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|---|--|---|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|---|

|               |   |
|---------------|---|
| <b>Part I</b> | <b>Annual Report Identification Information</b> |
|---------------|---|

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

**A** This return/report is for:     a multiemployer plan     a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan     a DFE (specify) \_\_\_\_\_

**B** This return/report is:     the first return/report     the final return/report

an amended return/report     a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:     Form 5558     automatic extension     the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

|                |   |
|----------------|---|
| <b>Part II</b> | <b>Basic Plan Information—enter all requested information</b> |
|----------------|---|

|  |   |
|--|---|
| <b>1a</b> Name of plan<br><u>COMMUNITY MEMORIAL HEALTH SYSTEM 403(B) PLAN</u>  | <b>1b</b> Three-digit plan number (PN) ▶ <u>002</u>   |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>COMMUNITY MEMORIAL HEALTH SYSTEM</u><br><br><u>147 N. BRENT AVENUE</u><br><u>VENTURA, CA 93003</u> | <b>1c</b> Effective date of plan<br><u>05/01/1990</u><br><br><b>2b</b> Employer Identification Number (EIN)<br><u>95-1683892</u><br><br><b>2c</b> Plan Sponsor's telephone number<br><u>805-652-5623</u><br><br><b>2d</b> Business code (see instructions)<br><u>622000</u> |

**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.

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/10/2025 | JIM CORWIN   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|   |  |      |
|---|--|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |      |
|   | <b>3c</b> Administrator's telephone number |      |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |      |
|   | <b>4d</b> PN                               |      |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 4044 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 3133 |
|   | <b>6a(2)</b>                               | 3366 |
|   | <b>6b</b>                                  | 36   |
|   | <b>6c</b>                                  | 934  |
|   | <b>6d</b>                                  | 4336 |
|   | <b>6e</b>                                  | 8    |
|   | <b>6f</b>                                  | 4344 |
|   | <b>6g(1)</b>                               | 3867 |
| <b>6g(2)</b>  | 4211                                       |      |
| <b>6h</b>   | 141  |      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |      |

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**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**

|  |  |
|--|--|
| <b>A</b> Name of plan<br><b>COMMUNITY MEMORIAL HEALTH SYSTEM 403(B) PLAN</b>                             | <b>B</b> Three-digit plan number (PN) ▶ <b>002</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>COMMUNITY MEMORIAL HEALTH SYSTEM</b> | <b>D</b> Employer Identification Number (EIN)<br><b>95-1683892</b> |

**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  
**METROPOLITAN LIFE INSURANCE COMPANY**

| <b>(b)</b> EIN    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | <b>Policy or contract year</b> |                   |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
|                   |                      |  |  | <b>(f)</b> From                | <b>(g)</b> To     |
| <b>13-5581829</b> | <b>65978</b>         | <b>32808</b>                                 | <b>0</b>   | <b>01/01/2024</b>              | <b>12/31/2024</b> |

**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.

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|---|--------------------------------------|

**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>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> Purpose |                              |
|  |  |                    |                              |

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

| <b>(b)</b> Amount of sales and base commissions paid | <b>Fees and other commissions paid</b> |                    | <b>(e)</b> Organization code |
|--|--|--------------------|------------------------------|
|  | <b>(c)</b> Amount                      | <b>(d)</b> 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.

|  |          |  |
|--|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**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 ▶

|  |   |              |         |
|--|---|--------------|---------|
| <b>b</b> Balance at the end of the previous year .....   | <b>7b</b>   | 21334848     |         |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                  | <b>7c(1)</b>  | 1333183      |         |
|  | <b>7c(2)</b>  |              |         |
|  | <b>7c(3)</b>  |              |         |
|  | <b>7c(4)</b>  |              |         |
|  | <b>7c(5)</b>  | 3517853      |         |
| ▶ INCOME   |   |              |         |
| (6) Total additions .....  | <b>7c(6)</b>  | 4851036      |         |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                  | <b>7d</b>   | 26185884     |         |
| <b>e</b> Deductions:   |   |              |         |
|  | (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b> | 5544026 |
|  | (2) Administration charge made by carrier .....                           | <b>7e(2)</b> |         |
|  | (3) Transferred to separate account .....                                 | <b>7e(3)</b> |         |
| (4) Other (specify below) .....  | <b>7e(4)</b>  |              |         |
| ▶  |   |              |         |
| (5) Total deductions .....   | <b>7e(5)</b>  | 5544026      |         |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... | <b>7f</b>   | 20641858     |         |

**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:

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

**10** Nonexperience-rated contracts:

|   |            |  |
|---|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

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. ▶

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

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>COMMUNITY MEMORIAL HEALTH SYSTEM 403(B) PLAN</b>                             | <b>B</b> Three-digit plan number (PN) ▶                            | <b>002</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>COMMUNITY MEMORIAL HEALTH SYSTEM</b> | <b>D</b> Employer Identification Number (EIN)<br><b>95-1683892</b> |            |

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

**FIDELITY INVESTMENTS INSTITUTIONAL**

**04-2647786**

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

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

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

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

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

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

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

CAPFINANCIAL PARTNERS LLC

26-0058143

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 26 27                  | INVESTMENT ADVISOR  | 152233   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 37 60 64<br>65 71      | RECORDKEEPER  | 148078   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

FARBER HASS

20-4207759

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10                     | ACCOUNTANT/A UDITOR   | 23214  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                          | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|--|--|---|
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation              | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| DODGE&COX INTL STK I - SS&C GIDS, 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105 | 0.10%  |   |
| (a) Enter service provider name as it appears on line 2                          | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation              | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| LOOMIS SM CP GRTH IS - SS&C GIDS, 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105 | 0.15%  |   |
| (a) Enter service provider name as it appears on line 2                          | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation              | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| TRP RETIRE BAL - T. ROWE PRICE SER   | 0.15%  |   |
| 52-2269240   |  |   |

**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 |
|--|--|---|
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| ADV PREFERRED GOLD BULLION STRAT I 1445 RESEARCH BLVD STE 530<br>ROCKVILLE, MD 20850 | 0.40%  |   |
| (a) Enter service provider name as it appears on line 2                              | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| GQG PARTNERS GLOBAL QUALITY EQ INV 1 FREEDOM VALLEY DR<br>OAKS, PA 19456             | 0.40%  |   |
| (a) Enter service provider name as it appears on line 2                              | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| GQG PARTNERS US QULTSELECT EQUITY 1 FREEDOM VALLEY DR<br>OAKS, PA 19456              | 0.40%  |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| FIDELITY INVESTMENTS INSTITUTIONAL  | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| AVANTIS EMERGING MARKETS EQUITY 4400 MAIN ST 1ST FL KANSAS CITY, MO 64111         | 0.05%  |   |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL  | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| BNY MELLON NATURAL RESOURCES A 144 GLENN CURTISS BLVD 8TH FL UNIONDALE, NY 11556  | 0.40%  |   |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL  | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| BNY MELLON LRG CAPSECURITIES FD 144 GLENN CURTISS BLVD 8TH FL UNIONDALE, NY 11556 | 0.35%  |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| FIDELITY INVESTMENTS INSTITUTIONAL  | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| BERKSHIRE FOCUS FD<br>475 MILAN DR STE 103<br>SAN JOSE, CA 95134              | 0.40%  |   |
| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL  | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| BLACKROCK TECHNOLOGY OPPORTUNITIES<br>40 EAST 52ND ST<br>NEW YORK, NY 10022   | 0.40%  |   |
| (a) Enter service provider name as it appears on line 2                       | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL  | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation           | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| BLACKROCK NATURAL RESOURCES TR<br>CL<br>40 EAST 52ND ST<br>NEW YORK, NY 10022 | 0.40%  |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                              | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation  |
|--|--------------------------------------|--|
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60                                   | 0  |
| (d) Enter name and EIN (address) of source of indirect compensation                  |                                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DFA INFLATION PROTECTED SEC PORT 6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746   |                                      | 0.02%  |
| (a) Enter service provider name as it appears on line 2                              | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation  |
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60                                   | 0  |
| (d) Enter name and EIN (address) of source of indirect compensation                  |                                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DFA INTERNATIONAL CORE EQUITY 6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746      |                                      | 0.02%  |
| (a) Enter service provider name as it appears on line 2                              | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation  |
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60                                   | 0  |
| (d) Enter name and EIN (address) of source of indirect compensation                  |                                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DFA US VECTOR EQUITY PRTF INSTL CL 6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746 |                                      | 0.02%  |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                                  | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|--|--|---|
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| DFA US CORE EQUITY I<br>6300 BEE CAVES ROAD BUILDING ONE<br>AUSTIN, TX 78746             | 0.02%  |   |
| (a) Enter service provider name as it appears on line 2                                  | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| DFA ONE YEAR FIXED INC PRTF INST<br>6300 BEE CAVES ROAD BUILDING ONE<br>AUSTIN, TX 78746 | 0.02%  |   |
| (a) Enter service provider name as it appears on line 2                                  | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| DFA US LRG CAP VALUE PRTF INSTL<br>6300 BEE CAVES ROAD BUILDING ONE<br>AUSTIN, TX 78746  | 0.02%  |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                                   | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| FIDELITY INVESTMENTS INSTITUTIONAL  | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| DFA REAL ESTATE SEC PRTF INSTL<br>6300 BEE CAVES ROAD BUILDING ONE<br>AUSTIN, TX 78746    | 0.02%  |   |
| (a) Enter service provider name as it appears on line 2                                   | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL  | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| DFA US SM CAP PORTFOLIO INSTL CL<br>6300 BEE CAVES ROAD BUILDING ONE<br>AUSTIN, TX 78746  | 0.02%  |   |
| (a) Enter service provider name as it appears on line 2                                   | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL  | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| DFA FIVE YEAR GLBL FIXED INC PRTF<br>6300 BEE CAVES ROAD BUILDING ONE<br>AUSTIN, TX 78746 | 0.02%  |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                              | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|--|--|---|
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| DFA INVESTMENT GRADE PORTFOLIO INS 6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746 | 0.02%  |   |
| (a) Enter service provider name as it appears on line 2                              | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| DFA COMMODITY STRATEGY PORT INSTL 6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746  | 0.02%  |   |
| (a) Enter service provider name as it appears on line 2                              | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| DFA INTERNATIONAL VECTOR EQUITY PO 6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746 | 0.02%  |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| FIDELITY INVESTMENTS INSTITUTIONAL  | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| PARAMETRIC COMMODITYSTRATEGIC CL<br>A TWO INTERNATIONAL PLACE<br>BOSTON, MA 02110     | 0.40%  |   |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL  | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| FIRST TRUST WCM FOCUSED GLOBAL<br>GRW 120 E. LIBERTY DR. STE 400<br>WHEATON, IL 60187 | 0.40%  |   |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL  | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| GLENMEDE LRG CAP GROWTH<br>1650 MARKET ST. STE 1200<br>PHILADELPHIA, PA 19103         | 0.40%  |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| FIDELITY INVESTMENTS INSTITUTIONAL  | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| GLENMEDE LRG CAP CORE<br>1650 MARKET ST. STE 1200<br>PHILADELPHIA, PA 19103             | 0.40%  |   |
| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL  | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| HENNESSY CORNERSTONEMID CAP 30<br>INV<br>7250 REDWOOD BLVD. STE 200<br>NOVATO, CA 94945 | 0.40%  |   |
| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL  | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| FIRST TRUST MULTI STRATEGY CL I<br>2220 E. ROUTE 66 STE 226<br>SMITHFIELD, RI 02917     | 0.10%  |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                     | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| FIDELITY INVESTMENTS INSTITUTIONAL  | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| JANUS HENDERSON GLOB TECH & INNOV 151 DETROIT ST. DENVER, CO 80206          | 0.35%  |   |
| (a) Enter service provider name as it appears on line 2                     | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL  | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| JPMORGAN U.S. GARP EQUITY FD CL A 1111 POLARIS PARKWAY COLUMBUS, OH 43240   | 0.40%  |   |
| (a) Enter service provider name as it appears on line 2                     | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL  | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| LORD ABBETT GROWTH LEADERS FD CL 90 HUDSON ST 10TH FL JERSEY CITY, NJ 07302 | 0.45%  |   |

**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 |
|---|--|---|
| FIDELITY INVESTMENTS INSTITUTIONAL  | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| MFS BLENDED RESEARCH CORE EQUITY C 111 HUNTINGTON AVE BOSTON, MA 02199-7632     | 0.40%  |   |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL  | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| PEAR TREE QUALITY FD ORDINARY 55 OLD BEDFORD ROAD LINCOLN, MA 01773             | 0.40%  |   |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL  | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| T ROWE PRICE COMM & TECHNOLOGY INV 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117 | 0.15%  |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|--|--|---|
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| T ROWE PRICE GROWTH STOCK<br>4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117       | 0.15%  |   |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| PRIMECAP ODYSSEY GROWTH FD<br>2020 E. FINANCIAL WAY STE 100<br>GLEN DORA, CA 91741 | 0.10%  |   |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| PRIMECAP ODYSSEY STO CK FD<br>2020 E. FINANCIAL WAY STE 100<br>GLEN DORA, CA 91741 | 0.10%  |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|--|--|---|
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| THE OSTERWEIS STRATEGIC INC FD 777 E. WISCONSIN AVE 4TH FL MILWAUKEE, WI 53202     | 0.15%  |   |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| SHORT NASDAQ 100 PRO FD INVT 7501 WISCONSIN AVE STE 1000 E TOWE BETHESDA, MD 20814 | 0.40%  |   |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| SGI PRUDENT GROWTH FD I 620 S. MAIN ST BOUNTIFUL, UT 84010                         | 0.10%  |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                              | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|--|--|---|
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| SGI PEAK GROWTH I<br>620 S. MAIN ST<br>BOUNTIFUL, UT 84010                           | 0.10%  |   |
| (a) Enter service provider name as it appears on line 2                              | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| T ROWE PRICE DIVIDEND GROWTH<br>4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117      | 0.15%  |   |
| (a) Enter service provider name as it appears on line 2                              | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| T ROWE PRICE BLUE CHIP GROWTH INC<br>4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117 | 0.15%  |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|--|--|---|
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| T ROWE PRICE GLOBAL CONSUMER FD I 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117 | 0.15%  |   |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| T ROWE PRICE INFLATION PROT BD FD 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117 | 0.15%  |   |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| RYDEX BIOTECHNOLOGY INV CL 9601 BLACKWELL RD STE 500 ROCKVILLE, MD 20850       | 0.40%  |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                                     | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| FIDELITY INVESTMENTS INSTITUTIONAL  | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| SPROTT GOLD EQUITY FD INVT<br>200 BAY ST STE 2600<br>TORONTO, ON M5J 2J1 CA                 | 0.40%  |   |
| (a) Enter service provider name as it appears on line 2                                     | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL  | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation                         | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| ALLSPRING DISCOVERY INNOVATION FD<br>525 MARKET ST MAC A0103 122<br>SAN FRANCISCO, CA 94105 | 0.40%  |   |
| (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.

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>COMMUNITY MEMORIAL HEALTH SYSTEM 403(B) PLAN</b>                             | <b>B</b> Three-digit plan number (PN) ▶ <b>002</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>COMMUNITY MEMORIAL HEALTH SYSTEM</b> | <b>D</b> Employer Identification Number (EIN)<br><b>95-1683892</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

|  |                 | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       | 0                     | 9140            |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    | 209248                | 0               |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    | 796766                | 0               |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    | 287                   | 38988           |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 2654964               | 3270295         |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    | 8954406               | 9878087         |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 0                     | 0               |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 355996595             | 419960226       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 21334561              | 20602871        |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   | 0                     | 0               |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property.....  | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 389946827             | 453759607       |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    | 0                     | 0               |
| <b>h</b> Operating payables.....   | <b>1h</b>    | 0                     | 0               |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    | 0                     | 0               |
| <b>j</b> Other liabilities.....  | <b>1j</b>    | 0                     | 0               |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 389946827             | 453759607       |

**Part II Income and Expense Statement**

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

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 7116967    |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 27210514   |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> | 2996888    |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            |           |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 147918     |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> | 595059     |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> | 455411     |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 1198388   |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 15622837   |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 15622837  |
| <b>(3)</b> Rents.....  | <b>2b(3)</b>    |            | 0         |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> | 0          |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> | 0          |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> | 0          |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> | 0          |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|   | (a) Amount | (b) Total |
|---|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)      | 0         |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)      | 0         |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)      | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)      | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10)     | 41869419  |
| <b>c</b> Other income .....   | 2c         | 0         |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | 2d         | 96015013  |

**Expenses**

|   |        |          |
|---|--------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |        |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | 2e(1)  | 31465961 |
| (2) To insurance carriers for the provision of benefits .....                               | 2e(2)  | 0        |
| (3) Other .....   | 2e(3)  | 0        |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                               | 2e(4)  | 31465961 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | 2f     | 0        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | 2g     | 414118   |
| <b>h</b> Interest expense .....   | 2h     | 0        |
| <b>i</b> Administrative expenses:   |        |          |
| (1) Salaries and allowances .....   | 2i(1)  | 0        |
| (2) Contract administrator fees .....   | 2i(2)  | 300      |
| (3) Recordkeeping fees .....  | 2i(3)  | 146408   |
| (4) IQPA audit fees .....   | 2i(4)  | 23214    |
| (5) Investment advisory and investment management fees .....                                | 2i(5)  | 0        |
| (6) Bank or trust company trustee/custodial fees .....                                      | 2i(6)  | 0        |
| (7) Actuarial fees .....  | 2i(7)  | 0        |
| (8) Legal fees .....  | 2i(8)  | 0        |
| (9) Valuation/appraisal fees .....  | 2i(9)  | 0        |
| (10) Other trustee fees and expenses .....  | 2i(10) | 0        |
| (11) Other expenses .....   | 2i(11) | 152232   |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....                      | 2i(12) | 322154   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     | 32202233 |

**Net Income and Reconciliation**

|   |       |          |
|---|-------|----------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d ..... | 2k    | 63812780 |
| <b>l</b> Transfers of assets:                                   |       |          |
| (1) To this plan .....  | 2l(1) | 0        |
| (2) From this plan .....  | 2l(2) | 0        |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: FARBER HASS HURLEY LLP

(2) EIN: 20-4207759

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

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

**Part IV Compliance Questions**

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

During the plan year:

|  | Yes | No | Amount  |
|--|-----|----|---------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |     | X  |         |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     | X  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)   |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 2000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)   |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     | X  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  |     | X  |         |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

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

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

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>COMMUNITY MEMORIAL HEALTH SYSTEM 403(B) PLAN</u>                             | <b>B</b> Three-digit plan number (PN) ▶                            | <u>002</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>COMMUNITY MEMORIAL HEALTH SYSTEM</u> | <b>D</b> Employer Identification Number (EIN)<br><u>95-1683892</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|  |   |  |
|--|---|--|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....  | 1 |  |
| <b>2</b> 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):<br>EIN(s): <u>04-6568107</u> |   |  |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>  |   |  |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....   | 3 |  |

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

|   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>   |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | 6a                           |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | 6b                           |                             |                              |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....   | 6c                           |                             |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>  |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|  |                                   |                                   |                               |                             |
|--|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|--|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

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

|  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 07 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500955A.

***FINANCIAL STATEMENTS***

**COMMUNITY MEMORIAL HEALTH SYSTEM 403(b) PLAN**

***DECEMBER 31, 2024 AND 2023***

**FARBER HASS HURLEY LLP  
CERTIFIED PUBLIC ACCOUNTANTS**

## INDEX

|   |         |
|---|---------|
| INDEPENDENT AUDITORS' REPORT  | 1 - 2   |
| FINANCIAL STATEMENTS  |         |
| Statements of Net Assets Available for Benefits -<br>December 31, 2024 and 2023                   | 3       |
| Statement of Changes in Net Assets Available for Benefits -<br>Year Ended December 31, 2024       | 4       |
| NOTES TO FINANCIAL STATEMENTS   | 5 - 12  |
| SUPPLEMENTAL SCHEDULE FURNISHED PURSUANT<br>TO DOL REGULATIONS UNDER ERISA -<br>December 31, 2024 |         |
| Schedule H, line 4i - Schedule of Assets (Held at End of Year)                                    | 14 - 15 |



INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of  
Community Memorial Health System 403(b) Plan

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

We were engaged to perform audits of the financial statements of Community Memorial Health System 403(b) 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, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

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

***Disclaimer of Opinion***

We do not express an opinion on the financial statements of Community Memorial Health System 403(b) Plan. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

***Basis for Disclaimer of Opinion***

As discussed in Note D, the Plan has excluded from investments in the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor'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 from the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2024. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the financial statements referred to above.

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

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

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 Community Memorial Health System 403(b) Plan’s ability to continue as a going concern for one year after the date financial statements are available to be issued.

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

***Auditors’ 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 auditors’ report. However, because of the matter 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 supplemental Schedule H, line 4i-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 matter 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.

*Farber Hass Hurley LLP*

Valencia, California  
October 7, 2025

**COMMUNITY MEMORIAL HEALTH SYSTEM 403(b) PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2024 AND 2023**

|                                    | 2024           | 2023           |
|------------------------------------|----------------|----------------|
| <b>ASSETS:</b>                     |                |                |
| Investments at fair value          | \$ 423,239,661 | \$ 358,651,559 |
| Investment at contract value       | 20,602,871     | 21,334,561     |
| Receivables:                       |                |                |
| Notes receivable from participants | 9,878,087      | 8,954,406      |
| Participant contributions          | -              | 796,766        |
| Employer contributions             | -              | 209,248        |
| Other                              | 38,988         | 287            |
| Total receivables                  | 9,917,075      | 9,960,707      |
| Net assets available for benefits  | \$ 453,759,607 | \$ 389,946,827 |

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

**COMMUNITY MEMORIAL HEALTH SYSTEM 403(b) 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         | \$ | 42,113,859        |
| Interest and dividend income                          |    | <u>15,938,235</u> |
|   |    | 58,052,094        |
| <br>  |    |                   |
| Interest income on notes receivable from participants |    | 595,059           |
| <br>  |    |                   |
| Contributions:  |    |                   |
| Participant   |    | 27,210,514        |
| Employer  |    | 7,116,967         |
| Participant rollovers                                 |    | <u>3,040,379</u>  |
|   |    | <u>37,367,860</u> |
| <br>  |    |                   |
| Total additions                                       |    | 96,015,013        |

**Deductions from net assets attributed to:**

|                               |  |                   |
|-------------------------------|--|-------------------|
| Benefits paid to participants |  | 31,880,079        |
| Administrative expenses       |  | <u>322,154</u>    |
| <br>                          |  |                   |
| Total deductions              |  | <u>32,202,233</u> |
| <br>                          |  |                   |
| Net increase                  |  | 63,812,780        |

**Net assets available for benefits:**

|                   |    |                           |
|-------------------|----|---------------------------|
| Beginning of year |    | <u>389,946,827</u>        |
| <br>              |    |                           |
| End of year       | \$ | <u><u>453,759,607</u></u> |

The accompanying notes are an integral part of this financial statement.

**COMMUNITY MEMORIAL HEALTH SYSTEM 403(b) PLAN**  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

**NOTE A - DESCRIPTION OF THE PLAN**

The following description of the Community Memorial Health System 403(b) Plan (the “Plan”) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan’s provisions.

**1. General**

The Plan is a defined contribution profit sharing plan, referred to as a 403(b) tax deferred annuity plan, sponsored and administered by Community Memorial Health System (the “Organization”). The Plan was established for the benefit of substantially all employees of the Organization. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**2. Eligibility**

An employee is eligible to make salary deferrals to the Plan on their first day of employment. An employee is eligible for a discretionary matching contribution and a discretionary non-elective contribution on the first day of each quarter upon completion of 500 hours of service in either: 1) a 6-month period from their initial date of employment or 2) in any two consecutive calendar quarters thereafter, or after completion of 1,000 hours of service in a plan year. Employees covered under a collective bargaining agreement are not eligible to receive discretionary matching or non-elective contributions. Non-resident aliens are excluded from participation in the Plan.

**3. Contributions**

Participants may elect to defer on a pre-tax basis or make Roth contributions up to the maximum deferral limit per Section 402(g)(1) of the Internal Revenue Code (IRC). Participants who have attained age 50 before the end of the plan year are eligible to make additional “catch-up” contributions. The Plan also has an automatic enrollment provision that allows the Organization to withhold 6.5% effective January 1, 2024 (previously 6%), from an eligible employee’s compensation as an employee contribution after two months of employment, unless a contrary election is made by the participant. Each year on July 1, the auto-enrollment percentage will increase by 1% for those participants subject to this provision as of that date, until the automatic deferral is 12.5% effective January 1, 2024 (previously 10%). Participants may stop or change their deferral election at any time.

The Organization made matching contributions totaling \$7,116,967 (net of applied forfeitures totaling \$270,979) for the year ended December 31, 2024. In addition, the Organization may make discretionary non-elective contributions as elected by the Organization. There were no discretionary non-elective contributions for the year ended December 31, 2024.

**COMMUNITY MEMORIAL HEALTH SYSTEM 403(b) PLAN**  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

**NOTE A - DESCRIPTION OF THE PLAN (Continued)**

**4. Investment Options**

Participants may direct employee and Organization contributions, as desired, in any of a variety of investment options held by Fidelity Management Trust Company ("Fidelity"), as chosen by the Organization. Participants may change their investment options daily.

**5. Participant Accounts**

Each participant's account is credited with the participant's contributions, rollovers, the Organization's matching contribution, and allocations of the Organization's non-elective contribution and plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, specific transactions, 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.

**6. Vesting**

Participants are immediately vested in their deferral contributions and rollover contributions plus actual earnings thereon. Vesting in the Organization's non-elective and matching contribution portion of their accounts is based on years of continuous service. After three years of service, participants are 100% vested in the Organization's non-elective and matching contribution portion of their accounts plus actual earnings thereon. Prior to attainment of three years of service, participants are not vested in these contributions.

**7. Notes Receivable from Participants**

Participants may borrow from their account up to a maximum of 50% of their vested account balance, not to exceed \$50,000, adjusted for previous loan balances taken in the twelve months prior to the new loan. Loans must be repaid within five years of the date of issuance or over a longer period if for the purchase of a principal residence, in accordance with terms established by the plan administrator. Loans shall bear a reasonable interest rate as determined by the Organization.

**8. Benefit Payments**

Upon termination of service, participants are entitled to receive a benefit payment of their vested account balance. Upon retirement, disability or death while working for the Organization, a participant or a participant's beneficiary is entitled to receive a benefit payment equal to the total value of the participant's account balance. In-service and hardship distributions are permitted if certain criteria are met. Benefit payments may be made in the form of a lump sum, installments, or as an annuity.

**COMMUNITY MEMORIAL HEALTH SYSTEM 403(b) PLAN**  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

**NOTE A - DESCRIPTION OF THE PLAN (Continued)**

**9. Plan Termination**

Although it has not expressed such intent, the Organization reserves the right, at any time, to amend or terminate the Plan by action of its Board of Directors subject to the provisions of ERISA. Upon termination of the Plan participants would become fully vested, further contributions to the Plan would cease and the assets of the Plan would be distributed to the participants based on each individual participant's interest in the Plan.

**10. Forfeitures**

Forfeitures may be used to reduce future Organization contributions. Outstanding forfeitures available at December 31, 2024 and 2023 were \$575 and \$21,553, respectively.

**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**1. Basis of Presentation**

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

**2. Plan Administration**

The Organization is the plan sponsor and the plan administrator. The administrator of the Plan is responsible for carrying out the duties imposed under ERISA.

**3. Investment Valuation and Income Recognition**

The investments of the Plan are stated at fair value (except for the fully benefit-responsive investment contract which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment adviser and custodian. See Note E for discussion of fair value measurements.

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

**COMMUNITY MEMORIAL HEALTH SYSTEM 403(b) PLAN**  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**4. Administrative Expenses**

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Organization. Expenses that are paid by the Organization are excluded from these financial statements. Investment related expenses are included in net appreciation/depreciation in fair value of investments.

**5. Payment of Benefits**

Benefits are recorded when paid.

**6. Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities, and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

**7. Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

**8. Contributions**

Contributions from Plan participants and the matching contributions from the Employer are recorded in the year which the employee contributions are withheld from compensation.

**NOTE C - CERTIFIED INVESTMENT INFORMATION**

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity Management Trust Company (the custodian of the Plan), a qualified institution.

**COMMUNITY MEMORIAL HEALTH SYSTEM 403(b) PLAN**  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

**NOTE D - EXCLUDED CONTRACTS**

The Plan has certain annuity and custodial accounts with Lincoln National Life Insurance Company (“Lincoln”) and Great American Insurance Group (“Great American”), which were issued to current and former employees prior to January 1, 2009 (“Excludable Contracts”). As permitted by the Department of Labor’s Field Assistance Bulletin 2009-02, *Annual Reporting Requirements for 403(b) Plans*, these Excludable Contracts are not required to be reported in the Plan’s financial statements and supplementary information for the years ended December 31, 2024 and 2023.

If the Excluded Contracts, as reported by Lincoln were included, net assets available for benefits would increase by approximately \$14,910,000 and \$17,860,000 as of December 31, 2024 and 2023, respectively. If the Excluded Contracts, as reported by Great American were included, net assets available for benefits was estimated to increase by approximately \$290,000 as of December 31, 2023. Investment income of approximately \$1,460,000 and distributions of approximately \$4,410,000 related to such contracts, as identified by Lincoln, have also been excluded from the accompanying Statement of Changes in Net Assets Available for Benefits. The impact of Great American Excluded Contracts to the Statement of Net Assets Available for Benefits and to the Statement of Changes in Net Assets Available for Benefits is unknown. Accounting principles generally accepted in the United States of America require that these Excluded Contracts and the related income and distributions be included in the accompanying financial statements.

**NOTE E - 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 FASB ASC 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;
  - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

**COMMUNITY MEMORIAL HEALTH SYSTEM 403(b) PLAN**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

**NOTE E - FAIR VALUE MEASUREMENTS (Continued)**

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 on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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:* Valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Self-directed brokerage accounts:* Accounts primarily consist of cash and mutual funds that are valued on the basis of readily determinable market prices.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

|                                     | <i>Assets at Fair Value as of December 31, 2024</i> |                |                |                       |
|-------------------------------------|---|----------------|----------------|-----------------------|
|                                     | <u>Level 1</u>                                      | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>          |
| Assets in the fair value hierarchy: |   |                |                |                       |
| Mutual funds                        | \$ 416,458,077                                      | \$ -           | \$ -           | \$ 416,458,077        |
| Self-directed brokerage accounts    | 6,781,584   | -              | -              | 6,781,584             |
| Investments at fair value           | <u>\$ 423,239,661</u>                               | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$ 423,239,661</u> |

**COMMUNITY MEMORIAL HEALTH SYSTEM 403(b) PLAN**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

**NOTE E - FAIR VALUE MEASUREMENTS (Continued)**

*Assets at Fair Value as of December 31, 2023*

|                                     | <u>Level 1</u>        | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>          |
|-------------------------------------|-----------------------|----------------|----------------|-----------------------|
| Assets in the fair value hierarchy: |                       |                |                |                       |
| Mutual funds                        | \$ 353,373,501        | \$ -           | \$ -           | \$ 353,373,501        |
| Self-directed brokerage accounts    | 5,278,058             | -              | -              | 5,278,058             |
| Investments at fair value           | <u>\$ 358,651,559</u> | <u>\$ -</u>    | <u>\$ -</u>    | <u>\$ 358,651,559</u> |

**NOTE F - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT**

The Plan holds an investment in a group annuity contract that 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 following represents the traditional investment contract held by the Plan.

|                            | December 31,  |               |
|----------------------------|---------------|---------------|
|                            | <u>2024</u>   | <u>2023</u>   |
| Met Life Stable Value Fund | \$ 20,602,871 | \$ 21,334,561 |

The contract issuer will guarantee principal and accrued interest, based on credited interest rates. Interest is credited to the contract at interest rates that reflect the performance of the underlying portfolio. The minimum crediting rate is 1%. The crediting interest rate for the year ended December 31, 2024 was 2.25%. The contract issuer may reset the guaranteed interest rate annually. Participants will receive the principal and accrued earnings credited to their accounts on withdrawal for allowed events. These events include transfers to other Plan investment options, and payments because of retirement, termination of employment, disability, death and in-service withdrawals as permitted by the Plan.

In order to maintain the contract issuer's promise to pay such withdrawals and exchanges at book value, the contract subjects the fund and its participants to certain restrictions. For example, withdrawals prompted by certain events (layoffs, early retirement windows, spin-offs, sale of a division, facility closings, plan terminations, partial plan terminations, changes in laws or regulations) may be paid at the market value of the fund's securities, which may be less than the book value, or the contract issuer may restrict withdrawals for these events. However, the Plan administrator does not believe such events are probable. Certain investment options offered by the Plan may be deemed by the contract issuers to "compete" with this fund. The terms of the contract prohibit a direct exchange from this fund to such competing funds.

**COMMUNITY MEMORIAL HEALTH SYSTEM 403(b) PLAN**  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023

**NOTE G - PARTY-IN-INTEREST AND RELATED PARTY TRANSACTIONS**

Fidelity is the custodian and record-keeper of the Plan. Plan investments are managed and held by the custodian and, therefore, these transactions qualify as party-in-interest transactions. Notes receivable from participants and the related interest income are also considered party-in-interest transactions.

The record-keeper receives revenue from mutual fund service providers for services. This revenue is used to offset plan expenses incurred by the record-keeper, custodian, and other service providers of the Plan. Revenue and expenses received and paid during the plan year totaled \$616,127 and \$311,475, respectively. The available balance in the expense account as of December 31, 2024 and 2023 was \$660,577 and \$330,435, respectively, and are included in the Statements of Net Assets Available for Benefits.

**NOTE H - RISKS AND UNCERTAINTIES**

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

**NOTE I - TAX STATUS**

The Organization is a tax-exempt organization under IRC Section 501(c)(3), and adopted a 403(b) Volume Submitter Plan (VSP). The VSP received a favorable opinion letter from the Internal Revenue Service (IRS) dated August 7, 2017, which stated that the VSP is designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the opinion letter, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC. Administration errors, if any, which are insignificant or operational in nature, are handled by the plan administrator in accordance with applicable IRS correction programs. Therefore, the plan administrator believes that the Plan was qualified and no provision for income taxes has been reflected in the accompanying financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**NOTE J - SUBSEQUENT EVENTS**

Plan management has evaluated subsequent events through October 7, 2025, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE FURNISHED  
PURSUANT TO DOL REGULATIONS UNDER ERISA  
DECEMBER 31, 2024

**COMMUNITY MEMORIAL HEALTH SYSTEM 403(b) PLAN**  
 PLAN NUMBER: 002 EIN: 95-1683892  
 SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
 DECEMBER 31, 2024

| (a)   | (b)  | (c)   | (d)           | (e) |
|---|--|-------|---------------|-----|
| Identity of issue,<br>borrower, lessor, or<br>similar party | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost  | Current value |     |
| Mutual funds -  |  |       |               |     |
| * Fidelity Mgmt. Trust Co.                                  | Carillon Eagle Mid Cap Growth Fund   | ** \$ | 2,151,908     |     |
| * Fidelity Mgmt. Trust Co.                                  | T. Rowe Price Retirement 2005  | **    | 83,670        |     |
| * Fidelity Mgmt. Trust Co.                                  | T. Rowe Price Retirement 2015  | **    | 5,217,123     |     |
| * Fidelity Mgmt. Trust Co.                                  | T. Rowe Price Retirement 2025  | **    | 28,279,742    |     |
| * Fidelity Mgmt. Trust Co.                                  | T. Rowe Price Retirement 2035  | **    | 36,940,961    |     |
| * Fidelity Mgmt. Trust Co.                                  | T. Rowe Price Retirement 2045  | **    | 31,076,516    |     |
| * Fidelity Mgmt. Trust Co.                                  | Loomis Small Cap Growth  | **    | 10,222,976    |     |
| * Fidelity Mgmt. Trust Co.                                  | Vanguard Inst Index  | **    | 29,874,466    |     |
| * Fidelity Mgmt. Trust Co.                                  | T. Rowe Price Retirement 2055  | **    | 31,192,002    |     |
| * Fidelity Mgmt. Trust Co.                                  | T. Rowe Price Retirement 2050  | **    | 36,221,809    |     |
| * Fidelity Mgmt. Trust Co.                                  | Vanguard Total Bond Market   | **    | 3,194,479     |     |
| * Fidelity Mgmt. Trust Co.                                  | Vanguard Small Cap Index   | **    | 2,202,710     |     |
| * Fidelity Mgmt. Trust Co.                                  | Vanguard Federal Money Market  | **    | 587,342       |     |
| * Fidelity Mgmt. Trust Co.                                  | Vanguard Mid Cap Index   | **    | 2,758,833     |     |
| * Fidelity Mgmt. Trust Co.                                  | Vanguard Total Int Stock   | **    | 2,530,394     |     |
| * Fidelity Mgmt. Trust Co.                                  | Dodge & Cox International Stock Fund   | **    | 1,936,246     |     |
| * Fidelity Mgmt. Trust Co.                                  | PIF Small Cap Value  | **    | 997,556       |     |
| * Fidelity Mgmt. Trust Co.                                  | T. Rowe Price Retirement Balance Fund  | **    | 478,169       |     |
| * Fidelity Mgmt. Trust Co.                                  | T. Rowe Price Retirement 2040  | **    | 30,513,403    |     |
| * Fidelity Mgmt. Trust Co.                                  | T. Rowe Price Retirement 2030  | **    | 42,565,318    |     |
| * Fidelity Mgmt. Trust Co.                                  | T. Rowe Price Retirement 2020  | **    | 7,292,875     |     |
| * Fidelity Mgmt. Trust Co.                                  | T. Rowe Price Retirement 2010  | **    | 2,036,289     |     |
| * Fidelity Mgmt. Trust Co.                                  | MFS International Growth Fund  | **    | 8,638,917     |     |
| * Fidelity Mgmt. Trust Co.                                  | JP Morgan Equity Income  | **    | 14,687,601    |     |
| * Fidelity Mgmt. Trust Co.                                  | MFS Mid Cap Value Fund   | **    | 5,561,107     |     |
| * Fidelity Mgmt. Trust Co.                                  | T. Rowe Price Retirement 2060  | **    | 13,626,138    |     |
| * Fidelity Mgmt. Trust Co.                                  | Fidelity Growth Company Fund   | **    | 55,999,483    |     |
| * Fidelity Mgmt. Trust Co.                                  | Fidelity Government Money Market   | **    | 72,417        |     |
| * Fidelity Mgmt. Trust Co.                                  | Fidelity Total Bond Fund   | **    | 9,517,627     |     |
|   | Total mutual funds   |       | 416,458,077   |     |

**COMMUNITY MEMORIAL HEALTH SYSTEM 403(b) PLAN**  
 PLAN NUMBER: 002 EIN: 95-1683892  
 SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
 DECEMBER 31, 2024

| (a)  | (b)   | (c)  | (d)   | (e)                       |
|--|---|--|-------|---------------------------|
|  | Identity of issue,<br>borrower, lessor, or<br>similar party | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost  | Current value             |
| (Continued)                                    |   |  |       |                           |
| SDBA -   |   |  |       |                           |
| *  | Fidelity Mgmt. Trust Co.                                    | Self Directed Brokerage Accounts   | ** \$ | 6,781,584                 |
| Fully benefit-responsive investment contract - |   |  |       |                           |
| *  | Fidelity Mgmt. Trust  | Met Life Stable Value  | **    | <u>20,602,871</u>         |
|  |   | Total Investments  |       | 443,842,532               |
| *  | Participant Loans   | 3.25% - 9.50%  | -0-   | <u>9,878,087</u>          |
|  |   | Total  | \$    | <u><u>453,720,619</u></u> |

\* A party-in-interest as defined by ERISA

\*\* Cost omitted for participant directed investments

**COMMUNITY MEMORIAL HEALTH SYSTEM 403(b) PLAN**  
 PLAN NUMBER: 002 EIN: 95-1683892  
 SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
 DECEMBER 31, 2024

| (a)   | (b)  | (c)   | (d)           | (e) |
|---|--|-------|---------------|-----|
| Identity of issue,<br>borrower, lessor, or<br>similar party | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost  | Current value |     |
| Mutual funds -  |  |       |               |     |
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| * Fidelity Mgmt. Trust Co.                                  | Vanguard Inst Index  | **    | 29,874,466    |     |
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| * Fidelity Mgmt. Trust Co.                                  | Vanguard Total Int Stock   | **    | 2,530,394     |     |
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| * Fidelity Mgmt. Trust Co.                                  | T. Rowe Price Retirement Balance Fund  | **    | 478,169       |     |
| * Fidelity Mgmt. Trust Co.                                  | T. Rowe Price Retirement 2040  | **    | 30,513,403    |     |
| * Fidelity Mgmt. Trust Co.                                  | T. Rowe Price Retirement 2030  | **    | 42,565,318    |     |
| * Fidelity Mgmt. Trust Co.                                  | T. Rowe Price Retirement 2020  | **    | 7,292,875     |     |
| * Fidelity Mgmt. Trust Co.                                  | T. Rowe Price Retirement 2010  | **    | 2,036,289     |     |
| * Fidelity Mgmt. Trust Co.                                  | MFS International Growth Fund  | **    | 8,638,917     |     |
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| * Fidelity Mgmt. Trust Co.                                  | T. Rowe Price Retirement 2060  | **    | 13,626,138    |     |
| * Fidelity Mgmt. Trust Co.                                  | Fidelity Growth Company Fund   | **    | 55,999,483    |     |
| * Fidelity Mgmt. Trust Co.                                  | Fidelity Government Money Market   | **    | 72,417        |     |
| * Fidelity Mgmt. Trust Co.                                  | Fidelity Total Bond Fund   | **    | 9,517,627     |     |
|   | Total mutual funds   |       | 416,458,077   |     |

**COMMUNITY MEMORIAL HEALTH SYSTEM 403(b) PLAN**  
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 SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
 DECEMBER 31, 2024

| (a)  | (b)   | (c)  | (d)   | (e)                       |
|--|---|--|-------|---------------------------|
|  | Identity of issue,<br>borrower, lessor, or<br>similar party | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost  | Current value             |
| (Continued)                                    |   |  |       |                           |
| SDBA -   |   |  |       |                           |
| *  | Fidelity Mgmt. Trust Co.                                    | Self Directed Brokerage Accounts   | ** \$ | 6,781,584                 |
| Fully benefit-responsive investment contract - |   |  |       |                           |
| *  | Fidelity Mgmt. Trust  | Met Life Stable Value  | **    | <u>20,602,871</u>         |
|  |   | Total Investments  |       | 443,842,532               |
| *  | Participant Loans   | 3.25% - 9.50%  | -0-   | <u>9,878,087</u>          |
|  |   | Total  | \$    | <u><u>453,720,619</u></u> |

\* A party-in-interest as defined by ERISA

\*\* Cost omitted for participant directed investments