

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan COTTAGE HEALTH PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1998
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) COTTAGE HEALTH P.O BOX 689 SANTA BARBARA, CA 93102-0689
2b	Employer Identification Number (EIN) 77-0431902
2c	Plan Sponsor's telephone number 805-682-7111
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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2025	MICHELLE VOSS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 5209
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 3623 6a(2) 3796 6b 730 6c 856 6d 5382 6e 44 6f 5426 6g(1) 6g(2) 6h 137
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1C 3H

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan COTTAGE HEALTH PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF COTTAGE HEALTH	D Employer Identification Number (EIN) 77-0431902
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	834847402	
b	Actuarial value	2b	834847402	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	770	176048247	176048247
b	For terminated vested participants	851	66612687	66612687
c	For active participants	3651	394297992	408982855
d	Total	5272	636958926	651643789
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.26 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	33975683	
b	Expected plan-related expenses	6b	1400000	
c	Target normal cost	6c	16462793	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Signature of actuary DAVID M ANDERSON Type or print name of actuary WILLIS TOWERS WATSON US LLC Firm name 811 LOUISIANA STREET SUITE 2200 HOUSTON, TX 77002 Address of the firm	10/06/2025 Date 23-07493 Most recent enrollment number 713-754-5400 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	15904767
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	15904767
10 Interest on line 9 using prior year's actual return of <u>12.50</u> %	0	1988096
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		815
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.38</u> %		44
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		859
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	17892863

Part III Funding Percentages

14 Funding target attainment percentage	14	125.36 %
15 Adjusted funding target attainment percentage	15	128.11 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	123.80 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2024	0	18625728			
07/11/2024	306	0			
Totals ►			18(b)	306	18(c) 18625728

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	298

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 67
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
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24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....		☐ Yes ☒ No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....		27

Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years
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28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII	Minimum Required Contribution For Current Year
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)		31a	16462793
b Excess assets, if applicable, but not greater than line 31a		31b	16462793
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	298
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	298
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	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		
A Name of plan COTTAGE HEALTH PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 COTTAGE HEALTH	D Employer Identification Number (EIN) 77-0431902	

Part I	Service Provider Information (see instructions)
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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
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

JP MORGAN INVESTMENT MANAGEMENT INC

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	2951969	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 65 50 15	NONE	767953	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	247880	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

ADVENT INTERNATIONAL GPE X-C LIMITE

98-1635891

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	185848	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STGVI-A, L.P

85-1749593

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	153365	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILL POINT CAPITAL PARTNERS II-A

85-3386561

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	121522	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

FRONTEC XII PRIVATE CAPITAL (PARALL

87-2207464

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	100641	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNICORN PARTNERS FUND IV LP

98-1599754

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	59904	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

5Y CAPITAL EVOLUTION

98-1598026

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	59285	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

ERNST & YOUNG LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	56300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMK CAPITAL PARTNERS II - B, LP

98-1539717

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	54533	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PONTIFAX GLOBAL FOOD AND AGRICULTUR

84-3259142

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	50825	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

DALFEN LAST MILE INDUSTRIAL FUND IV

82-4680768

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	49828	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BAIN CAPITAL FUND XIII, LP

61-1985674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	41200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

5Y CAPITAL GROWTH

98-1598041

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	40996	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

THOMA BRAVO FUND XIV-A, LP

85-0597268

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	32241	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOND II, LP

86-2055105

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	26538	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REAMS ASSET MANAGEMENT

02-0782928

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	18907	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

UNICORN PARTNERS FUND III, LP

98-1487008

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	16455	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INCOME RESEARCH & MGMT. INC

04-2955404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	12315	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AEA INVESTORS SBF IV LP

98-1467089

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	11833	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

KLCP OFFSHORE FUND LP

98-1523382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	10000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	8683	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OCEAN AVENUE FUND IV CAYMAN, LP

98-1466303

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	5739	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan COTTAGE HEALTH PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 COTTAGE HEALTH	D Employer Identification Number (EIN) 77-0431902	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: LONG DURATION INVESTMENT GRADE			
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.			
c EIN-PN 77-0431902-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 83593085	
a Name of MTIA, CCT, PSA, or 103-12 IE: CORPORATE CREDIT COMPLETION FUND			
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.			
c EIN-PN 77-0431902-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: INCOME FUND			
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.			
c EIN-PN 77-0431902-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL ALPHA INTERNATIONAL CAP FUND			
b Name of sponsor of entity listed in (a): GLOBAL ALPHA CAPITAL MANAGEMENT LTD.			
c EIN-PN 30-0958532-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. SMALL CAP EQUITY BLEND			
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.			
c EIN-PN 77-0431902-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL SELECT EQUITY			
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.			
c EIN-PN 77-0431902-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 132784933	
a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. ACTIVE CORE EQUITY			
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.			
c EIN-PN 77-0431902-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 125844310	

a Name of MTIA, CCT, PSA, or 103-12 IE: **GROWTH ADVANTAGE**

b Name of sponsor of entity listed in (a): **JPMORGAN CHASE BANK, N.A.**

c EIN-PN 77-0431902-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49285083
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INTERNATIONAL EQUITY FUND - INVEST**

b Name of sponsor of entity listed in (a): **JPMORGAN CHASE BANK, N.A.**

c EIN-PN 77-0431902-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51309648
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VALUE ADVANTAGE**

b Name of sponsor of entity listed in (a): **JPMORGAN CHASE BANK, N.A.**

c EIN-PN 77-0431902-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45930032
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a Name of MTIA, CCT, PSA, or 103-12 IE: **EMERGING MARKETS RESEARCH ENHANCED**

b Name of sponsor of entity listed in (a): **JPMORGAN CHASE BANK, N.A.**

c EIN-PN 77-0431902-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40919605
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LONG CREDIT- INVEST CLASS**

b Name of sponsor of entity listed in (a): **JPMORGAN CHASE BANK, N.A.**

c EIN-PN 77-0431902-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54010180
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MID CAP EQUITY INDEX - INV**

b Name of sponsor of entity listed in (a): **JPMORGAN CHASE BANK, N.A.**

c EIN-PN 77-0431902-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21117774
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LONG SECURIT FD-INVST SH CL**

b Name of sponsor of entity listed in (a): **JPMORGAN CHASE BANK, N.A.**

c EIN-PN 77-0431902-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88671571
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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		
A Name of plan COTTAGE HEALTH PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 COTTAGE HEALTH	D Employer Identification Number (EIN) 77-0431902	

Part I	Asset and Liability Statement		
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.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	421853	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	1679600	6906126
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	21043931	46832174
(2) U.S. Government securities	1c(2)	5862592	2813158
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	123705350	129433220
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)	10715354	10972527
(9) Value of interest in common/collective trusts	1c(9)	670647779	693466221
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	396301	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	374642	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	834847402	890423426
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	4340371
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	4340371
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	834847402	886083055

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	306	
(B) Participants.....	2a(1)(B)	18625728	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		18626034
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	22268	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	493938	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		516206
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	51540523	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	47073692	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	9509655	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		52568061
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		85686787

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	28835820	
(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)		28835820
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	610530	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	56300	
(5) Investment advisory and investment management fees	2i(5)	4012840	
(6) Bank or trust company trustee/custodial fees	2i(6)	247880	
(7) Actuarial fees	2i(7)	157422	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	530342	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		5615314
j Total expenses. Add all expense amounts in column (b) and enter total	2j		34451134

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		51235653
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **ERNST & YOUNG LLP**

(2) EIN: **34-6565596**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	☒	☐	4705472
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.)	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒	☐	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☐	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 556458.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan COTTAGE HEALTH PENSION PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 COTTAGE HEALTH				D Employer Identification Number (EIN) 77-0431902	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-1561860					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	122
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 54.0 % Private Equity: 9.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 26.0 %

High-Yield Debt: 0.0 % Real Assets: 1.0 % Cash or Cash Equivalents: 5.0 % Other: 5.0 %

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 AND SUPPLEMENTAL
SCHEDULES (MODIFIED CASH BASIS)

Cottage Health Pension Plan

As of and For the Years Ended December 31, 2024 and 2023

With Report of Independent Auditors



The better the question.
The better the answer.
The better the world works.



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Cottage Health Pension Plan

Financial Statements and Supplemental Schedules
(Modified Cash Basis)

Years Ended December 31, 2024 and 2023

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Report of Independent Auditors

Board of Directors
Cottage Health Pension Plan

Opinion

We have audited the financial statements of Cottage Health Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes (collectively referred to as the “financial statements”).

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits (modified cash basis) of the Plan at December 31, 2024 and 2023, and the changes in its net assets available for benefits (modified cash basis) for the years then ended, in accordance with the modified cash basis of accounting described in Note 2.

Basis for Opinion

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

Modified Cash Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.



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Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting as described in Note 2 and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management also is responsible 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 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 objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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



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- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion of the financial statements as a whole. The supplemental schedules (modified cash basis) of assets (held at year end) as of December 31, 2024, delinquent participant contributions and reportable transactions for the year then ended (referred to as the "supplemental schedules"), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the supplemental schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Ernst & Young LLP

October 9, 2025

Cottage Health Pension Plan

Statements of Net Assets Available for Benefits (Modified Cash Basis)

	December 31	
	2024	2023
Assets		
Investments at fair value:		
Money market funds	\$ 46,715,900	\$ 21,465,784
Commingled funds	693,466,221	671,418,722
Fixed-income securities	2,764,000	5,862,592
Alternative investments	129,433,220	123,705,350
Total investments	872,379,341	822,452,448
Receivables:		
Notes receivable from participants	10,972,527	10,715,354
Due from broker for securities sold	7,071,558	1,679,600
Liabilities		
Payable:		
Due to broker for securities purchased	4,340,371	—
Net assets available for benefits	<u>\$ 886,083,055</u>	<u>\$ 834,847,402</u>

See accompanying notes.

Cottage Health Pension Plan

Statements of Changes in Net Assets Available for Benefits (Modified Cash Basis)

	Year Ended December 31	
	2024	2023
Additions to (deductions from) net assets attributed to:		
Investment income:		
Interest and dividends	\$ 22,268	\$ 5,742,733
Net realized and unrealized appreciation in fair value of investments	<u>66,544,547</u>	<u>88,792,572</u>
Net investment income	<u>66,566,815</u>	<u>94,535,305</u>
 Interest from notes receivable from participants	 493,938	 401,889
 Contributions:		
Employer	306	858
Employee	<u>18,625,728</u>	<u>18,548,968</u>
Total contributions	<u>18,626,034</u>	<u>18,549,826</u>
 Benefits paid directly to participants	 (28,835,820)	 (23,340,270)
Administrative expenses	<u>(5,615,314)</u>	<u>(3,173,343)</u>
Net increase	<u>51,235,653</u>	<u>86,973,407</u>
 Net assets available for benefits at beginning of year	 <u>834,847,402</u>	 <u>747,873,995</u>
Net assets available for benefits at end of year	<u><u>\$ 886,083,055</u></u>	<u><u>\$ 834,847,402</u></u>

See accompanying notes.

Cottage Health Pension Plan

Notes to Financial Statements (Modified Cash Basis)

December 31, 2024

1. Plan Description

The following description of the Cottage Health Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

General

The Plan is a defined benefit pension plan covering substantially all employees of Cottage Health, Santa Barbara Cottage Hospital, Santa Ynez Valley Cottage Hospital, Goleta Valley Cottage Hospital, Cottage Clinic Network, LLC, Cottage Clinical Associates, and Pacific Diagnostic Laboratories (PDL) (collectively known as Cottage). The Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA) of 1974. Cottage is the sponsor of the Plan.

Employees hired on or after September 1, 2019 and employees of PDL participate in the Plan under a stable value formula (the MyFuture Retirement benefits formula) and have the ability to make participant contributions matched by Cottage through a separate defined contribution plan, the MyFuture 401(k) Retirement Savings Plan. The MyFuture Retirement benefits formula provides employees a defined benefit plan pension credit between 7.0–8.5% of eligible compensation based upon the employee's age on January 1 each year, which is payable at age 65. Employees hired before September 2019 and not employees of PDL had the choice to switch to the MyFuture Retirement benefits formula or continue in the Plan's Cash Balance benefits formula, as described below.

For employees that chose not to switch, the Cash Balance benefits formula calls for a minimum contribution by Cottage to the participants' accounts equal to 2% of their salary, and additional voluntary contributions by the participants up to 3% of their salary, which will be matched 100% by Cottage. Participants may contribute up to 25% of their salary, subject to the Internal Revenue Code (the Code) annual limit. Currently, interest is credited to active participants and terminated employees at 6% and 5%, respectively.

Employees are eligible for participation following completion of one year of service during which they were credited with at least 1,000 hours of service, however, PDL employees participating in the PDL 401(k) Retirement Savings Plan (PDL 401(k) Plan) as of December 31, 2019 were immediately eligible for the Plan. Normal retirement is age 65, but early retirement may be elected at any age upon the attainment of the applicable years of vesting service. Participants' retirement benefits are determined by converting the account balance into an annuity or by taking a lump-sum payment for the account balance.

Cottage Health Pension Plan

Notes to Financial Statements (continued) (Modified Cash Basis)

1. Plan Description (continued)

Vesting Schedule

Upon completion of five years of service, participants are vested in 100% of all accrued MyFuture Retirement benefits. PDL employees participating in the PDL 401(k) Plan on December 31, 2019 are immediately vested in the MyFuture Retirement benefit. Participants in the Plan prior to September 1, 2019 with an accrued Cash Balance benefit are vested upon completion of three years of service and are immediately vested for participant voluntary contributions and interest thereon.

Notes Receivable from Participants

Participants in the Cash Balance benefits feature of the Plan may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their total vested Cash Balance benefits. Loan terms can be up to five years, except for loans to purchase a principal residence, whereby the loan term is up to 15 years. The loans are secured by the balance in the participant's account and bear interest at a fixed rate based on Moody's corporate bond fund rate in effect on the first day of the quarter of the loan application. Principal and interest are paid ratably through semimonthly payroll deductions. Participants in the MyFuture Retirement benefits formula are only able to borrow from their account balance in the MyFuture 401(k) Plan.

Death Benefits

If a participant dies before retirement, the beneficiary shall be entitled to receive a benefit equal to the participant's vested account balance.

Payment of Benefits

Benefits are payable in cash as either a lump sum or an annuity payment, as permitted. A participant whose vested account balance is \$1,000 or less will automatically receive an immediate lump sum distribution equal to their vested account balance. If the vested account balance exceeds \$1,000 but is \$5,000 or less, it will be distributed into an Individual Retirement Account or Annuity chosen by the plan administrator. Benefit payments to participants are recorded when paid.

Cottage Health Pension Plan

Notes to Financial Statements (continued) (Modified Cash Basis)

2. Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements have been prepared on a modified cash basis, permitted under the Department of Labor's Rules and Regulations and Disclosure under ERISA. Consequently, investments are stated at fair value; revenues and the related assets are recognized when received rather than when earned; and expenses are recognized when paid rather than when the obligation is incurred. Accordingly, the accompanying financial statements are not intended to, and do not, present assets and the changes in assets in conformity with U.S. generally accepted accounting principles (U.S. GAAP).

Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance. Interest income on notes receivable from participants is recorded when it is received. No allowance for credit losses has been recorded as of December 31, 2024 or 2023.

If a required monthly payment is not made as scheduled, the loan is deemed to be in "unpaid status" until all payments scheduled to date have been made. After three consecutive months in unpaid status, the loan defaults and no further monthly payments are required. If the participant is an employee on the date of the default, and is not yet eligible for an in-service distribution, then the default is a deemed distribution for tax purposes only, and the outstanding balance of the loan continues to accrue interest at the same rate as it did before the default. However, if the date of default coincides with the attainment of normal retirement age, the cash balance of the participant is reduced to pay off the outstanding balance of the loan, including accrued interest, and a benefit payment is recorded. Any outstanding loan balance is due within 30 days of a participant's termination of employment or the cash balance of the participant's account is reduced to pay off the outstanding balance of the loan.

Investment Valuation and Income Recognition

Investments including shares of money market funds and mutual funds are carried at fair value based on quoted market prices in an active market. Investments in fixed-income securities are carried at fair value based on evaluated bid prices from recent trading activity. Investments in units of commingled funds and alternative investments are valued at net asset value (NAV) as the practical expedient based on the fair value of the underlying investments.

Cottage Health Pension Plan

Notes to Financial Statements (continued) (Modified Cash Basis)

2. Summary of Significant Accounting Policies (continued)

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

Use of Estimates

The preparation of financial statements, in accordance with the modified cash basis of accounting, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions from net assets available for benefits during the reporting period. The Plan is subject to risks and uncertainties that may cause actual results to differ from estimated results, such as changes in legislation. The principal area requiring the use of estimates is the actuarial present value of accumulated plan benefits.

Subsequent Events

Management evaluated subsequent events for the Plan through October 9, 2025, the date the accompanying financial statements were available to be issued.

3. Contributions and Funding

Contributions towards the participants' account benefit shall be made by Cottage, up to 8.5% of salary, and by those employees who are eligible and elected to contribute to the Plan under the Cash Balance benefit formula. Employee contributions for the years ended December 31, 2024 and 2023, were \$18,625,728 and \$18,548,968, respectively. Total accumulated employee contributions (including interest income) included in participants' accounts as of December 31, 2024 and 2023, were \$231,361,200 and \$210,915,779, respectively. Employees are 100% vested in the contributions that they defer from their salary, as well as the investment earnings on those contributions, based on the credited interest rate. Participants of the MyFuture Retirement benefit formula cannot elect to contribute to the Plan but rather to the MyFuture 401(k) Plan.

Cottage makes annual contributions necessary to fund the projected retirement benefits to the participants. The funding policy requires that Cottage make a sufficient contribution to the Trust for the plan year to meet the minimum funding standards prescribed by ERISA. Cottage's contributions for the years ended December 31, 2024 and 2023, met these minimum funding standards.

Cottage Health Pension Plan

Notes to Financial Statements (continued) (Modified Cash Basis)

4. Actuarial Present Value of Accumulated Plan Benefits

The Plan's actuary estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

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

	2024	2023
Vested benefits:		
Participants currently in pay status	\$ 164,136,352	\$ 157,176,167
All other vested benefits	451,598,978	416,546,306
Total vested liability	<u>615,735,330</u>	<u>573,722,473</u>
Non-vested benefits	<u>15,288,914</u>	<u>12,863,637</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 631,024,244</u></u>	<u><u>\$ 586,586,110</u></u>

The change in the accumulated plan benefits for the years ended December 31 is as follows:

	2024	2023
Accumulated plan benefits, beginning of year	\$ 586,586,110	\$ 538,713,752
Benefits accumulated	30,497,386	11,101,765
Increase for interest due to decrease in discount period	39,173,263	36,185,133
Contributions by plan participants	—	18,548,968
Actuarial losses	3,612,324	5,022,014
Assumption changes	(9,019)	354,748
Benefits paid	(28,835,820)	(23,340,270)
Accumulated plan benefits, end of year	<u><u>\$ 631,024,244</u></u>	<u><u>\$ 586,586,110</u></u>

Assumption changes for the year ended December 31, 2024 represent an decrease of \$9,019 due to updates to the 417(e) interest rate and mortality tables for stable value conversions consistent with provisions of the Plan.

Cottage Health Pension Plan

Notes to Financial Statements (continued) (Modified Cash Basis)

4. Actuarial Present Value of Accumulated Plan Benefits (continued)

Actuarial assumptions utilized in determining the present value of accumulated plan benefits as of December 31, 2024 and 2023, are as follows:

Discount rate 6.5%

Turnover Examples of turnover rates used are as follows:

<u>Age</u>	<u>Annual Probability of Termination</u>
25	16.00%
40	6.70%
55	3.40%
Retirement age 60–74	5–30%

The mortality scale applied is based on the pri-2012 table with updates made to reflect the MP-2021 as of December 31, 2024 and 2023.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

5. Plan Termination

While Cottage has not expressed any intent to discontinue its contributions, it is free to do so at any time, subject to penalties set forth by ERISA. In the event of a discontinuance resulting in the termination of the Plan: (a) the Plan provides that its net assets shall be allocated among the participants and beneficiaries of the Plan in the order provided for in ERISA and (b) to the extent unfunded guaranteed benefits exist, ERISA provides that such benefits are payable by the Pension Benefit Guaranty Corporation (PBGC) to participants, up to specified limitations, as described in ERISA.

Cottage Health Pension Plan

Notes to Financial Statements (continued) (Modified Cash Basis)

5. Plan Termination (continued)

Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

6. Trust Fund Management

Management, investment, and control of the Plan's assets are exercised by the trustee, Northern Trust Company, except to the extent that the Cottage Health Finance Committee (the Committee), elected by Cottage's Board of Directors, is granted under the Plan or Trust the authority to direct the management and investment of the assets of the Plan and Trust. The Committee has appointed outside investment managers to direct the trustee in the management, control, and investment of trust assets.

7. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated June 13, 2020, stating that the Plan is qualified under Section 401(a) of the Code, and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended and restated. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. Plan management has indicated that it will take the necessary steps, if any, to bring the Plan's operations into compliance with the Code.

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

8. Plan Expenses

All expenses incurred in the administration of the Plan, other than those services provided by Cottage, are paid from the Plan's assets.

Cottage Health Pension Plan

Notes to Financial Statements (continued) (Modified Cash Basis)

9. Investments

Investments are diversified among money market funds, fixed-income securities, commingled funds, including common collective trusts and 103-12 investments, and alternative investments, including hedge funds and private market funds. Commingled funds and alternative investments reported at NAV have a range of strategies, including, but not limited to, long- short-/equity positions, arbitrage investment activities, emerging markets investments, and real estate. Some of these partnership/funds have a specific industry focus in their investment assets or specific asset investments in their strategic focus.

Commingled funds afford cost savings to qualified investors. Commingled funds utilize three major strategies; equity funds, fixed income funds and global asset allocation funds. Commingled funds are redeemable daily, biweekly or trimonthly with 1 to 30 days' notice.

Private market funds typically hold capital for the life of the fund, as much as ten years, except for distributions that may occur. The Plan has private market unfunded commitments of \$89,750,798 and \$67,358,835 as of December 31, 2024 and 2023, respectively. Hedge funds are typically redeemable monthly or quarterly with a 30 to 90 days' notice. As of December 31, 2024, all hedge funds were redeemed, except for one hedge fund that is in the wind down process and redemptions were suspended. The fund will make distributions pro rate on an ad hoc basis as liquidity of the fund assets is achieved over an expected three-year period.

Fair Value Measurement

As defined in Accounting Standards Codification 820, *Fair Value Measurement* (ASC 820), fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In order to increase consistency and comparability in fair value measurements, ASC 820 establishes a fair value hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels, which are described below:

Level 1 – Quoted prices (unadjusted) in active markets that are accessible at the measurement date for assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

Level 2 – Observable prices that are based on inputs not quoted on active markets, but corroborated by market data.

Cottage Health Pension Plan

Notes to Financial Statements (continued) (Modified Cash Basis)

9. Investments (continued)

Level 3 – Unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs.

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measurement in its entirety.

In determining fair value, the Plan utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs, to the extent possible, as well as considers counterparty credit risk in its assessment of fair value.

Financial assets carried at fair value as of December 31, 2024, are classified in the table below in one of the three categories described above or held at NAV:

	Assets at Fair Value			
	Level 1	Level 2	Assets Held at NAV	Total
Money market funds	\$ 46,715,900	\$ –	\$ –	\$ 46,715,900
Fixed-income securities	–	2,764,000	–	2,764,000
Commingled funds	–	–	693,466,221	693,466,221
Alternative investments	–	–	129,433,220	129,433,220
Total asset at fair value	<u>\$ 46,715,900</u>	<u>\$ 2,764,000</u>	<u>\$ 822,899,441</u>	<u>\$ 872,379,341</u>

Financial assets carried at fair value as of December 31, 2023, are classified in the table below in one of the three categories described above or held at NAV:

	Assets at Fair Value			
	Level 1	Level 2	Assets Held at NAV	Total
Money market funds	\$ 21,465,784	\$ –	\$ –	\$ 21,465,784
Fixed-income securities	–	5,862,592	–	5,862,592
Commingled funds	–	–	671,418,722	671,418,722
Alternative investments	–	–	123,705,350	123,705,350
Total asset at fair value	<u>\$ 21,465,784</u>	<u>\$ 5,862,592</u>	<u>\$ 795,124,072</u>	<u>\$ 822,452,448</u>

Cottage Health Pension Plan

Notes to Financial Statements (continued) (Modified Cash Basis)

9. Investments (continued)

The fair values of the instruments included in Level 1 were determined through quoted market prices. Level 1 instruments include cash and short-term investments such as money market funds. The fair values of Level 2 fixed-income securities instruments were determined through evaluated bid prices based on recent trading activity and other relevant information, including market interest rate curves and referenced credit spreads; estimated prepayment rates, where applicable, are used for valuation purposes and are provided by third-party services where quoted market values are not available. The valuation of commingled funds and alternative investments is based on NAV as the practical expedient, as reported by the asset manager or investment company based on the fair values of the underlying investments and adjusted for cash flows, if necessary.

During 2023, the Plan began holding over-the-counter equity, fixed income and cash and cash equivalent derivative contracts with mark to market adjustments that are cash settled daily. The notional value of derivative contracts held at December 31, 2024 and 2023 are summarized in the table below.

	2024	2023
Cash and cash equivalents	\$ —	\$ 7,676,643
Equities	—	83,541,377
Fixed-income securities	60,213,968	22,975,815
Total derivative contracts	<u>\$ 60,213,968</u>	<u>\$ 114,193,835</u>

10. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, 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 those changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Supplemental Schedules

Cottage Health Pension Plan

EIN #77-0431902 Plan #001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
(Modified Cash Basis)

Year Ended December 31, 2024

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
See attached schedule of assets (held at end of year) as provided by Northern Trust Company, trustee (Northern Trust Company Statement of Asset Detail pages 1 to 18)				
Net assets as reported by Northern Trust Company, trustee		\$	–	\$
				–
				\$ 886,083,055

** Party-in-interest

Full Portfolio Statements - YTD CHSRP

Account number CHSRP

31 DEC 24

CHS RETIREMENT PLAN

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◆ 09. Asset Detail - Base Currency

Description / Asset ID

Investment Mgr ID

Exchange rate/

Accrued

Unrealized gain/loss

Shares/PAR value

local market price

income/expense

Market Value

Cost

Market

Translation

Total

Equities

Funds - common stock

United States - USD

CF EQUITY FUND APL (USD) CUSIP : 57999M013

593,265.000	1.00	0.00	593,265.00	593,265.00	0.00	0.00	0.00
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CF JPMCB EME MKT RES ENHA EQ FD- INV CUSIP : 77999A058

2,068,736.360	19.78	0.00	40,919,605.20	39,942,463.10	977,142.10	0.00	977,142.10
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CF JPMCB GLOBAL SEL EQY FND- INV CL CUSIP : 77999A025

3,676,216.302	36.12	0.00	132,784,932.83	106,633,264.11	26,151,668.72	0.00	26,151,668.72
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CF JPMCB GROWTH ADVANTAGE FUND CUSIP : 77999A116

819,097.266	60.17	0.00	49,285,082.50	32,409,457.92	16,875,624.58	0.00	16,875,624.58
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CF JPMCB INTER EQ FND -INVEST CLASS CUSIP : 77999A132

1,214,717.041	42.24	0.00	51,309,647.81	50,916,424.93	393,222.88	0.00	393,222.88
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CF JPMCB MID CAP EQUITY INDEX-INV CUSIP : 7A9998346

315,756.186	66.88	0.00	21,117,773.72	21,593,437.76	-475,664.04	0.00	-475,664.04
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CF JPMCB US ACTIVE CORE EQUITY FUND CUSIP : 77999A090

1,310,741.690	96.01	0.00	125,844,309.66	108,146,512.30	17,697,797.36	0.00	17,697,797.36
---------------	-------	------	----------------	----------------	---------------	------	---------------

CF JPMCB VALUE ADVANTAGE FUND CUSIP : 77999A041

416,032.903	110.40	0.00	45,930,032.49	35,317,680.01	10,612,352.48	0.00	10,612,352.48
-------------	--------	------	---------------	---------------	---------------	------	---------------

Total USD		0.00	467,784,649.21	395,552,505.13	72,232,144.08	0.00	72,232,144.08
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Total United States		0.00	467,784,649.21	395,552,505.13	72,232,144.08	0.00	72,232,144.08
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Full Portfolio Statements - YTD CHSRP

Account number CHSRP

31 DEC 24

CHS RETIREMENT PLAN

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◆ 09. Asset Detail - Base Currency

Description / Asset ID

Investment Mgr ID

Exchange rate/
local market price

Accrued
income/expense

Market Value

Cost

Unrealized gain/loss

Market

Translation

Total

Shares/PAR value

Equities

Total Funds - Common Stock

10,414,562.748

0.00

467,784,649.21

395,552,505.13

72,232,144.08

0.00

72,232,144.08

Total Equities

10,414,562.748

0.00

467,784,649.21

395,552,505.13

72,232,144.08

0.00

72,232,144.08

Fixed Income

Government bonds

United States - USD

UNITED STATES OF AMER TREAS NOTES 4.25%01-31-2026 SEDOL : BPJM960

2,764,000.000

100.00

49,158.64

2,764,000.00

2,764,418.76

-418.76

0.00

-418.76

Issue Date: 31 Jan 24 Rate: 4.25% Yield to Maturity: 4.247% Maturity Date: 31 Jan 26

Total USD

49,158.64

2,764,000.00

2,764,418.76

-418.76

0.00

-418.76

Total United States

49,158.64

2,764,000.00

2,764,418.76

-418.76

0.00

-418.76

Total Government Bonds

2,764,000.000

49,158.64

2,764,000.00

2,764,418.76

-418.76

0.00

-418.76

Funds - corporate bond

United States - USD

CF JPMCB LONG DURATION INVESTMENT GRADEFUND-INVESTMENT CLS CUSIP : 4R999BA96

3,956,132.772

21.13

0.00

83,593,085.47

82,993,850.66

599,234.81

0.00

599,234.81

CF JPMCB LONG SECURIT FD - INVT SH CL CUSIP : 995789146

11,854,488.163

7.48

0.00

88,671,571.46

87,708,849.91

962,721.55

0.00

962,721.55

Total USD

0.00

172,264,656.93

170,702,700.57

1,561,956.36

0.00

1,561,956.36

*Generated by Northern Trust from periodic data on 1 Aug 25 B003

Full Portfolio Statements - YTD CHSRP

Account number CHSRP

31 DEC 24

CHS RETIREMENT PLAN

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◆ 09. Asset Detail - Base Currency

<u>Description / Asset ID</u>		Exchange rate/ local market price	Accrued income/expense	Market Value	Cost	Unrealized gain/loss	
<u>Investment Mgr ID</u>	Shares/PAR value					Market	Translation
							Total
<i>Fixed Income</i>							
Funds - corporate bond							
Total United States			0.00	172,264,656.93	170,702,700.57	1,561,956.36	0.00
Total Funds - Corporate Bond							
15,810,620.935			0.00	172,264,656.93	170,702,700.57	1,561,956.36	0.00
Funds - other fixed income							
United States - USD							
CF JPMCB LONG CREDIT FUND CUSIP : 5JY999D14							
1,395,972.608		38.69	0.00	54,010,180.20	53,412,784.62	597,395.58	0.00
Total USD			0.00	54,010,180.20	53,412,784.62	597,395.58	0.00
Total United States			0.00	54,010,180.20	53,412,784.62	597,395.58	0.00
Total Funds - Other Fixed Income							
1,395,972.608			0.00	54,010,180.20	53,412,784.62	597,395.58	0.00
Fixed income derivatives - futures							
United States - USD							
FUT MAR 25 CBT UL T-BONDS CUSIP : 999599GH0							
492.000		118.90625	0.00	58,501,875.00	60,213,968.75	-1,712,093.75	0.00
Yield to Maturity: 4.857% Maturity Date: 20 Mar 25							
Total USD			0.00	58,501,875.00	60,213,968.75	-1,712,093.75	0.00
Total United States			0.00	58,501,875.00	60,213,968.75	-1,712,093.75	0.00
Total Fixed Income Derivatives - Futures							
492.000			0.00	58,501,875.00	60,213,968.75	-1,712,093.75	0.00

Full Portfolio Statements - YTD CHSRP

Account number CHSRP

31 DEC 24

CHS RETIREMENT PLAN

Page 4 of 16

◆ 09. Asset Detail - Base Currency

Description / Asset ID

Investment Mgr ID

Exchange rate/
local market price

Accrued
income/expense

Market Value

Cost

Market

Unrealized gain/loss

Translation

Total

Total Fixed Income

19,971,085.543

49,158.64

287,540,712.13

287,093,872.70

446,839.43

0.00

446,839.43

Real Estate

Real estate

United States - USD

CERBERUS REAL ESTATE DEBT FUND II LP CUSIP : 995147998

5,338,962.350

1.084684

0.00

5,791,089.17

5,338,962.35

452,126.82

0.00

452,126.82

LYRICAL-ANTHEUS REALTY PARTNERS IV LP CUSIP : 994UH7991

2,684,650.330

1.772632

0.00

4,758,897.08

2,684,650.33

2,074,246.75

0.00

2,074,246.75

Total USD

0.00

10,549,986.25

8,023,612.68

2,526,373.57

0.00

2,526,373.57

Total United States

0.00

10,549,986.25

8,023,612.68

2,526,373.57

0.00

2,526,373.57

Total Real Estate

8,023,612.680

0.00

10,549,986.25

8,023,612.68

2,526,373.57

0.00

2,526,373.57

Total Real Estate

8,023,612.680

0.00

10,549,986.25

8,023,612.68

2,526,373.57

0.00

2,526,373.57

Venture Capital and Partnerships

Partnerships

China - USD

ORCHID ASIA V, LP CUSIP : 994UK0992

2,022,370.000

0.432961

0.00

875,607.94

2,022,370.00

-1,146,762.06

0.00

-1,146,762.06

Full Portfolio Statements - YTD CHSRP

Account number CHSRP

31 DEC 24

CHS RETIREMENT PLAN

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◆ 09. Asset Detail - Base Currency

Description / Asset ID

Investment Mgr ID

Exchange rate/

Accrued

Unrealized gain/loss

Shares/PAR value

local market price

income/expense

Market Value

Cost

Market

Translation

Total

Venture Capital and Partnerships

Partnerships

China - USD

UNICORN PARTNERS FUND III, LP CUSIP : 994UM6997

1,875,980.080	1.273073	0.00	2,388,259.03	1,875,980.08	512,278.95	0.00	512,278.95
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UNICORN PARTNERS FUND IV, LP CUSIP : 994UM7995

2,285,098.210	1.125186	0.00	2,571,159.60	2,285,098.21	286,061.39	0.00	286,061.39
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XIANG HE FUND II, LP CUSIP : 994UM9991

1,384,689.000	1.186118	0.00	1,642,404.96	1,384,689.00	257,715.96	0.00	257,715.96
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Total USD		0.00	7,477,431.53	7,568,137.29	-90,705.76	0.00	-90,705.76
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Total China		0.00	7,477,431.53	7,568,137.29	-90,705.76	0.00	-90,705.76
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Europe Region - EUR

EMK CAPITAL PARTNERS II - B, LP (EUR) CUSIP : 9944CS998

1,967,362.610	1.326234	0.00	2,701,810.13	2,161,239.32	664,606.05	-124,035.24	540,570.81
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EMK CAPITAL PARTNERS III (FEEDER) LP CUSIP : 995DDG992

686,119.100	0.606132	0.00	430,642.75	750,939.60	-279,833.62	-40,463.23	-320,296.85
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PROJECT PINEAPPLE CO-INVEST FUND, L.P. -EUR CUSIP : 9958JP997

585,531.000	1.084019	0.00	657,259.31	634,276.48	50,941.93	-27,959.10	22,982.83
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THOMA BRAVO EUROPE FUND, L.P. - EUR CUSIP : 995KMZ994

176,119.000	0.794134	0.00	144,827.11	184,607.94	-37,544.13	-2,236.70	-39,780.83
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UFENAU CONTINUATION 4 CUSIP : 995145992

612,679.000	1.252666	0.00	794,727.55	656,219.61	160,298.42	-21,790.48	138,507.94
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Total EUR		0.00	4,729,266.85	4,387,282.95	558,468.65	-216,484.75	341,983.90
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*Generated by Northern Trust from periodic data on 1 Aug 25 B003

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Account number CHSRP

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CHS RETIREMENT PLAN

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◆ 09. Asset Detail - Base Currency

Description / Asset ID

Investment Mgr ID

Exchange rate/
local market price

Accrued
income/expense

Market Value

Cost

Unrealized gain/loss

Market

Translation

Total

Shares/PAR value

Venture Capital and Partnerships

Partnerships

Total Europe Region		0.00	4,729,266.85	4,387,282.95	558,468.65	-216,484.75	341,983.90
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Global Region - USD

AEA INVESTORS SBF IV LP CUSIP : 994UF3992

1,644,698.000	1.354251	0.00	2,227,334.08	1,644,698.00	582,636.08	0.00	582,636.08
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GLENDOWER CAPITAL SOF IV (FEEDER) LP CUSIP : 994UH1994

1,052,434.650	2.557446	0.00	2,691,545.00	1,052,434.65	1,639,110.35	0.00	1,639,110.35
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Total USD		0.00	4,918,879.08	2,697,132.65	2,221,746.43	0.00	2,221,746.43
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Total Global Region		0.00	4,918,879.08	2,697,132.65	2,221,746.43	0.00	2,221,746.43
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United Kingdom - EUR

LAKESTAR GROWTH I LP CUSIP : 993435999

1,704,330.870	1.532315	0.00	2,704,281.98	1,933,549.06	939,447.28	-168,714.36	770,732.92
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Total EUR		0.00	2,704,281.98	1,933,549.06	939,447.28	-168,714.36	770,732.92
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United Kingdom - GBP

SW EUROPEAN II FEEDER LP CUSIP : 995EDB991

1,932,950.000	0.962581	0.00	2,330,241.79	2,484,574.15	-90,584.92	-63,747.44	-154,332.36
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Total GBP		0.00	2,330,241.79	2,484,574.15	-90,584.92	-63,747.44	-154,332.36
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Total United Kingdom		0.00	5,034,523.77	4,418,123.21	848,862.36	-232,461.80	616,400.56
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United States - USD

5Y CAPITAL EVOLUTION FUND II, LP CUSIP : 994UE6996

1,545,762.310	1.140758	0.00	1,763,340.88	1,545,762.31	217,578.57	0.00	217,578.57
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Full Portfolio Statements - YTD CHSRP

Account number CHSRP

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CHS RETIREMENT PLAN

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◆ 09. Asset Detail - Base Currency

Description / Asset ID

Investment Mgr ID

Exchange rate/

Accrued

Unrealized gain/loss

Shares/PAR value

local market price

income/expense

Market Value

Cost

Market

Translation

Total

Venture Capital and Partnerships

Partnerships

United States - USD

5Y CAPITAL GROWTH FUND I, LP CUSIP : 994UE8992

1,370,356.570	1.035594	0.00	1,419,132.63	1,370,356.57	48,776.06	0.00	48,776.06
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ACCEL XVI L.P. CUSIP : 995MJR992

11,165.000	1.00	0.00	11,165.00	11,165.00	0.00	0.00	0.00
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ACCESS CAR WASH CO-INVESTMENT LP CUSIP : 995DM3991

18.930	0.052826	0.00	1.00	18.93	-17.93	0.00	-17.93
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ADVENT INTERNATIONAL GPE X-C LIMITEDPARTNERSHIP CUSIP : 994UF1996

3,372,798.000	1.29472	0.00	4,366,830.04	3,372,798.00	994,032.04	0.00	994,032.04
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ANCHORAGE CREDIT OPPORTUNITIES OFFSHOREFUND VIII (B) LP CUSIP : 995159993

5,185,620.780	1.314235	0.00	6,815,122.25	5,185,620.78	1,629,501.47	0.00	1,629,501.47
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ANCHORAGE CREDIT OPPORTUNITIES ONSHOREFUND IX, TE, L.P. CUSIP : 995EA8991

340,000.000	1.145459	0.00	389,455.99	340,000.00	49,455.99	0.00	49,455.99
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BAIN CAPITAL FUND XIII, LP CUSIP : 994UF9999

3,200,883.000	1.175337	0.00	3,762,116.22	3,200,883.00	561,233.22	0.00	561,233.22
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BOND II LP CUSIP : 994UG3991

4,627,352.500	0.881941	0.00	4,081,051.89	4,627,352.50	-546,300.61	0.00	-546,300.61
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CASTLELAKE OPPORTUNISTIC ASSET SOLUTIONSVI, L.P CUSIP : 9953RL998

3,933,278.000	1.192355	0.00	4,689,862.90	3,933,278.00	756,584.90	0.00	756,584.90
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Account number CHSRP

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◆ 09. Asset Detail - Base Currency

Description / Asset ID

Investment Mgr ID

Exchange rate/

Accrued

Unrealized gain/loss

Shares/PAR value

local market price

income/expense

Market Value

Cost

Market

Translation

Total

Venture Capital and Partnerships

Partnerships

United States - USD

CONTAINMENT INVESTMENT HOLDINGS, LLCCO-INVEST (VI) CUSIP : 9959C8990

506,059.870

1.290669

0.00

653,155.99

506,059.87

147,096.12

0.00

147,096.12

CONTAINMENT INVESTMENT HOLDINGS, LLCCO-INVEST (VI-B) CUSIP : 9959C1995

150,668.170

1.00

0.00

150,668.17

150,668.17

0.00

0.00

0.00

DALFEN LAST MILE INDUSTRIAL FUND IV LP CUSIP : 994UG7992

3,727,530.830

1.428613

0.00

5,325,200.12

3,727,530.83

1,597,669.29

0.00

1,597,669.29

ESCALATE CAPITAL V LP CUSIP : 995KCE992

61,619.000

1.00

0.00

61,619.00

61,619.00

0.00

0.00

0.00

FRONTENAC XII PRIVATE CAPITAL (PARALLEL)LP CUSIP : 994UG8990

4,006,132.000

1.223185

0.00

4,900,240.97

4,006,132.00

894,108.97

0.00

894,108.97

GC XI ALPHA CO-INVEST, L.P. CUSIP : 9956RQ990

763,056.690

1.206313

0.00

920,484.98

763,056.69

157,428.29

0.00

157,428.29

GTCR (C) INVESTORS LP CUSIP : 995125994

743,801.110

1.553023

0.00

1,155,140.38

743,801.11

411,339.27

0.00

411,339.27

InSolve Global Credit Feeder Fund VI,L.P. CUSIP : 995KTE994

3,418,169.410

0.989023

0.00

3,380,647.48

3,418,169.41

-37,521.93

0.00

-37,521.93

KING STREET GLOBAL DRAWDOWN FUND(OFFSHORE) II, L.P. CUSIP : 9953DT996

4,755,136.000

1.11979

0.00

5,324,751.84

4,755,136.00

569,615.84

0.00

569,615.84

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◆ 09. Asset Detail - Base Currency

<u>Description / Asset ID</u>		Exchange rate/ local market price	Accrued income/expense	Market Value	Cost	Unrealized gain/loss	
<u>Investment Mgr ID</u>	Shares/PAR value					Market	Translation
							Total
<i>Venture Capital and Partnerships</i>							
Partnerships							
United States - USD							
KLCP OFFSHORE FUND LP CUSIP : 994UH4998							
	3,102,451.000	1.547808	0.00	4,801,999.10	3,102,451.00	1,699,548.10	1,699,548.10
MERITECH CAPITAL PARTNERS VII L.P. CUSIP : 994UH9997							
	2,281,250.000	1.095185	0.00	2,498,391.01	2,281,250.00	217,141.01	217,141.01
MILL POINT CAPITAL PARTNERS II-A, LP CUSIP : 994UJ1992							
	3,362,676.000	1.337666	0.00	4,498,136.01	3,362,676.00	1,135,460.01	1,135,460.01
NUT TREE DRAWDOWN OFFSHORE FUND, LP CUSIP : 994UJ4996							
	1.000	1,484,520.00	0.00	1,484,520.00	1.00	1,484,519.00	1,484,519.00
OCEAN AVENUE FUND IV, LP CUSIP : 994UJ5993							
	463,707.080	4.674809	0.00	2,167,741.98	463,707.08	1,704,034.90	1,704,034.90
PONTIFAX GLOBAL FOOD AND AGRICULTURETECH FUND II A LP CUSIP : 994UK3996							
	1,306,372.000	1.099831	0.00	1,436,788.95	1,306,372.00	130,416.95	130,416.95
Project Phoenix Co-Invest Fund, LP CUSIP : 9954VX995							
	367,645.000	1.543247	0.00	567,366.90	367,645.00	199,721.90	199,721.90
RS FEEDER (USD) V, LP CUSIP : 995HY2991							
	828,943.720	1.00	0.00	828,943.72	828,943.72	0.00	0.00
SANDTON CAPITAL SOLUTIONS OFFSHORE FUNDVI, LP CUSIP : 995BAQ997							
	1,653,656.790	0.963117	0.00	1,592,664.80	1,653,656.79	-60,991.99	-60,991.99

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Account number CHSRP

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CHS RETIREMENT PLAN

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◆ 09. Asset Detail - Base Currency

Description / Asset ID		Exchange rate/ local market price	Accrued income/expense	Market Value	Cost	Unrealized gain/loss	
Investment Mgr ID	Shares/PAR value					Market	Translation
							Total
<i>Venture Capital and Partnerships</i>							
Partnerships							
United States - USD							
SIGULER GUFF SBOF IV (PROJECT MICRO) CUSIP : 995ARS997							
	479,679.230	1.00	0.00	479,679.23	479,679.23	0.00	0.00
SIGULER GUFF SBOF IV (PROJECT NANO) CUSIP : 995689999							
	612,394.880	1.188379	0.00	727,757.03	612,394.88	115,362.15	115,362.15
SPARK CAPITAL GROWTH FUND III LP CUSIP : 994UL1999							
	1,243,239.190	1.517122	0.00	1,886,146.02	1,243,239.19	642,906.83	642,906.83
SPARK CAPITAL GROWTH FUND IV, L.P. CUSIP : 994UL3995							
	4,125,000.000	1.08685	0.00	4,483,257.08	4,125,000.00	358,257.08	358,257.08
SPARK CAPITAL VI LP CUSIP : 994UL5990							
	599,650.000	1.414278	0.00	848,071.98	599,650.00	248,421.98	248,421.98
SPARK CAPITAL VII, LP CUSIP : 994UL7996							
	1,862,500.000	0.914537	0.00	1,703,324.98	1,862,500.00	-159,175.02	-159,175.02
STELLUS CREDIT VCOC FUND IV LLC CUSIP : 995GJH997							
	103,475.150	0.796935	0.00	82,463.00	103,475.15	-21,012.15	-21,012.15
STG VI-A, L.P. CUSIP : 994UL9992							
	3,144,082.000	1.318694	0.00	4,146,082.07	3,144,082.00	1,002,000.07	1,002,000.07
TENNNENBAUM OPPORTUNITIES FUND VI CUSIP : 994UM0990							
	517,336.930	0.031422	0.00	16,255.61	517,336.93	-501,081.32	-501,081.32

Full Portfolio Statements - YTD CHSRP

Account number CHSRP

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◆ 09. Asset Detail - Base Currency

Description / Asset ID

Investment Mgr ID

Exchange rate/

Accrued

Unrealized gain/loss

Shares/PAR value

local market price

income/expense

Market Value

Cost

Market

Translation

Total

Venture Capital and Partnerships

Partnerships

United States - USD

Thoma Bravo Fund XIV-A, L.P. CUSIP : 994UM2996

3,561,809.000	1.228477	0.00	4,375,599.72	3,561,809.00	813,790.72	0.00	813,790.72
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THOMA BRAVO FUND XV-A, L.P. CUSIP : 994UM4992

4,610,649.000	1.324187	0.00	6,105,360.55	4,610,649.00	1,494,711.55	0.00	1,494,711.55
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VENROCK HEALTHCARE CAPITAL PARTNERS XP,L.P. CUSIP : 995LAX990

62,930.000	1.00	0.00	62,930.00	62,930.00	0.00	0.00	0.00
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WARREN EQUITY PARTNERS ELIDO FUND II-A,L.P. CUSIP : 995EHF998

61,564.950	0.769184	0.00	47,354.77	61,564.95	-14,210.18	0.00	-14,210.18
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WEP TERRA FUND, L.P CUSIP : 995JNY999

489,887.490	1.00	0.00	489,887.49	489,887.49	0.00	0.00	0.00
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Total USD		0.00	94,500,709.73	76,560,308.58	17,940,401.15	0.00	17,940,401.15
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Total United States		0.00	94,500,709.73	76,560,308.58	17,940,401.15	0.00	17,940,401.15
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Total Partnerships

94,490,670.100		0.00	116,660,810.96	95,630,984.68	21,478,772.83	-448,946.55	21,029,826.28
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Total Venture Capital and Partnerships

94,490,670.100		0.00	116,660,810.96	95,630,984.68	21,478,772.83	-448,946.55	21,029,826.28
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Other Assets

Miscellaneous

United States - USD

Full Portfolio Statements - YTD CHSRP

Account number CHSRP

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CHS RETIREMENT PLAN

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◆ 09. Asset Detail - Base Currency

Description / Asset ID	Investment Mgr ID	Exchange rate/ local market price	Accrued income/expense	Market Value	Cost	Unrealized gain/loss		
Shares/PAR value						Market	Translation	Total
<i>Other Assets</i>								
Miscellaneous								
United States - USD								
&&& COTTAGE HEALTH SYSTEM PARTICIPANTLOANS CUSIP : 000699389**								
10,581,592.060		1.00	0.00	10,581,592.06	10,581,592.06	0.00	0.00	0.00
&&& COTTAGE HEALTH SYSTEM POOLEDPARTICIPANT LOANS - CUSIP : 000699280**								
390,934.920		1.00	0.00	390,934.92	390,934.92	0.00	0.00	0.00
CASH HELD AT 400 CAPITAL CUSIP : 995145075								
844,795.190		1.00	0.00	844,795.19	844,795.19	0.00	0.00	0.00
Total USD			0.00	11,817,322.17	11,817,322.17	0.00	0.00	0.00
Total United States			0.00	11,817,322.17	11,817,322.17	0.00	0.00	0.00
Total Miscellaneous			0.00	11,817,322.17	11,817,322.17	0.00	0.00	0.00
11,817,322.170			0.00	11,817,322.17	11,817,322.17	0.00	0.00	0.00
Total Other Assets								
11,817,322.170			0.00	11,817,322.17	11,817,322.17	0.00	0.00	0.00

Derivative Offsets

Fixed income futures

United States - USD

FUT MAR 25 CBT UL T-BONDS CUSIP : 999599GH0

-492.000	118.90625	0.00	-58,501,875.00	-60,213,968.75	1,712,093.75	0.00	1,712,093.75
Total USD		0.00	-58,501,875.00	-60,213,968.75	1,712,093.75	0.00	1,712,093.75
Total United States		0.00	-58,501,875.00	-60,213,968.75	1,712,093.75	0.00	1,712,093.75

*Generated by Northern Trust from periodic data on 1 Aug 25 B003

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◆ 09. Asset Detail - Base Currency

Description / Asset ID

Investment Mgr ID

Exchange rate/
local market price

Accrued
income/expense

Market Value

Cost

Unrealized gain/loss

Market

Translation

Total

Shares/PAR value

Derivative Offsets

Total Fixed Income Futures

-492.000

0.00

-58,501,875.00

-60,213,968.75

1,712,093.75

0.00

1,712,093.75

Total Derivative Offsets

-492.000

0.00

-58,501,875.00

-60,213,968.75

1,712,093.75

0.00

1,712,093.75

Hedge Fund

Hedge equity

United States - USD

CF ORCHARD LANDMARK LIMITED CLASS A UNRESTRICTED 11/2022 CUSIP : 4JY999D56

1,786.181

912.090118

0.00

1,629,158.04

1,786,181.40

-157,023.36

0.00

-157,023.36

Total USD

0.00

1,629,158.04

1,786,181.40

-157,023.36

0.00

-157,023.36

Total United States

0.00

1,629,158.04

1,786,181.40

-157,023.36

0.00

-157,023.36

Total Hedge Equity

1,786.181

0.00

1,629,158.04

1,786,181.40

-157,023.36

0.00

-157,023.36

Total Hedge Fund

1,786.181

0.00

1,629,158.04

1,786,181.40

-157,023.36

0.00

-157,023.36

Cash and Cash Equivalents

Currency

USD - United States dollar

1.00

0.00

16,924.28

16,924.28

0.00

0.00

0.00

*Generated by Northern Trust from periodic data on 1 Aug 25 B003

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◆ 09. Asset Detail - Base Currency

Description / Asset ID

Investment Mgr ID

Exchange rate/

Accrued

Unrealized gain/loss

Shares/PAR value

local market price

income/expense

Market Value

Cost

Market

Translation

Total

Cash and Cash Equivalents

Currency

Total currency - all currencies		0.00	16,924.28	16,924.28	0.00	0.00	0.00
Total currency - all countries		0.00	16,924.28	16,924.28	0.00	0.00	0.00
Total Currency	0.000	0.00	16,924.28	16,924.28	0.00	0.00	0.00

Cash

USD - United States dollar

	1.00	0.00	-19,332.43	-19,332.43	0.00	0.00	0.00
Total cash - all currencies		0.00	-19,332.43	-19,332.43	0.00	0.00	0.00
Total cash - all countries		0.00	-19,332.43	-19,332.43	0.00	0.00	0.00
Total Cash	-19,332.430	0.00	-19,332.43	-19,332.43	0.00	0.00	0.00

Funds - short term investment

United States - USD

NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP : 66586U445

46,718,307.600	1.00	116,273.47	46,718,307.60	46,718,307.60	0.00	0.00	0.00
Total USD		116,273.47	46,718,307.60	46,718,307.60	0.00	0.00	0.00
Total United States		116,273.47	46,718,307.60	46,718,307.60	0.00	0.00	0.00
Total Funds - Short Term Investment	46,718,307.600	116,273.47	46,718,307.60	46,718,307.60	0.00	0.00	0.00

Full Portfolio Statements - YTD CHSRP

Account number CHSRP

31 DEC 24

CHS RETIREMENT PLAN

Page 15 of 16

◆ 09. Asset Detail - Base Currency

Description / Asset ID

Investment Mgr ID

Exchange rate/

Accrued

Unrealized gain/loss

Shares/PAR value

local market price

income/expense

Market Value

Cost

Market

Translation

Total

Cash and Cash Equivalents

Variation margin

USD - United States dollar

	1.00	0.00	0.84	0.84	0.00	0.00	0.00
Total variation margin - all currencies		0.00	0.84	0.84	0.00	0.00	0.00
Total variation margin - all countries		0.00	0.84	0.84	0.00	0.00	0.00
Total Variation Margin							
0.840		0.00	0.84	0.84	0.00	0.00	0.00
Total Cash and Cash Equivalents							
46,698,976.010		116,273.47	46,715,900.29	46,715,900.29	0.00	0.00	0.00

Adjustments To Cash

Pending trade purchases

USD - United States dollar

	1.00	0.00	-4,340,371.46	-4,340,371.46	0.00	0.00	0.00
Total pending trade purchases - all currencies		0.00	-4,340,371.46	-4,340,371.46	0.00	0.00	0.00
Total pending trade purchases - all countries		0.00	-4,340,371.46	-4,340,371.46	0.00	0.00	0.00
Total Pending trade purchases							
0.000		0.00	-4,340,371.46	-4,340,371.46	0.00	0.00	0.00

Pending trade sales

Full Portfolio Statements - YTD CHSRP

Account number CHSRP

31 DEC 24

CHS RETIREMENT PLAN

Page 16 of 16

◆ 09. Asset Detail - Base Currency

Description / Asset ID

Investment Mgr ID

Exchange rate/

Accrued

Unrealized gain/loss

Shares/PAR value

local market price

income/expense

Market Value

Cost

Market

Translation

Total

Adjustments To Cash

Pending trade sales

USD - United States dollar

	1.00	0.00	6,061,330.63	6,061,330.63	0.00	0.00	0.00
Total pending trade sales - all currencies		0.00	6,061,330.63	6,061,330.63	0.00	0.00	0.00
Total pending trade sales - all countries		0.00	6,061,330.63	6,061,330.63	0.00	0.00	0.00
Total Pending trade sales							
0.000		0.00	6,061,330.63	6,061,330.63	0.00	0.00	0.00
Total Adjustments To Cash							
0.000		0.00	1,720,959.17	1,720,959.17	0.00	0.00	0.00
Total							
191,417,523.432		165,432.11	885,917,623.22	788,127,369.47	98,239,200.30	-448,946.55	97,790,253.75

Although this report has been prepared using information believed to be reliable, it may contain information provided by third parties or derived from third party information, and/or information that may have been obtained from, categorized or otherwise reported based upon client direction. The Northern Trust Company does not guarantee the accuracy, timeliness or completeness of any such information. The information included in this report is intended to assist clients with their financial reporting needs, but you must consult with your accountants, auditors and/or legal counsel to ensure your accounting and financial reporting complies with applicable laws, regulations and accounting guidance. The Northern Trust Company and its affiliates shall have no responsibility for the consequences of investment decisions made in reliance on information contained in this report.

++ Informational Only Asset - an asset that is not held in the account but that is included in Northern Trust's reports at the client's request solely as a matter of convenience to the client. Custodial and other responsibilities for this asset rest solely with the client or another custodian. Northern Trust has no custodial or other responsibilities for this asset, and the asset is not an asset of any Northern Trust account for purposes of the applicable account agreement.

*Generated by Northern Trust from periodic data on 1 Aug 25 B003

Cottage Health Pension Plan

EIN #77-0431902 Plan #001

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions (Modified Cash Basis)

Year Ended December 31, 2024

Participant Contributions Transferred Late to Plan	Check Here if Late Participant Loan Repayments are included: ☒	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 1,392,127	¹	\$ –	\$ –	\$ –	\$ 1,392,127
\$ 3,313,345	²	\$ –	\$ –	\$ –	\$ 3,313,345

1 For the year ended December 31, 2023.

2 For the year ended December 31, 2022.

Cottage Health Pension Plan

EIN #77-0431902 Plan #001

Schedule H, Line 4j – Schedule of Reportable Transactions
(Modified Cash Basis)

Year Ended December 31, 2024

(a) Identity of Party Involved	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
--------------------------------------	--------------------------	-------------------------	----------------------------	---	---------------------------

(i) Single securities transactions with an aggregate in excess of 5% of plan assets

See attached schedule of reportable transactions as provided by Northern Trust Company.

(iii) Series of securities transactions with an aggregate in excess of 5% of plan assets

See attached schedule of reportable transactions as provided by Northern Trust Company.

There were no category (ii) or (iv) transactions required to be reported for the year ended December 31, 2024.

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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2024

Number and average account balance distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	3	91	0	0	0	0	0	0	0	0	94
	-	2,788	-	-	-	-	-	-	-	-	2,748
25-29	1	250	62	0	0	0	0	0	0	0	313
	-	10,740	58,380	-	-	-	-	-	-	-	20,154
30-34	3	268	217	40	6	0	0	0	0	0	534
	-	17,710	125,646	154,854	-	-	-	-	-	-	73,190
35-39	2	167	180	112	42	5	0	0	0	0	508
	-	19,386	151,687	279,398	314,403	-	-	-	-	-	150,490
40-44	0	142	123	112	84	27	1	0	0	0	489
	-	23,464	212,635	347,759	449,497	510,426	-	-	-	-	246,687
45-49	0	90	78	66	66	48	16	0	0	0	364
	-	24,341	186,940	382,769	542,548	698,802	-	-	-	-	336,423
50-54	0	84	72	47	69	48	29	13	0	0	362
	-	27,556	190,443	335,850	624,998	786,074	877,599	-	-	-	406,853
55-59	0	70	48	35	70	49	38	29	8	1	348
	-	18,733	241,388	413,735	501,354	726,323	965,926	1,345,889	-	-	528,764
60-64	0	38	55	41	51	48	39	32	26	11	341
	-	22,251	202,778	349,708	631,387	916,439	1,041,811	1,249,741	1,274,510	-	687,138
65-69	0	17	23	19	21	15	15	14	14	16	154
	-	-	184,340	-	437,835	-	-	-	-	-	756,056
70 & over	0	8	6	10	14	13	5	9	10	27	102
	-	-	-	-	-	-	-	-	-	904,420	688,811
Total	9	1,225	864	482	423	253	143	97	58	55	3,609
	-	17,501	162,626	327,079	505,859	754,784	950,817	1,140,825	1,281,024	1,308,799	309,638

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Cottage Health Pension Plan
 EIN / PN: 77-0431902 / 001
 Plan Sponsor: Cottage Health
 Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2024

Number and average plan compensation limited by IRC §401(a)(17) distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	8	91	0	0	0	0	0	0	0	0	99
	-	31,666	-	-	-	-	-	-	-	-	31,294
25-29	7	251	62	0	0	0	0	0	0	0	320
	-	65,045	74,365	-	-	-	-	-	-	-	66,102
30-34	9	269	218	40	6	0	0	0	0	0	542
	-	75,469	96,690	87,022	-	-	-	-	-	-	84,332
35-39	4	167	181	112	42	5	0	0	0	0	511
	-	89,751	98,407	109,050	107,651	-	-	-	-	-	98,381
40-44	5	142	123	112	84	27	1	0	0	0	494
	-	101,820	108,676	123,396	121,807	96,649	-	-	-	-	111,089
45-49	3	90	78	66	66	48	16	0	0	0	367
	-	117,173	127,376	122,770	133,069	116,398	-	-	-	-	121,858
50-54	2	84	73	48	69	48	29	13	0	0	366
	-	104,901	112,911	109,057	130,187	124,703	115,508	-	-	-	114,646
55-59	2	70	48	35	70	49	38	29	8	1	350
	-	94,536	118,495	122,842	103,182	122,247	128,239	139,116	-	-	113,642
60-64	1	38	56	41	51	48	39	32	26	11	343
	-	114,070	104,784	109,272	116,251	107,116	105,408	129,141	121,731	-	112,261
65-69	2	17	23	20	21	15	15	14	14	16	157
	-	-	117,730	122,420	82,001	-	-	-	-	-	114,313
70 & over	0	8	6	10	14	13	5	9	10	27	102
	-	-	-	-	-	-	-	-	-	90,027	99,237
Total	43	1,227	868	484	423	253	143	97	58	55	3,651
	39,497	82,994	103,420	114,387	115,582	114,806	116,455	126,416	118,584	104,490	100,833

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Cottage Health Pension Plan
 EIN / PN: 77-0431902 / 001
 Plan Sponsor: Cottage Health
 Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month September
- Interest rate basis 3-Segment Rates

Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
• First segment rate	4.75%	3.62%
• Second segment rate	4.87%	4.46%
• Third segment rate	5.59%	4.52%
• Effective interest rate	5.26%	4.46%

Annual rates of increase

- Compensation

Percentages by age	
Age	Percentages
< 25	7.0%
25-29	6.0%
30-34	5.5%
35-39	4.5%
40-49	4.0%
50-59	3.5%
> 59	2.5%
- Cash balance interest credit rate
 - 6% for active Cash Balance participants
 - 5% for vested terminated participants and active Stable Value participants with frozen Cash Balance beginning January 1, 2020
- Future Social Security wage bases N/A
- Statutory limits on compensation N/A
- Cost of living adjustments for in payment benefits 4.50%

Plan Name: Cottage Health Pension Plan
 EIN / PN: 77-0431902/001
 Plan Sponsor: Cottage Health
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan-related expenses \$1,400,000

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

Mortality

- **Healthy** Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024)
- **Disabled** N/A

Termination Representative rates at which participants are assumed to terminate employment by age are shown below. Termination decrement ends when participants meet retirement eligibility as described in the next section.

Percentage assumed to leave during the year	
<u>Age</u>	<u>Percentages</u>
20	20.0%
25	16.0%
30	11.0%
35	8.50%
40	6.70%
45	5.80%
50	4.60%
55	3.40%

Plan Name: Cottage Health Pension Plan
EIN / PN: 77-0431902/001
Plan Sponsor: Cottage Health
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement from Active Status

Rates at which participants are assumed to retire by age are shown below. Retirement eligibility is assumed to start at the earlier of age 60 with 3 years vesting service or age 65.

Percentage assumed to retire during the year	
Age	Percentages
60	5%
61	6%
62	7%
63	9%
64	12%
65	15%
66-67	18%
68-69	20%
70-71	23%
72-73	25%
74	30%
> 74	100%

Retirement from Vested Terminated Status

Assumed to commence at age 68

Benefit commencement date:

- Preretirement death benefit Payable to beneficiary immediately upon death
- Deferred vested benefit for active participants
 - Cash Balance
Immediate upon termination for 30% of active participants, otherwise deferred to age 68 with 50% electing a lump sum and 20% electing a single life annuity
 - Stable Value
Immediate upon termination for 30% of active participants, otherwise deferred to age 68 with 50% electing a lump sum and 20% electing a single life annuity
- Retirement benefit Immediate upon retirement

Plan Name: Cottage Health Pension Plan
EIN / PN: 77-0431902/001
Plan Sponsor: Cottage Health
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Form of payment	50% of participants who retire from active status are assumed to elect a lump sum and 50% are assumed to elect a single life annuity 70% of vested terminated participants are assumed to elect a lump sum and 30% are assumed to elect a single life annuity. • Cash Balance Lump sums are equivalent to the Cash Balance amount Single life annuities are converted from the Cash Balance account using 7% interest rate and 1971 Group Annuity Table for males set back 4 years, as specified by the Plan document • Stable Value Lump sums are equivalent to the Stable Value account balance, 5% (compounded) for each year (prorated monthly) before age 65 Single life annuities are converted from the Stable Value account using the applicable IRS 417(e) mortality tables and interest rates with August lookback month, as specified by the Plan document
Percent married	Assumed 70% are married
Spouse age	Assumed spouse is the same age as participant if missing data for pre-retirement death benefit
Covered pay	Assumed plan compensation for the year beginning on the valuation date was determined as actual earnings during the prior year provided by the employer, annualized for participants who did not work for a full year, and increased with a full year's assumed salary increase
Cash Balance Employee Contributions	Employees who elected to continue accruing the Cash Balance benefit are assumed to continue contributing into the future at the same percentage of their covered pay as they were contributing as of the valuation date
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Plan Name:	Cottage Health Pension Plan
EIN / PN:	77-0431902/001
Plan Sponsor:	Cottage Health
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets	The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year, discounted using the effective interest rate for the prior plan year.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2024. Information on assets, contributions, and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name:	Cottage Health Pension Plan
EIN / PN:	77-0431902/001
Plan Sponsor:	Cottage Health
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Interest rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Cash Balance Interest crediting rate	As specified by the Plan provision, the plan credits interest to cash balance accounts using: • 6% for active Cash Balance participants, and • 5% for vested terminated participants and active Stable Value participants with frozen Cash Balance beginning January 1, 2020
Annuity conversion rate	• Cash Balance The Cash Balance account is converted to an annuity using a 7% interest rate and the 1971 Group Annuity Table for males set back 4 years • Stable Value The Stable Value account is converted to an annuity using the applicable IRS 417(e) mortality tables and interest rates with August lookback month, as specified by the Plan provision
Plan-related expenses	Developed by using the estimated PBGC premium, plus an estimate for the non-PBGC administrative expenses to be paid from the plan trust based on the average of the last three years' actual non-PBGC administrative expenses.
Rates of increase in Compensation	Assumed compensation increases were chosen by the plan sponsor, and represent an estimate of future experience.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on an experience study conducted in 2020.

Plan Name:	Cottage Health Pension Plan
EIN / PN:	77-0431902/001
Plan Sponsor:	Cottage Health
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement	Retirement rates were based on an experience study conducted in 2020.
Benefit commencement date for deferred benefits	Deferred vested participants' assumed commencement age is a single age intended to capture the average age at commencement, based on the plan's early and normal benefit eligibility as well as the plan's observed experience.
Form of payment	The form of payment assumption, including the percentage assumed to take lump sums, is based on the experience study conducted in 2021.

Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation	• The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430 and reflect the interest rate corridors of ARPA.. • The mortality table used to calculate the funding target and target normal cost was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by the IRS under IRC §430. • The assumed plan expenses changed from \$1,500,000 for the 2023 plan year to \$1,400,000 for the 2024 plan year; however, the same approach for estimating was used each year.
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Plan Name:	Cottage Health Pension Plan
EIN / PN:	77-0431902/001
Plan Sponsor:	Cottage Health
Valuation Date:	January 1, 2024

Plan Name	Cottage Health Pension Plan
Plan Sponsor EIN	77-0431902
ERISA Plan #	001
Plan Year Ending	December 31, 2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	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	
► Round off amounts to nearest dollar.	
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan Cottage Health Pension Plan	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Cottage Health	D Employer Identification Number (EIN) 77-0431902
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	834,847,402	
b	Actuarial value	2b	834,847,402	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	770	176,048,247	176,048,247
b	For terminated vested participants	851	66,612,687	66,612,687
c	For active participants	3,651	394,297,992	408,982,855
d	Total	5,272	636,958,926	651,643,789
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.26%	
6	Target normal cost			
a	Present value of current plan year accruals	6a	33,975,683	
b	Expected plan-related expenses	6b	1,400,000	
c	Target normal cost	6c	16,462,793	

Statement by Enrolled Actuary	
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.	
SIGN HERE	David M Anderson
	Signature of actuary
David M Anderson	Type or print name of actuary
Willis Towers Watson US LLC	Firm name
811 Louisiana Street Suite 2200 Houston TX 77002	Address of the firm
	10/6/2025
	Date
	2307493
	Most recent enrollment number
	713-754-5400
	Telephone number (including area code)

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.75 % 2nd segment: 4.87 % 3rd segment: 5.59 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	4
22	Weighted average retirement age	22	67
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Demographic and benefit information		
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☒ Yes ☐ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6c).....	31a	16,462,793
b	Excess assets, if applicable, but not greater than line 31a	31b	16,462,793
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	0	0
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35).....	36	0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	298
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	298
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40	Unpaid minimum required contributions for all years	40	0
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021		

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Cottage Health
EIN/PN	77-0431902/001
Plan Name	Cottage Health Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	David M Anderson
Enrollment Number	23-07493

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 18 Contributions Made to the Plan for the Plan Year

(a) Date	(b) Amount Paid by Employers	(c) Amount Paid by Employees
7/11/2024	\$306.24	\$0.00
1/2/2024	\$0.00	\$1,552.24
1/5/2024	\$0.00	\$8,318.18
1/11/2024	\$0.00	\$690,004.89
1/16/2024	\$0.00	\$131.84
1/18/2024	\$0.00	\$1,474.67
1/29/2024	\$0.00	\$3,732.81
1/31/2024	\$0.00	\$691,810.97
2/1/2024	\$0.00	\$16,285.38
2/5/2024	\$0.00	\$3,370.72
2/7/2024	\$0.00	\$765,760.16
2/12/2024	\$0.00	\$421.91
2/15/2024	\$0.00	\$62.60
2/22/2024	\$0.00	\$760,215.81
3/7/2024	\$0.00	\$724,283.15
3/11/2024	\$0.00	\$16.67
3/21/2024	\$0.00	\$727,383.47
3/29/2024	\$0.00	\$199.27
4/1/2024	\$0.00	\$795.12
4/4/2024	\$0.00	\$711,618.73
4/11/2024	\$0.00	\$419.32
4/18/2024	\$0.00	\$707,746.78
4/25/2024	\$0.00	\$255,826.03
4/29/2024	\$0.00	\$181.56
5/2/2024	\$0.00	\$702,392.43
5/9/2024	\$0.00	\$982.45
5/13/2024	\$0.00	\$55.48
5/16/2024	\$0.00	\$694,191.60
5/23/2024	\$0.00	\$757.45
5/30/2024	\$0.00	\$729,959.53
6/6/2024	\$0.00	\$77.17
6/12/2024	\$0.00	\$706,523.11
6/17/2024	\$0.00	\$570.93
6/27/2024	\$0.00	\$691,549.33
7/1/2024	\$0.00	\$7,532.85
7/5/2024	\$0.00	\$3,081.82
7/11/2024	\$0.00	\$686,987.57
7/18/2024	\$0.00	\$3,711.67
7/19/2024	\$0.00	\$99.40
7/19/2024	\$0.00	\$255.03

Plan Name: Cottage Health Pension Plan
EIN / PN: 77-0431902/001
Plan Sponsor: Cottage Health
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

(a) Date	(b) Amount Paid by Employers	(c) Amount Paid by Employees
7/25/2024	\$0.00	\$688,990.05
8/1/2024	\$0.00	\$2,539.51
8/8/2024	\$0.00	\$682,022.69
8/12/2024	\$0.00	\$1,914.15
8/15/2024	\$0.00	\$1,440.81
8/19/2024	\$0.00	\$1,088.79
8/22/2024	\$0.00	\$732,662.22
9/5/2024	\$0.00	\$686,900.95
9/9/2024	\$0.00	\$1,140.68
9/19/2024	\$0.00	\$684,284.77
9/23/2024	\$0.00	\$565.30
9/26/2024	\$0.00	\$5,861.41
9/30/2024	\$0.00	\$144.65
10/3/2024	\$0.00	\$682,498.70
10/8/2024	\$0.00	\$38.40
10/17/2024	\$0.00	\$678,883.18
10/25/2024	\$0.00	\$3,544.48
10/31/2024	\$0.00	\$679,705.52
11/14/2024	\$0.00	\$672,834.80
11/18/2024	\$0.00	\$57.50
11/21/2024	\$0.00	\$4,294.04
11/29/2024	\$0.00	\$678,075.28
12/2/2024	\$0.00	\$250.51
12/5/2024	\$0.00	\$1,755.45
12/12/2024	\$0.00	\$711,552.12
12/19/2024	\$0.00	\$2,625.44
12/27/2024	\$0.00	\$719,535.38
12/30/2024	\$0.00	\$181.21
Total (Unrounded)	\$306.24	\$18,625,728.09
Total (Rounded for Schedule SB)	\$306	\$18,625,728

Plan Name: Cottage Health Pension Plan
EIN / PN: 77-0431902/001
Plan Sponsor: Cottage Health
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2024

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-60}p_{60} = l_x / l_{60}$	$q_x^r * l_x / l_{60}$	$x * q_x^r * l_x / l_{60}$
60	0.05	1,000	1.000000	0.050000	3.000000
61	0.06	950	0.950000	0.057000	3.477000
62	0.07	893	0.893000	0.062510	3.875620
63	0.09	830	0.830490	0.074744	4.708878
64	0.12	756	0.755746	0.090690	5.804129
65	0.15	665	0.665056	0.099758	6.484300
66	0.18	565	0.565298	0.101754	6.715739
67	0.18	464	0.463544	0.083438	5.590344
68	0.20	380	0.380106	0.076021	5.169446
69	0.20	304	0.304085	0.060817	4.196374
70	0.23	243	0.243268	0.055952	3.916616
71	0.23	187	0.187316	0.043083	3.058877
72	0.25	144	0.144234	0.036058	2.596205
73	0.25	108	0.108175	0.027044	1.974198
74	0.30	81	0.081131	0.024339	1.801117
75	1.00	57	0.056792	0.056792	4.259399
Average age at retirement (Unrounded)					66.628243
Average age at retirement (Rounded for Schedule SB)					67

Plan Name: Cottage Health Pension Plan
EIN / PN: 77-0431902 / 001
Plan Sponsor: Cottage Health
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month September
- Interest rate basis 3-Segment Rates

Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
• First segment rate	4.75%	3.62%
• Second segment rate	4.87%	4.46%
• Third segment rate	5.59%	4.52%
• Effective interest rate	5.26%	4.46%

Annual rates of increase

- Compensation

Percentages by age	
Age	Percentages
< 25	7.0%
25-29	6.0%
30-34	5.5%
35-39	4.5%
40-49	4.0%
50-59	3.5%
> 59	2.5%
- Cash balance interest credit rate6% for active Cash Balance participants
5% for vested terminated participants and active Stable Value participants with frozen Cash Balance beginning January 1, 2020
- Future Social Security wage basesN/A
- Statutory limits on compensationN/A
- Cost of living adjustments for in payment benefits4.50%

Plan Name: Cottage Health Pension Plan
EIN / PN: 77-0431902/001
Plan Sponsor: Cottage Health
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan-related expenses \$1,400,000

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

Mortality

- **Healthy** Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024)
- **Disabled** N/A

Termination Representative rates at which participants are assumed to terminate employment by age are shown below. Termination decrement ends when participants meet retirement eligibility as described in the next section.

Percentage assumed to leave during the year	
<u>Age</u>	<u>Percentages</u>
20	20.0%
25	16.0%
30	11.0%
35	8.50%
40	6.70%
45	5.80%
50	4.60%
55	3.40%

Plan Name: Cottage Health Pension Plan
EIN / PN: 77-0431902/001
Plan Sponsor: Cottage Health
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement from Active Status

Rates at which participants are assumed to retire by age are shown below. Retirement eligibility is assumed to start at the earlier of age 60 with 3 years vesting service or age 65.

Percentage assumed to retire during the year	
Age	Percentages
60	5%
61	6%
62	7%
63	9%
64	12%
65	15%
66-67	18%
68-69	20%
70-71	23%
72-73	25%
74	30%
> 74	100%

Retirement from Vested Terminated Status

Assumed to commence at age 68

Benefit commencement date:

- Preretirement death benefit Payable to beneficiary immediately upon death
- Deferred vested benefit for active participants
 - Cash Balance
Immediate upon termination for 30% of active participants, otherwise deferred to age 68 with 50% electing a lump sum and 20% electing a single life annuity
 - Stable Value
Immediate upon termination for 30% of active participants, otherwise deferred to age 68 with 50% electing a lump sum and 20% electing a single life annuity
- Retirement benefit Immediate upon retirement

Plan Name: Cottage Health Pension Plan
EIN / PN: 77-0431902/001
Plan Sponsor: Cottage Health
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Form of payment	50% of participants who retire from active status are assumed to elect a lump sum and 50% are assumed to elect a single life annuity 70% of vested terminated participants are assumed to elect a lump sum and 30% are assumed to elect a single life annuity. • Cash Balance Lump sums are equivalent to the Cash Balance amount Singe life annuities are converted from the Cash Balance account using 7% interest rate and 1971 Group Annuity Table for males set back 4 years, as specified by the Plan document • Stable Value Lump sums are equivalent to the Stable Value account balance, 5% (compounded) for each year (prorated monthly) before age 65 Singe life annuities are converted from the Stable Value account using the applicable IRS 417(e) mortality tables and interest rates with August lookback month, as specified by the Plan document
Percent married	Assumed 70% are married
Spouse age	Assumed spouse is the same age as participant if missing data for pre-retirement death benefit
Covered pay	Assumed plan compensation for the year beginning on the valuation date was determined as actual earnings during the prior year provided by the employer, annualized for participants who did not work for a full year, and increased with a full year's assumed salary increase
Cash Balance Employee Contributions	Employees who elected to continue accruing the Cash Balance benefit are assumed to continue contributing into the future at the same percentage of their covered pay as they were contributing as of the valuation date
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Plan Name:	Cottage Health Pension Plan
EIN / PN:	77-0431902/001
Plan Sponsor:	Cottage Health
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets	The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year, discounted using the effective interest rate for the prior plan year.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2024. Information on assets, contributions, and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name:	Cottage Health Pension Plan
EIN / PN:	77-0431902/001
Plan Sponsor:	Cottage Health
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Interest rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Cash Balance Interest crediting rate	As specified by the Plan provision, the plan credits interest to cash balance accounts using: • 6% for active Cash Balance participants, and • 5% for vested terminated participants and active Stable Value participants with frozen Cash Balance beginning January 1, 2020
Annuity conversion rate	• Cash Balance The Cash Balance account is converted to an annuity using a 7% interest rate and the 1971 Group Annuity Table for males set back 4 years • Stable Value The Stable Value account is converted to an annuity using the applicable IRS 417(e) mortality tables and interest rates with August lookback month, as specified by the Plan provision
Plan-related expenses	Developed by using the estimated PBGC premium, plus an estimate for the non-PBGC administrative expenses to be paid from the plan trust based on the average of the last three years' actual non-PBGC administrative expenses.
Rates of increase in Compensation	Assumed compensation increases were chosen by the plan sponsor, and represent an estimate of future experience.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on an experience study conducted in 2020.

Plan Name:	Cottage Health Pension Plan
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Plan Sponsor:	Cottage Health
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement	Retirement rates were based on an experience study conducted in 2020.
Benefit commencement date for deferred benefits	Deferred vested participants' assumed commencement age is a single age intended to capture the average age at commencement, based on the plan's early and normal benefit eligibility as well as the plan's observed experience.
Form of payment	The form of payment assumption, including the percentage assumed to take lump sums, is based on the experience study conducted in 2021.

Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation	• The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430 and reflect the interest rate corridors of ARPA.. • The mortality table used to calculate the funding target and target normal cost was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by the IRS under IRC §430. • The assumed plan expenses changed from \$1,500,000 for the 2023 plan year to \$1,400,000 for the 2024 plan year; however, the same approach for estimating was used each year.
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Plan Name:	Cottage Health Pension Plan
EIN / PN:	77-0431902/001
Plan Sponsor:	Cottage Health
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan was originally effective January 1, 1998 with the most recent restatement effective January 1, 2021.

Covered employees

Qualified employees who have completed one year of service during which they were credited with at least 1000 hours.

Employees of Pacific Diagnostic Laboratories (PDL) participating in the Pacific Diagnostic Laboratories 401(k) Retirement Savings Plan as of December 31, 2019 are immediately eligible for the Pension Plan.

Participation date

The date of becoming a covered employee

Plan Year

January 1 through December 31

Prior Plans

The Cash Balance portion of the Plan was created by the merger of three prior Plans as of January 1, 1998. The three prior Plans and their effective dates are as follows:

1. The Santa Barbara Cottage Hospital Restated Pension Plan was effective October 1, 1971. The July 1, 1991 restatement converted the Plan into a contributory cash balance plan.
2. The Santa Barbara Cottage Care Center Restated Pension Plan was effective January 1, 1988. The July 1, 1991 restatement converted the Plan into a contributory cash balance plan.
3. The Goleta Valley Cottage Hospital Restated Pension Plan was effective September 1, 1970. The October 1, 1996 restatement converted the Plan into a contributory cash balance plan. Prior to the October 1, 1996 restatement, the Plan was a defined contribution money purchase plan.

The Plan was restated as of January 1, 2020 to incorporate the Stable Value benefit portion and various plan provision changes related to the Cash Balance portion.

Plan Name: Cottage Health Pension Plan
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Plan Sponsor: Cottage Health
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Definitions

Vesting service	All years and completed months during which the participant is an employee, including years before becoming eligible to participate in the Plan
Vesting	Vesting requires five (5) complete Years of Service. For participant in the Cash Balance Plan prior to September 1, 2019, and accrued a Cash Balance Plan benefit, the vesting requirement will be three (3) complete Years of Service, unless the participant terminates employment and is not rehired before a five-year-break-in-service. 100% vesting is granted for participants who attained age 65. Pacific Diagnostic Laboratories employees participating in the Pacific Diagnostic Laboratories 401(k) Retirement Savings Plan on December 31, 2019 are immediately vested.
Cash Balance Benefit	Participants actively accruing cash balance benefit do not accrue a Stable Value benefit. These include participants who elected the Cash Balance benefit during the 2019 Choice window, or participants who did not make an election during the 2019 Choice window and were defaulted to accruing the Cash Balance benefit.
Stable Value Benefit	The benefit accrued by employees first hired on or after September 1, 2019, or any rehired employees following a one-year leave, or by employees who elected to be covered after December 31, 2019, by the Stable Value benefit instead of the Cash Balance benefit. Pacific Diagnostic Laboratories employees as of December 31, 2019 who are participating in the Pacific Diagnostic Laboratories 401(k) Retirement Savings Plan as of that date immediately begin to accrue the Stable Value benefit beginning January 1, 2020.
Pensionable pay	Total salary paid including base pay, overtime, incentive pay, special awards, and other similar types of payments

Plan Name:	Cottage Health Pension Plan
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Plan Sponsor:	Cottage Health
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SCHEDULE SB ATTACHMENTS

Contribution Credit

- Cash Balance
Sum of employer contribution and employee contribution
- Stable Value
Employer age-based contribution

Employee contribution

- Cash Balance
Basic Employee Contribution Credit:
The participant may elect to contribute 1%, 2%, or 3% of their salary to the Plan through payroll deduction, which is matched 100% by Cottage Health. Alternatively, the participant may elect not to contribute at all.
Supplemental Employee Contribution Credit:
The participant may elect to contribute amounts in excess of 3% of their salary to the Plan through payroll deduction. The amounts in excess of 3% are not matched by Cottage Health, and must be one of the following total percentage of salary: 5%, 10%, 15%, 20%, or 25%.
- Stable Value
There are no employee contributions allowed

Employer contribution

- Cash Balance
Automatic Contribution Credit
Each employee participant automatically receives a contribution credit equal to 2% of the salary, regardless of the amount of employee contribution
Matching Contribution Credit
Cottage Health provides an additional matching contribution credit equal to 100% of the employees' own basic employee contribution credits
- Stable Value
Each employee participant receives a contribution credit equal to a percentage of salary, calculated on an annual basis and added to the balance at the end of each Plan Year. The percentage of salary to be credited is based upon age:
 - Less than 35: 7%
 - 35 – 49: 8%
 - 50 or older: 8.5%

Plan Name: Cottage Health Pension Plan
EIN / PN: 77-0431902/001
Plan Sponsor: Cottage Health
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Interest crediting rate	As specified by the Plan provision, the plan credits interest to cash balance accounts using: • 6% for active Cash Balance participants, and • 5% for vested terminated participants and active Stable Value participants with frozen Cash Balance beginning January 1, 2020. There is no interest crediting rate for the Stable Value benefit
Annuity conversion rate	• Cash Balance The Cash Balance account is converted to an annuity using a 7% interest rate and the 1971 Group Annuity Table for males set back 4 years • Stable Value The Stable Value account is converted to an annuity using applicable IRS 417(e) mortality tables and interest rates with August lookback month, as specified by the Plan provision
Monthly pension benefit	The participant may convert their Cash Balance and/or Stable Value account into an annuity at any time after vested termination based on the Plan's annuity conversion rate

Eligibility for Benefits

Normal retirement date (NRD)	First of the month coinciding with or following the attainment of age 65. At normal retirement age, a Participant shall be 100% vested in their account balance (Cash Balance and/or Stable Value)
Early retirement date (ERD)	• Cash Balance The participant may elect to retire at any age after they terminate employment, provided that at least 3 years of vesting service were completed. • Stable Value The participant may elect to retire at any age after they terminate employment, provided that at least 5 years of vesting service were completed for new hires on or after September 1, 2019 (or 3 years of vesting service for past hires electing the Stable Value during the 2019 Choice window).

Plan Name:	Cottage Health Pension Plan
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Plan Sponsor:	Cottage Health
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Postponed retirement

The participant may delay the start of their retirement benefit past Normal Retirement Date but not beyond Required Minimum Distribution Date defined by IRS.

- Cash Balance

Continuous earning of contribution for Cash Balance participants and interest credits up until late retirement date.

- Stable Value

Continue to accrue employer contribution credits if participant continues to work until late retirement date. However, benefit will not be actuarially increased to take into account the payment that do not commence due to participant working past Normal Retirement Date.

Deferred vested termination

- Cash Balance

Termination for reasons other than death or retirement after completing 3 years of vesting service

- Stable Value

Termination for reasons other than death or retirement after completing 5 years of vesting service (3 years if the participant elected into the Stable Value during the 2019 Choice window)

Preretirement death benefit

Death while eligible for normal, early, postponed, or deferred vested retirement benefits

Benefits Paid Upon the Following Events

Normal retirement

The monthly pension benefit determined as of NRD

Early retirement and deferred vested termination

At any time after termination, a participant may elect to receive their entire account balance (Cash Balance and/or Stable Value) in a single sum payment or have it converted into an annuity based on the Plan's annuity conversion rate.

The Stable Value account balance will be reduced by 5% (compounded) for each year (prorated monthly) before age 65.

Plan Name: Cottage Health Pension Plan
EIN / PN: 77-0431902/001
Plan Sponsor: Cottage Health
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Postponed retirement

- Cash Balance

Continuous earning of contribution for Cash Balance participants and interest credits up until late retirement date.

- Stable Value

Continue to accrue employer contribution credits if participant continues to work until late retirement date. However, benefit will not be actuarially increased to take into account the payment that do not commence due to participant working past Normal Retirement Date.

Preretirement death

The death benefit to the beneficiary equals the entire vested Cash Balance and/or Stable Value. The beneficiary may elect a lump sum payout of the vested Cash Balance, or any of the other forms of payments that are available, starting on the first day of the month following the participant's date of death.

If the surviving spouse is the beneficiary, the death benefit can be deferred to the first day of any month following the participant's date of death, but not beyond the Required Minimum Distribution Date defined by IRS.

Other Plan Provisions

Forms of payment

Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.

Optional forms include a single lump sum payment, 50%, 75%, 100% joint and survivor annuity, a ten-year certain and life annuity, or a life annuity with COLA. A modified cash refund annuity is included as an optional form for the Cash Balance only.

Preretirement death benefits are payable as described above.

Cost of Living Adjustment (COLA)

The larger of Consumer Price Index (CPI) or 4.50%, subject to a maximum annual increase of 5%

Maximum limits on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect.

Plan Name: Cottage Health Pension Plan
EIN / PN: 77-0431902/001
Plan Sponsor: Cottage Health
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Valuation

None

Substantive Commitment

None

Plan Name: Cottage Health Pension Plan
EIN / PN: 77-0431902/001
Plan Sponsor: Cottage Health
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2024

Number and average account balance distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	3	91	0	0	0	0	0	0	0	0	94
	-	2,788	-	-	-	-	-	-	-	-	2,748
25-29	1	250	62	0	0	0	0	0	0	0	313
	-	10,740	58,380	-	-	-	-	-	-	-	20,154
30-34	3	268	217	40	6	0	0	0	0	0	534
	-	17,710	125,646	154,854	-	-	-	-	-	-	73,190
35-39	2	167	180	112	42	5	0	0	0	0	508
	-	19,386	151,687	279,398	314,403	-	-	-	-	-	150,490
40-44	0	142	123	112	84	27	1	0	0	0	489
	-	23,464	212,635	347,759	449,497	510,426	-	-	-	-	246,687
45-49	0	90	78	66	66	48	16	0	0	0	364
	-	24,341	186,940	382,769	542,548	698,802	-	-	-	-	336,423
50-54	0	84	72	47	69	48	29	13	0	0	362
	-	27,556	190,443	335,850	624,998	786,074	877,599	-	-	-	406,853
55-59	0	70	48	35	70	49	38	29	8	1	348
	-	18,733	241,388	413,735	501,354	726,323	965,926	1,345,889	-	-	528,764
60-64	0	38	55	41	51	48	39	32	26	11	341
	-	22,251	202,778	349,708	631,387	916,439	1,041,811	1,249,741	1,274,510	-	687,138
65-69	0	17	23	19	21	15	15	14	14	16	154
	-	-	184,340	-	437,835	-	-	-	-	-	756,056
70 & over	0	8	6	10	14	13	5	9	10	27	102
	-	-	-	-	-	-	-	-	-	904,420	688,811
Total	9	1,225	864	482	423	253	143	97	58	55	3,609
	-	17,501	162,626	327,079	505,859	754,784	950,817	1,140,825	1,281,024	1,308,799	309,638

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Cottage Health Pension Plan
 EIN / PN: 77-0431902 / 001
 Plan Sponsor: Cottage Health
 Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2024

Number and average plan compensation limited by IRC §401(a)(17) distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	8	91	0	0	0	0	0	0	0	0	99
	-	31,666	-	-	-	-	-	-	-	-	31,294
25-29	7	251	62	0	0	0	0	0	0	0	320
	-	65,045	74,365	-	-	-	-	-	-	-	66,102
30-34	9	269	218	40	6	0	0	0	0	0	542
	-	75,469	96,690	87,022	-	-	-	-	-	-	84,332
35-39	4	167	181	112	42	5	0	0	0	0	511
	-	89,751	98,407	109,050	107,651	-	-	-	-	-	98,381
40-44	5	142	123	112	84	27	1	0	0	0	494
	-	101,820	108,676	123,396	121,807	96,649	-	-	-	-	111,089
45-49	3	90	78	66	66	48	16	0	0	0	367
	-	117,173	127,376	122,770	133,069	116,398	-	-	-	-	121,858
50-54	2	84	73	48	69	48	29	13	0	0	366
	-	104,901	112,911	109,057	130,187	124,703	115,508	-	-	-	114,646
55-59	2	70	48	35	70	49	38	29	8	1	350
	-	94,536	118,495	122,842	103,182	122,247	128,239	139,116	-	-	113,642
60-64	1	38	56	41	51	48	39	32	26	11	343
	-	114,070	104,784	109,272	116,251	107,116	105,408	129,141	121,731	-	112,261
65-69	2	17	23	20	21	15	15	14	14	16	157
	-	-	117,730	122,420	82,001	-	-	-	-	-	114,313
70 & over	0	8	6	10	14	13	5	9	10	27	102
	-	-	-	-	-	-	-	-	-	90,027	99,237
Total	43	1,227	868	484	423	253	143	97	58	55	3,651
	39,497	82,994	103,420	114,387	115,582	114,806	116,455	126,416	118,584	104,490	100,833

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Cottage Health Pension Plan
 EIN / PN: 77-0431902 / 001
 Plan Sponsor: Cottage Health
 Valuation Date: January 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	18,805,717	8,851,256	15,563,301	43,220,274
2025	17,504,889	2,947,796	15,499,076	35,951,761
2026	18,294,206	3,185,135	15,227,091	36,706,432
2027	19,178,116	2,454,608	14,930,180	36,562,904
2028	19,825,276	2,186,219	14,614,799	36,626,294
2029	19,820,356	3,140,722	14,264,212	37,225,290
2030	20,628,891	4,238,628	13,892,483	38,760,002
2031	21,245,640	1,701,623	13,495,072	36,442,335
2032	21,637,415	2,336,197	13,068,948	37,042,560
2033	22,429,034	3,873,942	12,611,802	38,914,778
2034	23,374,483	2,499,874	12,136,769	38,011,126
2035	24,056,060	2,237,423	11,636,846	37,930,329
2036	24,278,719	3,516,371	11,109,561	38,904,651
2037	24,806,082	2,716,203	10,556,397	38,078,682
2038	25,344,117	2,997,565	9,979,585	38,321,267
2039	25,491,399	3,513,816	9,382,171	38,387,386
2040	26,311,930	3,609,980	8,768,077	38,689,987
2041	27,850,858	2,899,416	8,142,079	38,892,353
2042	27,894,309	3,989,646	7,509,617	39,393,572
2043	27,020,426	3,699,399	6,876,618	37,596,443
2044	30,071,446	4,629,451	6,249,342	40,950,239
2045	28,608,886	4,377,797	5,634,068	38,620,751
2046	27,553,336	4,099,954	5,036,906	36,690,196
2047	30,309,062	4,510,209	4,463,774	39,283,045
2048	29,563,440	5,029,740	3,920,187	38,513,367
2049	31,759,072	6,079,502	3,411,005	41,249,579
2050	30,781,136	6,043,098	2,940,195	39,764,429
2051	31,604,077	6,163,493	2,510,596	40,278,166
2052	29,621,205	5,599,025	2,123,918	37,344,148
2053	28,439,697	5,593,470	1,780,671	35,813,838
2054	28,341,570	5,682,184	1,480,187	35,503,941
2055	28,706,628	6,400,988	1,220,765	36,328,381
2056	27,493,078	6,430,451	999,809	34,923,338
2057	25,847,637	3,798,203	814,113	30,459,953
2058	25,560,751	4,482,330	660,092	30,703,173
2059	23,547,958	3,703,100	533,955	27,785,013
2060	21,124,900	4,688,704	431,888	26,245,492
2061	19,352,353	3,138,726	350,200	22,841,279
2062	17,322,678	2,927,126	285,435	20,535,239
2063	16,010,940	2,966,471	234,472	19,211,883
2064	14,542,656	2,278,439	194,576	17,015,671
2065	13,365,794	2,288,211	163,393	15,817,398
2066	12,368,734	2,036,443	138,954	14,544,131
2067	11,246,410	1,930,696	119,664	13,296,770

Plan Name: Cottage Health Pension Plan
 EIN / PN: 77-0431902/001
 Plan Sponsor: Cottage Health
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

2068	10,413,264	1,824,356	104,262	12,341,882
2069	9,647,004	1,717,585	91,782	11,456,371
2070	8,900,472	1,610,572	81,495	10,592,539
2071	8,186,672	1,503,568	72,859	9,763,099
2072	7,503,357	1,396,901	65,471	8,965,729
2073	6,848,107	1,290,966	59,039	8,198,112

Plan Name: Cottage Health Pension Plan
EIN / PN: 77-0431902/001
Plan Sponsor: Cottage Health
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Cottage Health
EIN/PN	77-0431902/001
Plan Name	Cottage Health Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	David M Anderson
Enrollment Number	23-07493

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 18 Contributions Made to the Plan for the Plan Year

(a) Date	(b) Amount Paid by Employers	(c) Amount Paid by Employees
7/11/2024	\$306.24	\$0.00
1/2/2024	\$0.00	\$1,552.24
1/5/2024	\$0.00	\$8,318.18
1/11/2024	\$0.00	\$690,004.89
1/16/2024	\$0.00	\$131.84
1/18/2024	\$0.00	\$1,474.67
1/29/2024	\$0.00	\$3,732.81
1/31/2024	\$0.00	\$691,810.97
2/1/2024	\$0.00	\$16,285.38
2/5/2024	\$0.00	\$3,370.72
2/7/2024	\$0.00	\$765,760.16
2/12/2024	\$0.00	\$421.91
2/15/2024	\$0.00	\$62.60
2/22/2024	\$0.00	\$760,215.81
3/7/2024	\$0.00	\$724,283.15
3/11/2024	\$0.00	\$16.67
3/21/2024	\$0.00	\$727,383.47
3/29/2024	\$0.00	\$199.27
4/1/2024	\$0.00	\$795.12
4/4/2024	\$0.00	\$711,618.73
4/11/2024	\$0.00	\$419.32
4/18/2024	\$0.00	\$707,746.78
4/25/2024	\$0.00	\$255,826.03
4/29/2024	\$0.00	\$181.56
5/2/2024	\$0.00	\$702,392.43
5/9/2024	\$0.00	\$982.45
5/13/2024	\$0.00	\$55.48
5/16/2024	\$0.00	\$694,191.60
5/23/2024	\$0.00	\$757.45
5/30/2024	\$0.00	\$729,959.53
6/6/2024	\$0.00	\$77.17
6/12/2024	\$0.00	\$706,523.11
6/17/2024	\$0.00	\$570.93
6/27/2024	\$0.00	\$691,549.33
7/1/2024	\$0.00	\$7,532.85
7/5/2024	\$0.00	\$3,081.82
7/11/2024	\$0.00	\$686,987.57
7/18/2024	\$0.00	\$3,711.67
7/19/2024	\$0.00	\$99.40
7/19/2024	\$0.00	\$255.03

Plan Name: Cottage Health Pension Plan
EIN / PN: 77-0431902/001
Plan Sponsor: Cottage Health
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

(a) Date	(b) Amount Paid by Employers	(c) Amount Paid by Employees
7/25/2024	\$0.00	\$688,990.05
8/1/2024	\$0.00	\$2,539.51
8/8/2024	\$0.00	\$682,022.69
8/12/2024	\$0.00	\$1,914.15
8/15/2024	\$0.00	\$1,440.81
8/19/2024	\$0.00	\$1,088.79
8/22/2024	\$0.00	\$732,662.22
9/5/2024	\$0.00	\$686,900.95
9/9/2024	\$0.00	\$1,140.68
9/19/2024	\$0.00	\$684,284.77
9/23/2024	\$0.00	\$565.30
9/26/2024	\$0.00	\$5,861.41
9/30/2024	\$0.00	\$144.65
10/3/2024	\$0.00	\$682,498.70
10/8/2024	\$0.00	\$38.40
10/17/2024	\$0.00	\$678,883.18
10/25/2024	\$0.00	\$3,544.48
10/31/2024	\$0.00	\$679,705.52
11/14/2024	\$0.00	\$672,834.80
11/18/2024	\$0.00	\$57.50
11/21/2024	\$0.00	\$4,294.04
11/29/2024	\$0.00	\$678,075.28
12/2/2024	\$0.00	\$250.51
12/5/2024	\$0.00	\$1,755.45
12/12/2024	\$0.00	\$711,552.12
12/19/2024	\$0.00	\$2,625.44
12/27/2024	\$0.00	\$719,535.38
12/30/2024	\$0.00	\$181.21
Total (Unrounded)	\$306.24	\$18,625,728.09
Total (Rounded for Schedule SB)	\$306	\$18,625,728

Plan Name: Cottage Health Pension Plan
EIN / PN: 77-0431902/001
Plan Sponsor: Cottage Health
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2024

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-60}p_{60} = l_x / l_{60}$	$q_x^r * l_x / l_{60}$	$x * q_x^r * l_x / l_{60}$
60	0.05	1,000	1.000000	0.050000	3.000000
61	0.06	950	0.950000	0.057000	3.477000
62	0.07	893	0.893000	0.062510	3.875620
63	0.09	830	0.830490	0.074744	4.708878
64	0.12	756	0.755746	0.090690	5.804129
65	0.15	665	0.665056	0.099758	6.484300
66	0.18	565	0.565298	0.101754	6.715739
67	0.18	464	0.463544	0.083438	5.590344
68	0.20	380	0.380106	0.076021	5.169446
69	0.20	304	0.304085	0.060817	4.196374
70	0.23	243	0.243268	0.055952	3.916616
71	0.23	187	0.187316	0.043083	3.058877
72	0.25	144	0.144234	0.036058	2.596205
73	0.25	108	0.108175	0.027044	1.974198
74	0.30	81	0.081131	0.024339	1.801117
75	1.00	57	0.056792	0.056792	4.259399
Average age at retirement (Unrounded)					66.628243
Average age at retirement (Rounded for Schedule SB)					67

Plan Name: Cottage Health Pension Plan
EIN / PN: 77-0431902 / 001
Plan Sponsor: Cottage Health
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	18,805,717	8,851,256	15,563,301	43,220,274
2025	17,504,889	2,947,796	15,499,076	35,951,761
2026	18,294,206	3,185,135	15,227,091	36,706,432
2027	19,178,116	2,454,608	14,930,180	36,562,904
2028	19,825,276	2,186,219	14,614,799	36,626,294
2029	19,820,356	3,140,722	14,264,212	37,225,290
2030	20,628,891	4,238,628	13,892,483	38,760,002
2031	21,245,640	1,701,623	13,495,072	36,442,335
2032	21,637,415	2,336,197	13,068,948	37,042,560
2033	22,429,034	3,873,942	12,611,802	38,914,778
2034	23,374,483	2,499,874	12,136,769	38,011,126
2035	24,056,060	2,237,423	11,636,846	37,930,329
2036	24,278,719	3,516,371	11,109,561	38,904,651
2037	24,806,082	2,716,203	10,556,397	38,078,682
2038	25,344,117	2,997,565	9,979,585	38,321,267
2039	25,491,399	3,513,816	9,382,171	38,387,386
2040	26,311,930	3,609,980	8,768,077	38,689,987
2041	27,850,858	2,899,416	8,142,079	38,892,353
2042	27,894,309	3,989,646	7,509,617	39,393,572
2043	27,020,426	3,699,399	6,876,618	37,596,443
2044	30,071,446	4,629,451	6,249,342	40,950,239
2045	28,608,886	4,377,797	5,634,068	38,620,751
2046	27,553,336	4,099,954	5,036,906	36,690,196
2047	30,309,062	4,510,209	4,463,774	39,283,045
2048	29,563,440	5,029,740	3,920,187	38,513,367
2049	31,759,072	6,079,502	3,411,005	41,249,579
2050	30,781,136	6,043,098	2,940,195	39,764,429
2051	31,604,077	6,163,493	2,510,596	40,278,166
2052	29,621,205	5,599,025	2,123,918	37,344,148
2053	28,439,697	5,593,470	1,780,671	35,813,838
2054	28,341,570	5,682,184	1,480,187	35,503,941
2055	28,706,628	6,400,988	1,220,765	36,328,381
2056	27,493,078	6,430,451	999,809	34,923,338
2057	25,847,637	3,798,203	814,113	30,459,953
2058	25,560,751	4,482,330	660,092	30,703,173
2059	23,547,958	3,703,100	533,955	27,785,013
2060	21,124,900	4,688,704	431,888	26,245,492
2061	19,352,353	3,138,726	350,200	22,841,279
2062	17,322,678	2,927,126	285,435	20,535,239
2063	16,010,940	2,966,471	234,472	19,211,883
2064	14,542,656	2,278,439	194,576	17,015,671
2065	13,365,794	2,288,211	163,393	15,817,398
2066	12,368,734	2,036,443	138,954	14,544,131
2067	11,246,410	1,930,696	119,664	13,296,770

Plan Name: Cottage Health Pension Plan
EIN / PN: 77-0431902/001
Plan Sponsor: Cottage Health
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

2068	10,413,264	1,824,356	104,262	12,341,882
2069	9,647,004	1,717,585	91,782	11,456,371
2070	8,900,472	1,610,572	81,495	10,592,539
2071	8,186,672	1,503,568	72,859	9,763,099
2072	7,503,357	1,396,901	65,471	8,965,729
2073	6,848,107	1,290,966	59,039	8,198,112

Plan Name: Cottage Health Pension Plan
EIN / PN: 77-0431902/001
Plan Sponsor: Cottage Health
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan was originally effective January 1, 1998 with the most recent restatement effective January 1, 2021.

Covered employees

Qualified employees who have completed one year of service during which they were credited with at least 1000 hours.

Employees of Pacific Diagnostic Laboratories (PDL) participating in the Pacific Diagnostic Laboratories 401(k) Retirement Savings Plan as of December 31, 2019 are immediately eligible for the Pension Plan.

Participation date

The date of becoming a covered employee

Plan Year

January 1 through December 31

Prior Plans

The Cash Balance portion of the Plan was created by the merger of three prior Plans as of January 1, 1998. The three prior Plans and their effective dates are as follows:

1. The Santa Barbara Cottage Hospital Restated Pension Plan was effective October 1, 1971. The July 1, 1991 restatement converted the Plan into a contributory cash balance plan.
2. The Santa Barbara Cottage Care Center Restated Pension Plan was effective January 1, 1988. The July 1, 1991 restatement converted the Plan into a contributory cash balance plan.
3. The Goleta Valley Cottage Hospital Restated Pension Plan was effective September 1, 1970. The October 1, 1996 restatement converted the Plan into a contributory cash balance plan. Prior to the October 1, 1996 restatement, the Plan was a defined contribution money purchase plan.

The Plan was restated as of January 1, 2020 to incorporate the Stable Value benefit portion and various plan provision changes related to the Cash Balance portion.

Plan Name: Cottage Health Pension Plan
EIN / PN: 77-0431902/001
Plan Sponsor: Cottage Health
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Definitions

Vesting service	All years and completed months during which the participant is an employee, including years before becoming eligible to participate in the Plan
Vesting	Vesting requires five (5) complete Years of Service. For participant in the Cash Balance Plan prior to September 1, 2019, and accrued a Cash Balance Plan benefit, the vesting requirement will be three (3) complete Years of Service, unless the participant terminates employment and is not rehired before a five-year-break-in-service. 100% vesting is granted for participants who attained age 65. Pacific Diagnostic Laboratories employees participating in the Pacific Diagnostic Laboratories 401(k) Retirement Savings Plan on December 31, 2019 are immediately vested.
Cash Balance Benefit	Participants actively accruing cash balance benefit do not accrue a Stable Value benefit. These include participants who elected the Cash Balance benefit during the 2019 Choice window, or participants who did not make an election during the 2019 Choice window and were defaulted to accruing the Cash Balance benefit.
Stable Value Benefit	The benefit accrued by employees first hired on or after September 1, 2019, or any rehired employees following a one-year leave, or by employees who elected to be covered after December 31, 2019, by the Stable Value benefit instead of the Cash Balance benefit. Pacific Diagnostic Laboratories employees as of December 31, 2019 who are participating in the Pacific Diagnostic Laboratories 401(k) Retirement Savings Plan as of that date immediately begin to accrue the Stable Value benefit beginning January 1, 2020.
Pensionable pay	Total salary paid including base pay, overtime, incentive pay, special awards, and other similar types of payments

Plan Name:	Cottage Health Pension Plan
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Contribution Credit

- Cash Balance
Sum of employer contribution and employee contribution
- Stable Value
Employer age-based contribution

Employee contribution

- Cash Balance
Basic Employee Contribution Credit:
The participant may elect to contribute 1%, 2%, or 3% of their salary to the Plan through payroll deduction, which is matched 100% by Cottage Health. Alternatively, the participant may elect not to contribute at all.
Supplemental Employee Contribution Credit:
The participant may elect to contribute amounts in excess of 3% of their salary to the Plan through payroll deduction. The amounts in excess of 3% are not matched by Cottage Health, and must be one of the following total percentage of salary: 5%, 10%, 15%, 20%, or 25%.
- Stable Value
There are no employee contributions allowed

Employer contribution

- Cash Balance
Automatic Contribution Credit
Each employee participant automatically receives a contribution credit equal to 2% of the salary, regardless of the amount of employee contribution
Matching Contribution Credit
Cottage Health provides an additional matching contribution credit equal to 100% of the employees' own basic employee contribution credits
- Stable Value
Each employee participant receives a contribution credit equal to a percentage of salary, calculated on an annual basis and added to the balance at the end of each Plan Year. The percentage of salary to be credited is based upon age:
 - Less than 35: 7%
 - 35 – 49: 8%
 - 50 or older: 8.5%

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Interest crediting rate	As specified by the Plan provision, the plan credits interest to cash balance accounts using: • 6% for active Cash Balance participants, and • 5% for vested terminated participants and active Stable Value participants with frozen Cash Balance beginning January 1, 2020. There is no interest crediting rate for the Stable Value benefit
Annuity conversion rate	• Cash Balance The Cash Balance account is converted to an annuity using a 7% interest rate and the 1971 Group Annuity Table for males set back 4 years • Stable Value The Stable Value account is converted to an annuity using applicable IRS 417(e) mortality tables and interest rates with August lookback month, as specified by the Plan provision
Monthly pension benefit	The participant may convert their Cash Balance and/or Stable Value account into an annuity at any time after vested termination based on the Plan's annuity conversion rate

Eligibility for Benefits

Normal retirement date (NRD)	First of the month coinciding with or following the attainment of age 65. At normal retirement age, a Participant shall be 100% vested in their account balance (Cash Balance and/or Stable Value)
Early retirement date (ERD)	• Cash Balance The participant may elect to retire at any age after they terminate employment, provided that at least 3 years of vesting service were completed. • Stable Value The participant may elect to retire at any age after they terminate employment, provided that at least 5 years of vesting service were completed for new hires on or after September 1, 2019 (or 3 years of vesting service for past hires electing the Stable Value during the 2019 Choice window).

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Postponed retirement

The participant may delay the start of their retirement benefit past Normal Retirement Date but not beyond Required Minimum Distribution Date defined by IRS.

- Cash Balance

Continuous earning of contribution for Cash Balance participants and interest credits up until late retirement date.

- Stable Value

Continue to accrue employer contribution credits if participant continues to work until late retirement date. However, benefit will not be actuarially increased to take into account the payment that do not commence due to participant working past Normal Retirement Date.

Deferred vested termination

- Cash Balance

Termination for reasons other than death or retirement after completing 3 years of vesting service

- Stable Value

Termination for reasons other than death or retirement after completing 5 years of vesting service (3 years if the participant elected into the Stable Value during the 2019 Choice window)

Preretirement death benefit

Death while eligible for normal, early, postponed, or deferred vested retirement benefits

Benefits Paid Upon the Following Events

Normal retirement

The monthly pension benefit determined as of NRD

Early retirement and deferred vested termination

At any time after termination, a participant may elect to receive their entire account balance (Cash Balance and/or Stable Value) in a single sum payment or have it converted into an annuity based on the Plan's annuity conversion rate.

The Stable Value account balance will be reduced by 5% (compounded) for each year (prorated monthly) before age 65.

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Postponed retirement

- Cash Balance

Continuous earning of contribution for Cash Balance participants and interest credits up until late retirement date.

- Stable Value

Continue to accrue employer contribution credits if participant continues to work until late retirement date. However, benefit will not be actuarially increased to take into account the payment that do not commence due to participant working past Normal Retirement Date.

Preretirement death

The death benefit to the beneficiary equals the entire vested Cash Balance and/or Stable Value. The beneficiary may elect a lump sum payout of the vested Cash Balance, or any of the other forms of payments that are available, starting on the first day of the month following the participant's date of death.

If the surviving spouse is the beneficiary, the death benefit can be deferred to the first day of any month following the participant's date of death, but not beyond the Required Minimum Distribution Date defined by IRS.

Other Plan Provisions

Forms of payment

Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.

Optional forms include a single lump sum payment, 50%, 75%, 100% joint and survivor annuity, a ten-year certain and life annuity, or a life annuity with COLA. A modified cash refund annuity is included as an optional form for the Cash Balance only.

Preretirement death benefits are payable as described above.

Cost of Living Adjustment (COLA)

The larger of Consumer Price Index (CPI) or 4.50%, subject to a maximum annual increase of 5%

Maximum limits on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect.

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Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Valuation

None

Substantive Commitment

None

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Plan Name	Cottage Health Pension Plan
Plan Sponsor EIN	77-0431902
ERISA Plan #	001
Plan Year Ending	December 31, 2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X