

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan: TUALITY HEALTHCARE PERFORMANCE RETIREMENT PLAN - 403(B)
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/1994
2a Plan sponsor's name (employer, if for a single-employer plan): TUALITY HEALTHCARE
2b Employer Identification Number (EIN): 93-0430029
2c Plan Sponsor's telephone number: 503-681-1824
2d Business code (see instructions): 622000

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

|   |  |      |
|---|--|------|
| <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>                                   | 1976 |
| <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>                               | 1263 |
|   | <b>6a(2)</b>                               | 1323 |
|   | <b>6b</b>                                  | 14   |
|   | <b>6c</b>                                  | 654  |
|   | <b>6d</b>                                  | 1991 |
|   | <b>6e</b>                                  | 7    |
|   | <b>6f</b>                                  | 1998 |
|   | <b>6g(1)</b>                               | 1882 |
|   | <b>6g(2)</b>                               | 1904 |
| <b>h</b>  | <b>6h</b>                                  | 123  |
| <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:  
 2E 2F 2G 2K 2L 2M 2S 2T 3H

**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>2</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>TUALITY HEALTHCARE PERFORMANCE RETIREMENT PLAN - 403(B)</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>TUALITY HEALTHCARE</b> | <b>D</b> Employer Identification Number (EIN)<br><b>93-0430029</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

**NYL**

| <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>13-5582869</b> | <b>66915</b>         | <b>TA069797</b>                              | <b>1904</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 |                       |
|   |                                 |             |                       |

| <b>Part II</b> | <b>Investment and Annuity Contract Information</b>   |                      |
|----------------|--|----------------------|
|                | 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 .....  | 8970590              |
| <b>5</b>       | Current value of plan's interest under this contract in separate accounts at year end.....   |                      |
| <b>6</b>       | <b>Contracts With Allocated Funds:</b>   |                      |
| <b>a</b>       | State the basis of premium rates ▶   |                      |
| <b>b</b>       | Premiums paid to carrier .....   | <b>6b</b>            |
| <b>c</b>       | Premiums due but unpaid at the end of the year .....   | <b>6c</b>            |
| <b>d</b>       | 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. ....<br>Specify nature of costs ▶  | <b>6d</b>            |
| <b>e</b>       | Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶  |                      |
| <b>f</b>       | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>  |                      |
| <b>7</b>       | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>   |                      |
| <b>a</b>       | Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input checked="" type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶ |                      |
| <b>b</b>       | Balance at the end of the previous year .....  | <b>7b</b> 7536021    |
| <b>c</b>       | (1) Contributions deposited during the year .....  | <b>7c(1)</b> 704740  |
|                | (2) Dividends and credits.....   | <b>7c(2)</b>         |
|                | (3) Interest credited during the year.....   | <b>7c(3)</b> 230933  |
|                | (4) Transferred from separate account .....  | <b>7c(4)</b>         |
|                | (5) Other (specify below).....   | <b>7c(5)</b> 3714458 |
|                | ▶ <b>FORFEITURES, TRANSFERS &amp; LOAN PAYMENTS</b>  |                      |
|                | (6) Total additions .....  | <b>7c(6)</b> 4650131 |
| <b>d</b>       | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....   | <b>7d</b> 12186152   |
| <b>e</b>       | <b>Deductions:</b>   |                      |
|                | (1) Disbursed from fund to pay benefits or purchase annuities during year  | <b>7e(1)</b> 1091912 |
|                | (2) Administration charge made by carrier.....   | <b>7e(2)</b> 73866   |
|                | (3) Transferred to separate account .....  | <b>7e(3)</b>         |
|                | (4) Other (specify below).....   | <b>7e(4)</b> 2049784 |
|                | ▶ <b>TRANSFERS &amp; LOAN ISSUED</b>   |                      |
|                | (5) Total deductions .....   | <b>7e(5)</b> 3215562 |
| <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> 8970590    |

**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>    |
| <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>    |
|          | (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> |
|          | (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. ▶

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

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

|  |  |                   |
|--|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>TUALITY HEALTHCARE PERFORMANCE RETIREMENT PLAN - 403(B)</b></p>    | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>002</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>TUALITY HEALTHCARE</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>93-0430029</b></p> |                   |

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**TRANSAMERICA LIFE INSURANCE COMPANY**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 39-0989781 | 86231         | 4543/4544                             | 2   | 01/01/2024              | 12/31/2024 |

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

|   |                                      |
|---|--------------------------------------|
| <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) 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 |                       |
|   |                                 |             |                       |

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|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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|---|---------------------------------|-------------|-----------------------|
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|   |                                 |             |                       |

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|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

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|---|---------------------------------|-------------|-----------------------|
|   | (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 |                       |
|   |                                 |             |                       |

| <b>Part II</b>             | <b>Investment and Annuity Contract Information</b>  |  |
|----------------------------|---|--|
|                            | 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 .....   | 4 <span style="float: right;">5547</span>    |
| <b>5</b>                   | Current value of plan's interest under this contract in separate accounts at year end.....  | 5  |
| <b>6</b>                   | Contracts With Allocated Funds:   |  |
| <b>a</b>                   | State the basis of premium rates ▶  |  |
| <b>b</b>                   | Premiums paid to carrier .....  | 6b   |
| <b>c</b>                   | Premiums due but unpaid at the end of the year .....  | 6c   |
| <b>d</b>                   | 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. ....<br>Specify nature of costs ▶   | 6d   |
| <b>e</b>                   | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶  |  |
| <b>f</b>                   | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>   |  |
| <b>7</b>                   | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)   |  |
| <b>a</b>                   | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ LIFE INSURANCE |  |
| <b>b</b>                   | Balance at the end of the previous year .....   | 7b <span style="float: right;">6400</span>   |
| <b>c</b>                   | Additions: (1) Contributions deposited during the year .....  | 7c(1)  |
|                            | (2) Dividends and credits.....  | 7c(2)  |
|                            | (3) Interest credited during the year.....  | 7c(3)  |
|                            | (4) Transferred from separate account .....   | 7c(4)  |
|                            | (5) Other (specify below).....<br>▶   | 7c(5)  |
|                            | (6) Total additions .....   | 7c(6)  |
| <b>d</b>                   | Total of balance and additions (add lines 7b and 7c(6)) .....   | 7d <span style="float: right;">6400</span>   |
| <b>e</b>                   | Deductions:   |  |
|                            | (1) Disbursed from fund to pay benefits or purchase annuities during year .....   | 7e(1)  |
|                            | (2) Administration charge made by carrier.....  | 7e(2)  |
|                            | (3) Transferred to separate account .....   | 7e(3)  |
|                            | (4) Other (specify below).....<br>▶ DECREASE IN SURRENDER VALUE   | 7e(4) <span style="float: right;">853</span> |
| (5) Total deductions ..... | 7e(5)   |  |
| <b>f</b>                   | Balance at the end of the current year (subtract line 7e(5) from line 7d).....  | 7f <span style="float: right;">5547</span>   |

**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>    |
| <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>    |
|          | (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> |
|          | (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. ▶

|  |  |   |
|--|--|---|
| <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>TUALITY HEALTHCARE PERFORMANCE RETIREMENT PLAN - 403(B)    | <b>B</b> Three-digit plan number (PN) ▶                     | 002 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>TUALITY HEALTHCARE | <b>D</b> Employer Identification Number (EIN)<br>93-0430029 |     |

**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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

**(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)

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

| (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? |
|---|---|--|--|--|---|--|
| 12 15 28 37<br>38 50 54 59<br>61 62 63 64<br>65 | RECORD KEEPER   | 308608   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

NATIONAL FINANCIAL SERVICES

04-3523567

| (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? |
|------------------------|---|--|--|--|---|--|
| 33 71                  | SECURITIES BROKER   | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

FORDAM LLP

93-1298398

| (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 50                  | AUDITOR   | 42053  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

COLDSTREAM WEALTH MANAGEMENT

93-1052371

| (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? |
|------------------------|---|--|--|--|---|--|
| 28 50                  | INVESTMENT ADVISOR  | 7319   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

| (b)<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? |
|------------------------|---|--|--|--|---|--|
|                        |   |  | Yes <input type="checkbox"/> No <input type="checkbox"/>   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

| (b)<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? |
|------------------------|---|--|--|--|---|--|
|                        |   |  | Yes <input type="checkbox"/> No <input type="checkbox"/>   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

| (a) Enter service provider name as it appears on line 2                   | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| NATIONAL FINANCIAL SERVICES   | 33 71  | 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<br>P.O. BOX 219967<br>KANSAS CITY, MO 64121                     | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2                   | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES   | 33 71  | 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. |   |
| LEGG MASON<br>P.O. BOX 33030<br>ST. PETERSBURG, FL 33733                  | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2                   | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES   | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation       | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| GOLDMAN SACHS<br>3414 PEACHTREE ROAD NE<br>SUITE 600<br>ATLANTA, GA 30326 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |

**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 |
|---|--|---|
| NATIONAL FINANCIAL SERVICES   | 33 71  | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| INVESCO<br>11 GREENWAY PLAZA<br>SUITE 100<br>HOUSTON, TX 77046      | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES   | 33 71  | 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. |   |
| JP MORGAN<br>P.O. BOX 219143<br>KANSAS CITY, MO 64121               | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES   | 33 71  | 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 SAYLES<br>ONE FINANCIAL CENTER<br>BOSTON, MA 02111           | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |

**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 |
|---|--|---|
| NATIONAL FINANCIAL SERVICES   | 33 71  | 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<br>111 HUNTINGTON AVE<br>BOSTON, MA 02199                       | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES   | 33 71  | 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. |   |
| NUVEEN<br>333 W. WACKER DR.<br>CHICAGO, IL 60606                    | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES   | 33 71  | 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. |   |
| PARNASSUS<br>1 MARKET ST. STE 1600<br>SAN FRANCISCO, CA 94105       | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |

**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 |
|---|--|---|
| NATIONAL FINANCIAL SERVICES   | 33 71  | 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. |   |
| PIMCO<br>650 NEWPORT CENTER DR<br>NEWPORT BEACH, CA 92660           | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES   | 33 71  | 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. |   |
| PRINCIPAL<br>711 HIGH STREET<br>DES MOINES, IA 50309                | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES   | 33 71  | 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<br>100 EAST PRATT STREET<br>BALTIMORE, MD 21202        | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |

**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 |
|---|--|---|
| NATIONAL FINANCIAL SERVICES   | 33 71  | 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. |   |
| TCW<br>865 SOUTH FIGUEROA STREET<br>SUITE 1800<br>LOS ANGELES, CA 90017 | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (a) Enter service provider name as it appears on line 2                 | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| NATIONAL FINANCIAL SERVICES   | 33 71  | 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. |   |
| HARTFORD<br>P.O. BOX 219060<br>KANSAS CITY, MO 64121                    | REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)  |   |
| (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>TUALITY HEALTHCARE PERFORMANCE RETIREMENT PLAN - 403(B)</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>TUALITY HEALTHCARE</b>               | <b>D</b> Employer Identification Number (EIN)<br><b>93-0430029</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>Assets</b>   |                 |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....   | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....   | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....  | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....  | <b>1b(3)</b>    | 1256                  | 2466            |
| <b>c</b> General investments:   |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....   | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....  | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....   | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....  | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....   | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....  | <b>1c(8)</b>    | 1073573               | 1139480         |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 96514509              | 110311338       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 7536021               | 8970590         |
| <b>(15)</b> Other.....  | <b>1c(15)</b>   | 6400                  | 5547            |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 105131759             | 120429421       |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    |                       |                 |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 105131759             | 120429421       |

**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> | 3811370    |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 9423721    |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> | 1253811    |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 14488902  |
| <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> |            |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> | 71497      |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> | 230933     |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 302430    |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 2470500    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 2470500   |
| <b>(3)</b> Rents.....  | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |            |           |
| <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> |            |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|   |        | (a) Amount | (b) Total |
|---|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 9884723   |
| <b>c</b> Other income .....   | 2c     |            | -854      |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....         | 2d     |            | 27145701  |

**Expenses**

|  |        |          |          |
|--|--------|----------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |        |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | 2e(1)  | 11483951 |          |
| (2) To insurance carriers for the provision of benefits .....                              | 2e(2)  |          |          |
| (3) Other.....   | 2e(3)  |          |          |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                              | 2e(4)  |          | 11483951 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | 2f     |          |          |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | 2g     |          | 6108     |
| <b>h</b> Interest expense.....   | 2h     |          |          |
| <b>i</b> Administrative expenses:  |        |          |          |
| (1) Salaries and allowances .....  | 2i(1)  |          |          |
| (2) Contract administrator fees .....  | 2i(2)  |          |          |
| (3) Recordkeeping fees .....   | 2i(3)  | 308608   |          |
| (4) IQPA audit fees .....  | 2i(4)  | 42053    |          |
| (5) Investment advisory and investment management fees .....                               | 2i(5)  | 7319     |          |
| (6) Bank or trust company trustee/custodial fees .....                                     | 2i(6)  |          |          |
| (7) Actuarial fees .....   | 2i(7)  |          |          |
| (8) Legal fees .....   | 2i(8)  |          |          |
| (9) Valuation/appraisal fees .....   | 2i(9)  |          |          |
| (10) Other trustee fees and expenses .....   | 2i(10) |          |          |
| (11) Other expenses.....   | 2i(11) |          |          |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....                     | 2i(12) |          | 357980   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j     |          | 11848039 |

**Net Income and Reconciliation**

|  |       |  |          |
|--|-------|--|----------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 15297662 |
| <b>l</b> Transfers of assets:                                  |       |  |          |
| (1) To this plan.....  | 2l(1) |  |          |
| (2) From this plan .....                                       | 2l(2) |  |          |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: FORDHAM GOODFELLOW, LLP

(2) EIN: 93-1298398

**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>TUALITY HEALTHCARE PERFORMANCE RETIREMENT PLAN - 403(B)</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>TUALITY HEALTHCARE</u> | <b>D</b> Employer Identification Number (EIN)<br><u>93-0430029</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 | 0 |
|---|---|---|

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 13-3689044

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

|  |   |  |
|--|---|--|
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 |  |
|--|---|--|

|                |   |
|----------------|---|
| <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.) |
|----------------|---|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

*Financial Statements*

**TUALITY HEALTHCARE  
PERFORMANCE RETIREMENT PLAN - 403(b)**

**DECEMBER 31 2024 and 2023**

TUALITY HEALTHCARE PERFORMANCE RETIREMENT PLAN – 403(b)

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## INDEPENDENT AUDITORS' REPORT

Administrative Board  
Tuality Healthcare Performance Retirement Plan – 403(b)  
Portland, Oregon

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

We were engaged to perform audits of the financial statements of the Tuality Healthcare Performance Retirement Plan – 403(b), 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 statement of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Tuality Healthcare Performance Retirement Plan – 403(b)'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 7 to the financial statements, is complete and accurate.

### Disclaimer of Opinion

We do not express an opinion on the financial statements of the Tuality Healthcare Performance Retirement Plan – 403(b) referred to in the first paragraph. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

### **Basis for Disclaimer of Opinion**

The Tuality Healthcare Performance Retirement Plan – 403(b) does not have sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Further, as shown in Note 9 to the financial statements, the Tuality Healthcare Performance Retirement Plan – 403(b) has excluded from investments in the accompanying statement of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the 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 in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America require that the accounts and the related income and distributions be included in the accompanying financial statements.

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

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Tuality Healthcare Performance Retirement Plan – 403(b)’s ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

**Auditor’s Responsibilities for the Audit of the Financial Statements**

Our responsibility is to conduct an audit of the Tuality Healthcare Performance Retirement Plan – 403(b)’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 matters described in the Basis of 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 Tuality Healthcare Performance Retirement Plan – 403(b), and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit.

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

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on this supplemental schedule.



October 8, 2025  
Hillsboro, Oregon

TUALITY HEALTHCARE PERFORMANCE RETIREMENT PLAN - 403(b)

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31, 2024 and 2023

|                                    | <u>2024</u>           | <u>2023</u>           |
|------------------------------------|-----------------------|-----------------------|
| ASSETS                             |                       |                       |
| Investments at fair value:         |                       |                       |
| Cash-interest bearing              | \$ 50,828             | \$ 56,414             |
| Guaranteed investment accounts     | 8,970,590             | 7,536,021             |
| Registered investment companies    | 110,260,508           | 96,458,095            |
| Receivables:                       |                       |                       |
| Employer's contributions           | 35,539                | 35,262                |
| Notes receivable from participants | <u>1,141,946</u>      | <u>1,074,829</u>      |
| NET ASSETS AVAILABLE FOR BENEFITS  | <u>\$ 120,459,411</u> | <u>\$ 105,160,621</u> |

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

TUALITY HEALTHCARE PERFORMANCE RETIREMENT PLAN - 403(b)  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
For the year ended December 31, 2024

ADDITIONS

Additions to net assets attributed to:

Investment income:

Net appreciation (depreciation) in fair  
value of investments -

Registered investment companies \$ 9,884,997

Interest and dividends 2,701,433

Interest income on notes receivable from participants 71,497

Contributions:

Employer's 3,811,370

Participants' 9,423,721

Rollovers 1,253,811

14,488,902

Total additions 27,146,829

DEDUCTIONS

Deductions from net assets attributed to:

Benefits paid to participants 11,483,951

Contract administrator fees 357,980

Deemed distributions 6,108

Total deductions 11,848,039

NET INCREASE 15,298,790

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year 105,160,621

End of year \$ 120,459,411

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

# TUALITY HEALTHCARE PERFORMANCE RETIREMENT PLAN - 403(b)

## NOTES TO FINANCIAL STATEMENTS

As of December 31, 2024, and 2023

### NOTE 1: DESCRIPTION OF PLAN

The following description of the Tuality Healthcare Performance Retirement Plan - 403(b) (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

#### **General:**

The Plan is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974, (ERISA). All permissible employees of Tuality Healthcare (the Organization), as defined in accordance with the universal availability standards are eligible to enroll on the first day of the month on or after the first hour of service as an eligible employee.

#### **Contributions:**

Each year, participants may contribute a percentage of compensation, as defined in the Plan, not to exceed the limits set forth by the Internal Revenue Service and other limitations specified in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also transfer or rollover funds into the Plan from other qualified or 403(b) plans. The Plan provides for automatic enrollment after 90 days of employment and payroll deduction of 6% of new eligible employees' compensation. Participants direct the investment of their contributions into various investment options offered by the Plan. Each pay period, the Organization has discretion whether to make a contribution equal to a percentage of each eligible participant's elective basic contributions made for the Plan year. Contributions are subject to certain limitations. An employee becomes eligible for matching contributions after completing six months of full time service as defined by the Plan document.

The Plan also includes participant's hours of service if they worked for an employer that sponsored the Tuality Healthcare Performance Retirement Plan – 401(K) (for For-Profit Employees) in determining whether they have 1,000 hours of service and also for purposes of employment on the last day of the Plan year.

Effective January 1, 2021 the Plan was amended to change the eligibility date for employer matching contributions. Employer matching contributions begin on the first day on which the employee has completed at least six months of employment and is a working full time employee. The Plan was further amended to provide employer matching contributions to non-full-time employees after the employee first completes a year of participation service as defined by the Plan. The Plan was also amended to include an employer non elective contribution to be made at the discretion of the employer. Employer non elective contributions are available to eligible employees who have completed one year of participation service as defined in the Plan document.

TUALITY HEALTHCARE PERFORMANCE RETIREMENT PLAN - 403(b)

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

As of December 31, 2024, and 2023

**NOTE 1: DESCRIPTION OF PLAN (Continued)**

**Participant accounts:**

Each participant's account is credited with the participant's contribution, allocations of the Organization's contribution, and Plan earnings. Allocations are based on participant earnings 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.

**Vesting:**

Participants are immediately vested in their contributions plus actual earnings thereon. They are also fully vested in the Organization's matching and other discretionary contribution portions of their account plus actual earnings thereon that were made prior to 2021. Vesting in the Organization's matching and other discretionary contributions made after 2020 is 100% after three or more non-consecutive years of employment.

**Notes receivable from participants:**

Participants may borrow from their fund accounts up to a maximum equal to the lesser of \$50,000 reduced by the excess, if any, of the highest outstanding balance of loans from the Plan during the one-year period ending on the day before the date on which the loan is to be made, over the outstanding balance from the Plan on the date on which such loan is made or 50% of their account balance. Notes receivable to terminated participants and notes in default are treated as distributions to the participant. The notes bear a reasonable rate of interest and must be repaid over a period not to exceed five years unless used to purchase the participant's primary residence. The loans are secured by the balance in the participant's account and bear interest rates ranging from 3.25% to 8.50%. Principal and interest are paid ratably through bi-weekly payroll deductions.

The Plan allows terminated participants to make loan repayments.

**Payment of benefits:**

Following termination of service due to death, disability, or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum payment or applied to the purchase of an annuity contract. For termination of service for other reasons, a participant may receive the value of the vested interest in their account as a lump-sum payment, or periodic installments, if so qualified. As of December 31, 2024 and 2023 there were no amounts allocated to accounts of persons who, at the financial statement date, have elected to withdraw from the Plan but have not been paid.

**Forfeited accounts:**

As of December 31, 2024, and 2023, forfeited non-vested accounts totaled \$102,281 and \$19,925, respectively. These accounts will be used to pay future administrative costs or reduce future matching contributions.

TUALITY HEALTHCARE PERFORMANCE RETIREMENT PLAN - 403(b)

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

As of December 31, 2024, and 2023

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

**Date of management's review:**

The Plan has evaluated subsequent events through October 8, 2025, the date the financial statements were available to be issued.

**Estimates:**

The preparation of financial statements in conformity with generally accepted accounting principles, in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

**Basis of accounting:**

The financial statements of the Plan are prepared on the accrual basis of accounting, except for distributions paid to participants which are prepared on the cash basis of accounting.

**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 charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2024, and 2023, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the Plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

**Investment valuation and income recognition:**

The Plan's investments in shares of registered investment companies are stated at fair value as determined by quoted market prices, which represent the net asset value of shares held by the Plan at year-end.

The Plan also offers investments in guaranteed investment accounts (GIA) with New York Life. New York Life maintains the contributions in a general account which invests primarily in annuity and investment contracts issued by life insurance companies, banks, and other financial institutions. As such, they are subject to the risk that the institution will fail to meet its commitments. The minimum guaranteed rate of interest for the GIA contract is subject to change every six months, but will always fall within a range between 1% and 3%. These investments are reported at fair value, as determined by New York Life.

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

TUALITY HEALTHCARE PERFORMANCE RETIREMENT PLAN - 403(b)

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

As of December 31, 2024, and 2023

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

**Payment of benefits:**

Benefits are recorded when paid.

**Administrative expenses:**

Fees incurred for administrative services are paid by the Plan via a revenue-sharing arrangement in which the trustee receives compensation from the funds in which the Plan is invested. This compensation is credited to participant accounts as “Plan Service Credits”. The trustee services agreement charges the Plan an annual fee based on the number of participant accounts. To the extent that the fees exceed the amount in the Plan service credits, the Plan sponsor authorizes the trustee to deduct the remaining fees from participants’ accounts.

NOTE 3: FAIR VALUE MEASUREMENTS

The Plan’s investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount 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 at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted market prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets in inactive markets, or other observable market data, and Level 3 inputs are only used when Level 1 or Level 2 inputs are not available. The Plan did not have any investments measured by Level 3 inputs for the Plan years ended December 31, 2024 and 2023.

TUALITY HEALTHCARE PERFORMANCE RETIREMENT PLAN - 403(b)

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

As of December 31, 2024, and 2023

**NOTE 3: FAIR VALUE MEASUREMENTS (Continued)**

**Level 1 Fair Value Measurements:**

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year end.

**Level 2 Fair Value Measurements:**

The reported values for the guaranteed interest accounts with an insurance company are reported daily based on the valuation method disclosed in the contract as calculated by the stable value provider. The contracts are not actively traded. However, the significant observable inputs are generally considered obtainable and observable through the review of existing contracts and readily available financial information on the websites of the issuing financial institution. The fair value of the guaranteed investment accounts is the amount plan participants or plan sponsors would receive currently if they were to withdraw or transfer funds within the Plan prior to their maturity.

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

|                                 | Fair Value Measurements at Reporting Date Using: |  |   |   |
|---------------------------------|--|--|---|---|
|                                 | Fair Value                                       | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| December 31, 2024               |  |  |   |   |
| Registered investment companies | \$ 110,260,508                                   | \$ 110,311,377   | \$ -  | \$ -                                      |
| Interest-bearing cash           | 50,828   | 50,828   | -   | -   |
| Guaranteed investment accounts  | 8,970,590  | -  | 8,970,590                                     | -   |
| Total                           | \$ 119,281,926                                   | \$ 110,362,205   | \$ 8,970,590                                  | \$ -                                      |

TUALITY HEALTHCARE PERFORMANCE RETIREMENT PLAN - 403(b)

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

As of December 31, 2024, and 2023

**NOTE 3: FAIR VALUE MEASUREMENTS (Continued)**

|                                 | Fair Value Measurements at Reporting Date Using: |  |   |   |
|---------------------------------|--|--|---|---|
|                                 | Fair Value                                       | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| December 31, 2023               |  |  |   |   |
| Registered investment companies | \$ 96,458,095                                    | \$ 96,458,095  | \$ -  | \$ -                                      |
| Interest-bearing cash           | 56,414   | 56,414   | -   | -   |
| Guaranteed investment accounts  | 7,536,021  | -  | 7,536,021                                     | -   |
| Total                           | \$ 104,050,530                                   | \$ 96,514,509  | \$ 7,536,021                                  | \$ -                                      |

**Changes in fair value levels:**

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2024 and 2023, there were no significant transfers in or out of Levels 1 or 2.

**NOTE 4: RELATED PARTY AND PARTY- IN- INTEREST**

ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan, or an employer whose employees are covered by the Plan. Certain plan investments are shares of mutual funds managed by State Street Bank. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions under ERISA. Fees paid by the Plan for the investment management services amounted to \$353,074 for the year ended December 31, 2024.

TUALITY HEALTHCARE PERFORMANCE RETIREMENT PLAN - 403(b)

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

As of December 31, 2024, and 2023

NOTE 5: PLAN TERMINATION

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE 6: TAX STATUS

The Plan terms have been drafted in reliance on the sample language provided by the Internal Revenue Service Procedure 2007-71. The plan administrator intends to apply for a determination letter on the Plan when the government opens such a program. The Plan is required to operate in conformity with the code to maintain its tax exemption. Plan management believes the Plan is currently designed and operated in compliance with the applicable requirements of the code. Therefore, no provision for income tax has been included in the Plan's financial statements.

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

NOTE 7: INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements and supplementary information was obtained from data that has been prepared and certified to as complete and accurate by the trustees.

|                                    | <u>2024</u> | <u>2023</u> |
|------------------------------------|-------------|-------------|
| Investments at fair value:         |             |             |
| Interest bearing cash account      | \$ 50,282   | \$ 56,414   |
| Guaranteed investment accounts     | 8,970,590   | 7,536,399   |
| Registered investment companies    | 110,260,508 | 96,458,095  |
| Notes receivable from participants | 1,141,946   | 1,074,829   |
| Investment income (loss)           | 12,586,430  | 13,370,296  |

TUALITY HEALTHCARE PERFORMANCE RETIREMENT PLAN - 403(b)

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

As of December 31, 2024, and 2023

NOTE 8: 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 9: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2024 and 2023:

|   | <u>2024</u>           | <u>2023</u>           |
|---|-----------------------|-----------------------|
| Net assets available for benefits per the accompanying financial statements | \$ 120,459,411        | \$ 105,160,621        |
| Allocated life insurance contracts held with insurance companies            | 5,547                 | 6,400                 |
| Current year contributions receivable                                       | (35,539)              | (35,262)              |
| Rounding  | <u>2</u>              | <u>-</u>              |
| Net assets available for benefits per the Form 5500                         | <u>\$ 120,429,421</u> | <u>\$ 105,131,759</u> |

TUALITY HEALTHCARE PERFORMANCE RETIREMENT PLAN - 403(b)

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

As of December 31, 2024, and 2023

NOTE 9: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

The following is a reconciliation of the change in net assets available for benefits per the financial statements to the Form 5500 for the years ended December 31, 2024 and 2023:

|  | <u>2024</u>          | <u>2023</u>          |
|--|----------------------|----------------------|
| Change in net assets available for benefits per<br>the accompanying financial statements | \$ 15,298,790        | \$ 17,831,425        |
| Prior year contributions receivable  | 35,262               | 734,664              |
| Current year contributions receivable  | <u>(35,539)</u>      | <u>(35,262)</u>      |
|  | 15,298,513           | 18,530,827           |
| Activity in allocated insurance contracts:   |                      |                      |
| Interest income  |                      |                      |
| Net investment gain from registered<br>investment companies                              | (854)                | (1,123)              |
| Rounding   | <u>3</u>             | <u>(1)</u>           |
|  | (851)                | (1,124)              |
| Changes in net assets available for benefits per<br>the Form 5500                        | <u>\$ 15,297,662</u> | <u>\$ 18,529,703</u> |

SUPPLEMENTARY INFORMATION

TUALITY HEALTHCARE PERFORMANCE  
RETIREMENT PLAN - 403(b)

SCHEDULE H, Line 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
As of December 31, 2024

EIN 93-0430029; PLAN 002

| (a) | (b)  | (c)  | (e)                   |
|-----|--|--|-----------------------|
|     | Identity of issuer, borrower,<br>lessor or similar party | Description of investment including maturity date<br>rate of interest, collateral, par or maturity value | Current<br>value      |
| *   | State Street Bank & Trust Co.                            | Cash Reserve Account   | \$ 50,828             |
|     | NYL  | NYL Guaranteed Interest Account  | 8,970,590             |
|     |  | Total Insurance Company/General Account  | 8,970,590             |
|     | Legg Mason   | ClearBridge Small Cap Growth A   | 1,770,953             |
|     | Fidelity   | Fidelity Inflation-Prot Bd Idx   | 5,908,838             |
|     | Invesco  | Invesco Developing Mkts Y  | 2,899,791             |
|     | Invesco  | Invesco Small Cap Val Y'   | 1,417,520             |
|     | JPMorgan   | JPMorgan Equity Income R6  | 2,749,989             |
|     | JPMorgan   | JPMorgan Government Bond I   | 1,985,103             |
|     | MFS  | MFS Research Intl R3   | 3,899,703             |
|     | Nuveen   | Nuveen Real Estate Secs I  | 3,403,260             |
|     | Parnassus  | Parnassus Core Equity Inv  | 1,546,838             |
|     | PIMCO  | PIMCO Inc A  | 553,122               |
|     | Principal  | Principal High Yield A   | 2,220,751             |
|     | State Street   | State Street Instl US Govt Money Market Premier  | 102,279               |
|     | T.Rowe Price   | T.Rowe Price Growth Stock I  | 3,977,723             |
|     | Metropolitan West  | Metropolitan West Total Return Bond Admin  | 11,143,171            |
|     | Vanguard   | Vanguard Instl Index   | 29,568,894            |
|     | Vanguard   | Vanguard Mid Cap Index Instl   | 8,844,642             |
|     | Vanguard   | Vanguard Small Cap Index Instl   | 11,517,989            |
|     | Vanguard   | Vanguard Total International Stock Index Instl   | 16,749,942            |
|     |  | Total Mutual Funds   | 110,260,508           |
| *   | Transamerica Life Insurance Co.                          | Insurance Contracts  | -                     |
|     |  | Total Life Insurance   | -                     |
| *   | Participants   | Notes rec. with interest rates of 3.25% to 8.50%   | 1,141,946             |
|     |  | <b>TOTAL PLAN ASSETS</b>   | <b>\$ 120,423,872</b> |

(a) An asterisk in this column identifies the entity in column (b) as a party in interest.

## Schedule C, Line 2(h) Formula Descriptions

**Tuality Healthcare Performance Retirement Plan - 403(b) (For Nonprofit Employees)**

EIN No.: 93-0430029, Plan No. 002

Plan Year Ending: 12/31/2024

**Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:**

NATIONAL FINANCIAL SERVICES

04-3523567

Revenue amounts are shown in annualized basis points of plan assets invested in applicable fund

| Fund Family   | Fund Name                           | Start Date | End Date   | Revenue to National<br>Financial Services |
|---------------|-------------------------------------|------------|------------|---|
| ALLSPRING     | ALLSPRING SPECIAL MID CAP VALUE A   | 2/1/2024   | 4/25/2024  | 1.320                                     |
| ALLSPRING     | ALLSPRING SPECIAL MID CAP VALUE A   | 1/1/2024   | 1/31/2024  | 1.815                                     |
| LEGG MASON    | CLEARBRIDGE SMALL CAP GROWTH        | 1/1/2024   | 12/31/2024 | 1.650                                     |
| GOLDMAN SACHS | GOLDMAN SACHS INTL SMCAP            | 1/1/2024   | 4/25/2024  | 0.891                                     |
| INVESCO       | INVESCO DEVELOPING MARKETS Y        | 1/1/2024   | 12/31/2024 | 0.825                                     |
| INVESCO       | INVESCO SMALL CAP VALUE Y           | 4/25/2024  | 12/31/2024 | 0.825                                     |
| JP MORGAN     | JPMORGAN GOVERNMENT BOND I          | 1/1/2024   | 12/31/2024 | 0.825                                     |
| LOOMIS SAYLES | LOOMIS SAYLES BOND                  | 1/1/2024   | 4/25/2024  | 0.660                                     |
| MFS           | MFS RESEARCH INTERNATIONAL R3       | 4/25/2024  | 12/31/2024 | 1.650                                     |
| NUVEEN        | NUVEEN REAL EST SEC I               | 1/1/2024   | 12/31/2024 | 0.825                                     |
| PARNASSUS     | PARNASSUS CORE EQUITY INVESTOR      | 1/1/2024   | 12/31/2024 | 1.320                                     |
| PIMCO         | PIMCO INCOME FUND A                 | 4/25/2024  | 12/31/2024 | 1.485                                     |
| PRINCIPAL     | PRINCIPAL HIGH YIELD A              | 1/1/2024   | 12/31/2024 | 1.485                                     |
| T ROWE PRICE  | T. ROWE PRICE GROWTH STOCK          | 1/1/2024   | 12/31/2024 | 0.495                                     |
| TCW           | TCW METWEST TOTAL RETURN BOND ADMIN | 1/1/2024   | 12/31/2024 | 1.650                                     |
| HARTFORD      | THE HARTFORD MIDCAP FUND Y          | 1/1/2024   | 4/25/2024  | 0.330                                     |

TUALITY HEALTHCARE PERFORMANCE  
RETIREMENT PLAN - 403(b)

SCHEDULE H, Line 4i, SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
As of December 31, 2024

EIN 93-0430029; PLAN 002

| (a) | (b)  | (c)  | (e)                   |
|-----|--|--|-----------------------|
|     | Identity of issuer, borrower,<br>lessor or similar party | Description of investment including maturity date<br>rate of interest, collateral, par or maturity value | Current<br>value      |
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|     | Invesco  | Invesco Developing Mkts Y  | 2,899,791             |
|     | Invesco  | Invesco Small Cap Val Y'   | 1,417,520             |
|     | JPMorgan   | JPMorgan Equity Income R6  | 2,749,989             |
|     | JPMorgan   | JPMorgan Government Bond I   | 1,985,103             |
|     | MFS  | MFS Research Intl R3   | 3,899,703             |
|     | Nuveen   | Nuveen Real Estate Secs I  | 3,403,260             |
|     | Parnassus  | Parnassus Core Equity Inv  | 1,546,838             |
|     | PIMCO  | PIMCO Inc A  | 553,122               |
|     | Principal  | Principal High Yield A   | 2,220,751             |
|     | State Street   | State Street Instl US Govt Money Market Premier  | 102,279               |
|     | T.Rowe Price   | T.Rowe Price Growth Stock I  | 3,977,723             |
|     | Metropolitan West  | Metropolitan West Total Return Bond Admin  | 11,143,171            |
|     | Vanguard   | Vanguard Instl Index   | 29,568,894            |
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|     | Vanguard   | Vanguard Small Cap Index Instl   | 11,517,989            |
|     | Vanguard   | Vanguard Total International Stock Index Instl   | 16,749,942            |
|     |  | Total Mutual Funds   | 110,260,508           |
| *   | Transamerica Life Insurance Co.                          | Insurance Contracts  | -                     |
|     |  | Total Life Insurance   | -                     |
| *   | Participants   | Notes rec. with interest rates of 3.25% to 8.50%   | 1,141,946             |
|     |  | <b>TOTAL PLAN ASSETS</b>   | <b>\$ 120,423,872</b> |

(a) An asterisk in this column identifies the entity in column (b) as a party in interest.