered Investment Company STOCK INDEX FUND	\$ 0.00	\$ 45,473.53
	Lincoln National Life Insurance Co	Registered Investment Company T. ROW PRICE INT'L STOCK	\$ 0.00	\$ 6,330.58
	T. Rowe Price Funds	Registered Investment Company T.Rowe Price Ig Cp Gwth I Fund	\$ 0.00	\$ 42,975,483.03
	VALIC	Registered Investment Company US SOCIALLY RESPONSIBLE FUND	\$ 0.00	\$ 808.48
	Vanguard Group	Registered Investment Company Vanguard Ext Mkt Index Inst Fd	\$ 0.00	\$ 7,241,550.32
	Vanguard Group	Registered Investment Company Vanguard Fed Money Mkt Inv Fd	\$ 0.00	\$ 5,003,421.54
	Vanguard Group	Registered Investment Company Vanguard Instl Idx Instl Fund	\$ 0.00	\$ 48,033,496.89
	Vanguard Group	Registered Investment Company Vanguard Ttl Bd Mkt Idx Inst	\$ 0.00	\$ 4,376,250.71
	Vanguard Group	Registered Investment Company Vgd Ttl Intl Stk Idx Inst Fund	\$ 0.00	\$ 4,450,692.21
	VALIC	Registered Investment Company VANGUARD LIFESTRATEGY GROWTH	\$ 0.00	\$ 3,167.82
	VALIC	Registered Investment Company VANGUARD LIFESTRATEGY MOD	\$ 0.00	\$ 638.71
	VALIC	Registered Investment Company VANGUARD LONG-TERM TREAS	\$ 0.00	\$ 10,716.01

