

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: TUALITY HEALTHCARE CASH BALANCE PENSION PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 09/01/2012
2a Plan sponsor's name (employer, if for a single-employer plan): TUALITY HEALTHCARE
2b Employer Identification Number (EIN): 93-0430029
2c Plan Sponsor's telephone number: 503-681-1824
2d Business code (see instructions): 622000

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1005
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)	523
	6a(2)	461
	6b	20
	6c	405
	6d	886
	6e	3
	6f	889
	6g(1)	
6g(2)		
6h		3
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 1I 3H

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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 <u>TUALITY HEALTHCARE CASH BALANCE PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TUALITY HEALTHCARE</u>	D Employer Identification Number (EIN) <u>93-0430029</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>	
2 Assets:				
a Market value	2a	<u>12080773</u>		
b Actuarial value	2b	<u>12540704</u>		
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	<u>11</u>	<u>338221</u>	<u>338221</u>	
b For terminated vested participants	<u>471</u>	<u>6574661</u>	<u>6574661</u>	
c For active participants	<u>523</u>	<u>8259246</u>	<u>8315794</u>	
d Total	<u>1005</u>	<u>15172128</u>	<u>15228676</u>	
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>				
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	<u>5.16 %</u>		
6 Target normal cost				
a Present value of current plan year accruals	6a	<u>0</u>		
b Expected plan-related expenses	6b	<u>458000</u>		
c Target normal cost	6c	<u>458000</u>		

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 <u>SHANNON R. HATFIELD, FSA, EA, MAAA</u> Type or print name of actuary <u>INDEPENDENT ACTUARIES, INC</u> Firm name <u>FIVE CENTERPOINTE DR</u> <u>SUITE 520</u> <u>LAKE OSWEGO, OR 97035</u> Address of the firm	<u>10/07/2025</u> Date <u>23-08797</u> Most recent enrollment number <u>503-601-0887</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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	603
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	603
10	Interest on line 9 using prior year's actual return of <u>11.11</u> %	0	67
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		472
	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>5.30</u> %		25
	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		497
	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	670

Part III Funding Percentages			
14	Funding target attainment percentage	14	82.34 %
15	Adjusted funding target attainment percentage	15	83.01 %
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	84.45 %
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
04/11/2024	165000	0			
07/11/2024	165000	0			
10/15/2024	165000	0			
01/14/2025	165000	0			
09/02/2025	101000	0			
			Totals ▶	18(b)	761000
				18(c)	0

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	731514

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
0	0	0	0

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 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.....				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 458000
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	2688642		272762	
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 730762
	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 730762
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 731514
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 752
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. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021				

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

A Name of plan TUALITY HEALTHCARE CASH BALANCE PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 TUALITY HEALTHCARE	D Employer Identification Number (EIN) 93-0430029	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	39317	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FORDHAM & CO LLP

93-1298398

(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	NONE	26351	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INDEPENDENT ACTUARIES, INC

36-4561119

(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	NONE	25740	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

COLDSTREAM WEALTH MANAGEMENT

150 SW HARRISON ST
SUITE 300
PORTLAND, OR 97201

(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?
27	NONE	19623	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan TUALITY HEALTHCARE CASH BALANCE PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 TUALITY HEALTHCARE	D Employer Identification Number (EIN) 93-0430029

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	425000	266000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	267231	692869
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	727761
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9700341	9275126
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1697384	1766125

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	12089956	12727881
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	12089956	12727881

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)	761000	
(B) Participants.....	2a(1)(B)		
(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)		761000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	9851	
(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)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9851
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	6582	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	331077	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		337659
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1074027
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2182537

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1103951	
(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)		1103951
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)	39317	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	26351	
(5) Investment advisory and investment management fees	2i(5)	22247	
(6) Bank or trust company trustee/custodial fees	2i(6)	840	
(7) Actuarial fees	2i(7)	25740	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	326166	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		440661
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1544612

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		637925
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: FORDHAM & CO LLP

(2) EIN: 93-1298398

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 549885.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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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 <u>TUALITY HEALTHCARE CASH BALANCE PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TUALITY HEALTHCARE</u>	D Employer Identification Number (EIN) <u>93-0430029</u>	

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

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

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

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

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	110
--	---	-----

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 60.2 % Private Equity: 12.5 % Investment-Grade Debt and Interest Rate Hedging Assets: 24.1 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 3.2 % Other: 0.0 %

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

**TUALITY HEALTHCARE
CASH BALANCE PENSION PLAN**

DECEMBER 31, 2024 and 2023

TUALITY HEALTHCARE CASH BALANCE PENSION PLAN

TABLE OF CONTENTS

Independent Auditors' Report	1-3
Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023	4
Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2024 and 2023	5
Statement of Accumulated Plan Benefits as of December 31, 2023	6
Statement of Changes in Accumulated Plan Benefits for the year ended December 31, 2023	7
Notes to Financial Statements	8-22
Supplemental Information	
Schedule H, line 4i - Schedule of Assets (Held at end of year) as of December 31, 2024	23-24
Schedule H, line 4j - Schedule of Reportable Transactions as of December 31, 2024	25

INDEPENDENT AUDITORS' REPORT

Administrative Board
Tuality Healthcare Cash Balance Pension Plan

Opinion

We have audited the accompanying financial statements of the Tuality Healthcare Cash Balance Pension 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 as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated Plan benefits as of December 31, 2023, the related statement of changes in accumulated Plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Tuality Healthcare Cash Balance Pension Plan, as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated Plan benefits as of December 31, 2023, and the changes in its accumulated Plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Tuality Healthcare Cash Balance Pension 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.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditors' 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Tuality Healthcare Cash Balance Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Tuality Healthcare Cash Balance Pension 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 on the financial statements as a whole. The supplemental schedules of Schedule H, line 4i – Schedule of Assets (Held at End of Year) and Schedule H, line 4j - Schedule of Reportable Transactions as of December 31, 2024 are presented for the purpose 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 the auditing procedures applied in the audit 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 generally accepted auditing standards.

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 Disclosures under ERISA.

In our opinion, the information in the accompanying 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.

Faulkner & Co LLP

October 9, 2025
Hillsboro, Oregon

TUALITY HEALTHCARE CASH BALANCE PENSION PLAN
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
 As of December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments at fair value:		
Interest-bearing cash	\$ 692,869	\$ 267,232
Registered investment companies	9,343,273	9,700,339
Equity securities	659,614	-
Other securities	1,766,125	1,697,384
Total investments	<u>12,461,881</u>	<u>11,664,955</u>
Receivables:		
Employer contribution	266,000	425,000
Net assets available for benefits	<u>\$ 12,727,881</u>	<u>\$ 12,089,955</u>

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

TUALITY HEALTHCARE CASH BALANCE PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the years ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Contributions from Tuality Healthcare and affiliates	\$ 761,000	\$ 938,000
Interest income	9,851	7,076
Dividend income	337,659	273,670
Net appreciation (depreciation) in fair value of investments	<u>1,074,027</u>	<u>997,129</u>
Total additions	<u>2,182,537</u>	<u>2,215,875</u>
DEDUCTIONS		
Benefits paid	1,103,951	1,390,196
Professional fees	52,091	47,019
Investment advisory and management fees	62,403	70,231
PBGC and other fees	<u>326,166</u>	<u>511,432</u>
Total deductions	<u>1,544,611</u>	<u>2,018,878</u>
NET ADDITIONS	637,926	196,997
NET ASSETS AVAILABLE FOR BENEFITS		
At beginning of year	<u>12,089,955</u>	<u>11,892,958</u>
At end of year	<u>\$ 12,727,881</u>	<u>\$ 12,089,955</u>

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

TUALITY HEALTHCARE CASH BALANCE PENSION PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS

As of December 31, 2023

Actuarial present value of accumulated plan benefits	
Vested benefits:	
Participants currently receiving payments	\$ 295,680
Other participants	<u>12,647,179</u>
	12,942,859
Non-vested benefits	<u>80,098</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 13,022,957</u></u>

The actuarial present value of accumulated plan benefits was \$13,351,946 as of December 31, 2022.

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

TUALITY HEALTHCARE CASH BALANCE PENSION PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
For the year ended December 31, 2023

Actuarial present value of accumulated plan benefits at beginning of year	\$ <u>13,351,946</u>
Increase (decrease) during the year attributable to:	
Plan amendment	-
Change in actuarial assumptions	-
Increase for interest	854,337
Benefits accumulated and experience (gain) loss	206,870
Benefits paid	(1,390,196)
Net increase	<u>(328,989)</u>
Actuarial present value of accumulated plan benefits at end of year	\$ <u><u>13,022,957</u></u>

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

TUALITY HEALTHCARE CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2024 and 2023

NOTE 1: DESCRIPTION OF PLAN

The following brief description of the Tuality Healthcare Cash Balance Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General:

The Plan is a defined benefit pension plan which specifies a determinable pension benefit for eligible employees of Tuality Healthcare. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was adopted effective September 1, 2012.

The Plan was amended to freeze the Plan effective March 1, 2021. Participants no longer receive principal credits for service and no employees can enter the Plan after February 28, 2021.

Prior to the Plan being frozen, eligible participants were credited each year with a benefit accrual equal to a percentage of their eligible earnings for that year. The credit percentage was in accordance with the following schedule:

<u>Benefit Points</u>	<u>Credit Percentage</u>
Fewer than 40	2.5%
At least 40 but fewer than 60	3.0%
At least 60 but fewer than 80	4.0%
80 or more	5.0%

Benefit points represent the sum of the participant's age and his or her years of continuous employment.

Pension benefits:

Upon retirement or severance from employment, a participant is entitled to a monthly benefit based on a formula set forth in the Plan document. Participants also may elect to receive a lump sum distribution upon retirement or termination.

Death benefits:

If a vested participant dies before the date on which retirement benefit payments to the participant begin, a benefit will be payable to the participant's spouse or beneficiary, also according to a formula set forth in the Plan document.

TUALITY HEALTHCARE CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

As of December 31, 2024 and 2023

NOTE 1: DESCRIPTION OF PLAN (Continued)

Vesting:

Participants become vested in the Plan after having reached three years of service, or, if earlier, after reaching normal retirement age (65) while an employee.

NOTE 2: SUMMARY OF ACCOUNTING POLICIES

Basis of accounting:

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

Estimates:

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

Investment valuation and income recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Common stocks are valued at closing quoted market prices reported in the active markets in which the individual securities are traded. Investments with registered investment companies are valued at the closing price reported in the active market in which the individual mutual funds are traded. Investments in corporate and municipal bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. Investments in private equity funds are valued at quoted market prices, which represents the net asset value of shares held by the Plan at year-end.

Investments in certain other securities, private equity fund-of-funds, represent estimated values provided by the management of the programs and represent their estimate of the investors' participation in the program as of a date no later than 12 months from the date provided in this report.

TUALITY HEALTHCARE CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

As of December 31, 2024 and 2023

NOTE 2: SUMMARY OF ACCOUNTING POLICIES (Continued)

Payment of benefits:

Benefit payments to participants are recorded upon distribution.

Actuarial present value of accumulated Plan benefits:

Accumulated Plan benefits are benefits earned to date, based on pay history and service rendered to date, that are expected to be paid in the future to retired, terminated vested, and active participants and beneficiaries of active or former participants. Benefits payable under all circumstances - retirement, death, and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits is determined by an actuary from Independent Actuaries Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal, or retirement) between the valuation date and the expected date of payment.

The following actuarial assumptions were changed effective for the January 1, 2024 valuation:

The segment rates used to calculate the Funding Target, the Maximum Deductible Contribution, and the PBGC variable premiums were updated as prescribed by the IRS.

TUALITY HEALTHCARE CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

As of December 31, 2024 and 2023

NOTE 2: SUMMARY OF ACCOUNTING POLICIES (Continued)

Actuarial present value of accumulated Plan benefits (continued):

The significant actuarial assumptions used in the valuations as of January 1, 2023, are as follows:

Asset valuation method	Smoothed value of assets per notice 2009-22.
Mortality basis	Pri-2012 private retirement plans mortality total dataset (retiree amount-weighted table for retirees and beneficiaries, employee amount-weighted table for actives and vested terminated participants) with fully generational projection based on scale MP-2021.
Interest rates	6.75%
Termination rates	Termination rates are based on recent employer experience and range from 30% for those with less than 3 years of vesting service to 4% for those with 15 or more years of vesting service.
Retirement rates	Retirement rates are based on recent employer experience and range from 5% for those younger than 62 to 100% for those 70 and older.
Salary scale	3% annually.

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. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, there would be no material differences.

TUALITY HEALTHCARE CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

As of December 31, 2024 and 2023

NOTE 2: SUMMARY OF ACCOUNTING POLICIES (Continued)

Administrative expenses:

The Plan's expenses are paid either by the Plan or the Plan sponsor, as provided in the Plan document. Expenses that are paid by the Plan sponsor are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Reclassifications:

Certain amounts reported in the prior year financial statements have been changed to conform to the 2024 presentation.

Date of management review:

Subsequent events were evaluated through October 9, 2025, which is the date the financial statements were available to be issued.

NOTE 3: FUNDING POLICY

The Plan sponsor's funding policy is to make annual contributions to the Plan in amounts that are estimated to be within the minimum and maximum annual funding necessary as calculated by the sponsor's actuary such that all employees' benefits will be fully provided for by the time they retire. The minimum funding requirements of ERISA for the 2024 and 2023 Plan years were \$730,762 and \$893,626, respectively. The Plan sponsor contributed \$761,000 and \$938,000 for the 2024 and 2023 Plan years, respectively.

TUALITY HEALTHCARE CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

As of December 31, 2024 and 2023

NOTE 4: FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurements authoritative literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or Level 2 inputs are not available.

Level 1 Fair Value Measurements:

The fair value of investments with registered investment companies and equity securities is based on quoted market prices.

Level 2 Fair Value Measurements:

The fair value of corporate bonds and municipal bonds for which quoted market prices are not available is valued based on yields currently available on comparable securities of issuers with similar credit ratings.

TUALITY HEALTHCARE CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

As of December 31, 2024 and 2023

NOTE 4: FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023:

	<u>Fair Value</u>	<u>Fair Value Measurements at Reporting Date Using:</u>		
		<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
<u>December 31, 2024</u>				
Interest-bearing cash	\$ 692,869	\$ 692,869	\$ -	\$ -
Equity securities	659,614	659,614	-	-
Registered investment companies	9,343,273	9,343,273	-	-
Total	<u>\$ 10,695,756</u>	<u>\$ 10,695,756</u>	<u>\$ -</u>	<u>\$ -</u>
Other investment accounts measured at net asset value (1)	<u>1,766,125</u>			
Total investments at fair value	<u>\$ 12,461,881</u>			

(1) In accordance with Subtopic 820-10 certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets.

TUALITY HEALTHCARE CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

As of December 31, 2024 and 2023

NOTE 4: FAIR VALUE MEASUREMENTS (Continued)

	<u>Fair Value</u>	<u>Fair Value Measurements at Reporting Date Using:</u>		
		<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
<u>December 31, 2023</u>				
Interest-bearing cash	\$ 267,232	\$ 267,232	\$ -	\$ -
Registered investment companies	9,700,339	9,700,339	-	-
Total	<u>\$ 9,967,571</u>	<u>\$ 9,967,571</u>	<u>\$ -</u>	<u>\$ -</u>
Other investment accounts measured at net asset value (1)	<u>1,697,384</u>			
Total investments at fair value	<u>\$ 11,644,955</u>			

(1) In accordance with Subtopic 820-10 certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets.

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

We have evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2024, there were no significant transfers in or out of Levels 1, 2 or 3.

TUALITY HEALTHCARE CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

As of December 31, 2024 and 2023

NOTE 5: FAIR VALUE MEASUREMENTS OF INVESTMENT IN CERTAIN ENTITIES THAT CALCULATE NET ASSET VALUE PER SHARE (OR ITS EQUIVALENT)

The following tables summarize investments measured at fair value based on net asset value (NAVs) per share as of December 31, 2024 and 2023:

December 31, 2024	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Icapital Private Markets				
Fund Class I (a)	\$ 477,374	\$ -	None	None
Greenbacker Renewable Energy				
Company CL P-I NSA (b)	\$ 475,548	\$ -	None	None
Five Points Small Buyout				
Strategies IV (B), LP (c)	\$ 553,226	\$ 21,979	None	None
The Asius Fund I Ltd				
SEF NSA (d)	\$ 259,977	\$ -	Monthly	90 days

December 31, 2023	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Icapital KKR Private Markets				
Fund CL I NSA (a)	\$ 440,878	\$ -	None	None
Greenbacker Renewable Energy				
Company CL P-I NSA (b)	\$ 495,996	\$ -	None	None
Five Points Small Buyout				
Strategies IV (B), LP (c)	\$ 530,151	\$ 60,003	None	None
The Asius Fund				
I Ltd Series B NSA (d)	\$ 230,359	\$ -	None	90 Days

- a. This investment (formerly known as Icapital KKR Private Markets Fund CL I NSA) (the Fund) is a private placement available to accredited investors for the purpose of long term appreciation by investing at least 80% of its assets in or to private equity investments of any type, sponsored or advised by KKR or an affiliate, including primary offerings and secondary acquisitions of interests in alternative investment funds that pursue private equity strategies (“Investment Funds”) and co-investment opportunities in operating companies (“Co-Investment Opportunities”) presented by such KKR Investments Funds or by KKR. However, the Fund may at any time determine to allocate its assets to investments not sponsored, issued by or otherwise linked to, KKR or its affiliates and to strategies and asset classes not representative of primary equity. The fair value of this investment has been estimated using the net asset value per share. Distributions will be paid at least annually on the shares in amounts representing substantially all of the net investment income on net capital gains, if any, earned each year.

TUALITY HEALTHCARE CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

As of December 31, 2024 and 2023

NOTE 5: FAIR VALUE MEASUREMENTS OF INVESTMENT IN CERTAIN ENTITIES
THAT CALCULATE NET ASSET VALUE PER SHARE (OR ITS EQUIVALENT)
(Continued)

There is no market exchange for shares of the Fund, thereby making them illiquid and difficult to dispose of them.

The Fund has been organized as a closed-end management investment company. Investors in this Fund do not have the right to redeem their shares on a daily basis.

The Fund may from time to time offer to repurchase shares pursuant to written tenders by shareholders. The Adviser will recommend to the Board (subject to its discretion) that the Fund offer to repurchase shares from shareholders on a quarterly basis in an amount not to exceed five percent of the Fund's net asset value. Any repurchase of shares from a shareholder which were held for less than one year (on a first in, first out basis) will be subject to an "early repurchase fee" equal to two percent of the NAV of any shares repurchased by the Fund that were held less than one year. The Fund has agreed to provide shareholders with a minimum repurchase threshold which shall be tested on a quarterly basis (commencing at the close of the fiscal quarter ending on or about the third anniversary of the Fund's launch of operations) and which shall be met if certain conditions are satisfied over the period encompassed by the most recent four fiscal quarters. The repurchase threshold does not guarantee that the Fund does offer to repurchase shares, a shareholder may not be able to liquidate all of their shares either in response to that repurchase offer, or over the course of several repurchase offers.

- b. This investment (the Company) is a private placement available to accredited investors for the purpose of assembling a diversified portfolio of renewable energy, energy efficiency, and other sustainability related projects and businesses. The investment is a limited liability company that is an externally managed energy company that acquires and manages income e-generating renewable energy and energy efficiency projects, and other energy-related businesses, as well as finances the construction and/or operation of these and sustainable development projects and businesses. The preferred investment strategy of the company is to acquire controlling equity stakes in its target assets and to oversee and supervise their assets. Controlling equity is defined as equity stakes as companies in which they own 24% or more of the voting securities of such companies or have greater than 50% representation on such company's board. The Company's strategy will be tailored to balance long-term cash flow certainty, through long-term agreements for its products, with shorter-term arrangements, allowing the potential to generate higher risk-adjusted returns. The fair value of this investment has been estimated using the net asset value per share. The Company intends to authorize and declare distributions quarterly and pay distributions monthly.

There is no market exchange for shares of the Company, thereby making them illiquid and difficult to dispose of them. Furthermore, the offering is initially a "blind pool" offering, and therefore, there will be no opportunity for investors to evaluate investments before they are made. The ability to transfer shares is limited. Pursuant to the LLC agreement, management has the discretion under certain circumstances to prohibit transfers of shares, or to refuse to consent to the admission of a transferee as a member.

TUALITY HEALTHCARE CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

As of December 31, 2024 and 2023

NOTE 5: FAIR VALUE MEASUREMENTS OF INVESTMENT IN CERTAIN ENTITIES
THAT CALCULATE NET ASSET VALUE PER SHARE (OR ITS EQUIVALENT)
(Continued)

Members can withdraw from the Company only by selling or transferring all or a portion of their shares, or if all or a portion of the shares are repurchased in accordance with the share repurchase program. The Company may offer to repurchase shares, but cannot be relied upon to repurchase shares promptly because the share repurchase program includes numerous restrictions that limit the ability sell the shares back to the Company. Furthermore, the Company may amend, suspend, or terminate its share repurchase program at any time without giving notice to investors. The share repurchase program provides that the Company may make repurchase offers only to members that have held their share for a minimum of one year. In addition, repurchases are limited to (i) during any 12-month period, to 5% of their weighted average number of outstanding shares and (ii) during any fiscal quarter, to 1.25% of the weighted average number of shares outstanding in the prior four fiscal quarters. The Company's ability to repurchase shares is subject to and may be limited by the Company's available funds.

The Company intends to explore a potential liquidity event for its members within five years following the completion of its offering stage, which may include follow-on offerings after completion of the initial offering. However, there can be no assurance that a liquidity event will be completed within such time or at all.

- c. This investment is a "feeder" fund for a private equity fund-of-funds, Five Points Small Buyout Strategies IV, LP ("the Aggregator" or "Partnership"). The Partnership was created to operate as a private equity fund-of-funds that invests in selected buyout and other private equity funds ("Portfolio Funds") for the purpose of seeking long-term capital appreciation and risk-adjusted returns. The Portfolio Funds make direct investments in debt and equity securities of privately held companies. The operating term of the Partnership expires twelve years after the Partnership admits its final investor commitments unless extended to accommodate extensions of its Portfolio Funds' operating agreements. Five Points Small Buyout Strategies IV (B), LLP is one of two "Feeder Funds" that was formed by the General Partner of Five Points Small Buyout Strategies IV, LP. It was formed along with a second Feeder Fund to facilitate the fundraising process and assign investors to a feeder fund as determined by the guidelines set forth within Section 3 of The Investment Company Act of 1940. The purpose of the Feeder Funds is to commit the entirety of their commitments from limited partners to the Aggregator.

All third-party investors are collectively referred to as "Partners". Partners participating in the Feeder Funds are required to make contributions thereto the same extent and on the same terms and conditions. Each Partner participating in an investment through the Feeder Funds has the same economic interest in an investment as if such Partner had made the investment directly through the Aggregator. All income and expenses associated with the Partnership are allocated pro-rata to the Partners within the Feeder Funds.

TUALITY HEALTHCARE CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

As of December 31, 2024 and 2023

NOTE 5: FAIR VALUE MEASUREMENTS OF INVESTMENT IN CERTAIN ENTITIES
THAT CALCULATE NET ASSET VALUE PER SHARE (OR ITS EQUIVALENT)
(Continued)

The General Partner's estimate of the fair value of the Partnership's investments in Portfolio Funds is primarily based on the reported net asset value of the underlying Portfolio Funds. In determining fair value, the General Partner utilizes valuations provided to the Partnership by the Portfolio Funds.

Proceeds from any investment by the Partnership are distributed in the following order of priority:

- (a) First, 100% to all Partners pro rata according to their respective commitments until the cumulative amount distributed equals the following:
 - (i) Capital Contributions through the date of such distribution;
 - (ii) An annually compounded preferred return percentage on the amounts included in paragraph (i) above;
- (b) Second, 100% to the General Partner until the cumulative amount distributed to the General Partner is equal to 5% of all distributions made pursuant to paragraph (a)(ii) and this paragraph (b), as its carried interest; and
- (c) Third, 95% to all Partners pro rata according to their respective commitments and 5% to the General Partner as its carried interest.

The Portfolio Funds and Co-Investments are generally illiquid, and thus there can be no assurance that the Portfolio Funds and Co-Investments will be able to realize the value of such investments in a timely manner.

- d. This investment (the Master Fund) is a private placement available to accredited investors for the purpose of providing investors with superior exposure to Asia by investing in a diversified portfolio of investment partnerships, managed accounts and other investment vehicles run by a select group of experienced Asia-focused investment managers. Particular focus is given to Managers investing in high-growth emerging Asia, including Greater China, India, Southeast Asia and South Korea. Chinus Asset Management, LLC, has been engaged to act as the investment advisor to the Fund and the Master fund and makes all investment decisions on behalf of the Fund and the Master Fund. The Fund, through the Master Fund provides its shareholders with broad exposure to Asia by allocating money to a select group of managers who make the day-to-day investment decisions on behalf of the Fund and others. Particular focus is placed on Managers investing in emerging Asia, including Greater China (including Hong Kong and Taiwan), India, South Korea and Southeast Asia (including Indonesia, Malaysia, the Philippines, Singapore, Thailand and Vietnam). Together, these countries account for almost half of the world's population and almost two-thirds of estimated global wealth creation over the next five years. The Investment Advisor utilizes a variety of different investment vehicles to achieve this exposure. A majority of assets are allocated to hedge funds investing in the equities of publicly listed companies. Private equity funds, mutual funds, debt funds, exchange-traded funds (ETFs) and other vehicles may also be used. The Master Fund also selectively invests in compelling direct investment opportunities ("Direct Investments"). These may include investing alongside Managers in what are believed to be their most attractive positions, in less liquid vehicles, and in the management companies of the Managers.

TUALITY HEALTHCARE CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

As of December 31, 2024 and 2023

NOTE 5: FAIR VALUE MEASUREMENTS OF INVESTMENT IN CERTAIN ENTITIES
THAT CALCULATE NET ASSET VALUE PER SHARE (OR ITS EQUIVALENT)
(Continued)

Direct Investment exposure is generally limited to a maximum of 10% for a single position and 20% in total of the Master Fund's assets. The fair value of this investment has been estimated using the net asset value per share.

The Fund is a mutual fund as defined in the Mutual Funds Law. Because the minimum initial investment required of each shareholder in the Fund is not less than an equivalent of \$100,000, the Fund has complied with the Mutual Funds Law by a registration with CIMA. There is no market exchange for shares of the company, thereby making them illiquid and difficult to dispose of them. Shares may be purchased in the sole discretion of the Board of Directors on the first business day of each month or when the Board permits.

Shares may not be directly or indirectly transferred or assigned without the Board of Director's consent, which will be granted or withheld in its sole discretion.

Shareholders may redeem all or a portion of their shares as the last business day of each calendar quarter. Shares shall be redeemed at the net asset value per share for the relevant series as at the close of business on the relevant redemption day as of which the redemption is effected as calculated in accordance with the articles. Shares redeemed prior to the first anniversary date on which the shares were issued shall be subject to a 2% early redemption fee. The Board of Directors may waive the redemption fee period in its sole discretion. Notice of redemption must be received in writing 90 days preceding the applicable redemption day. The Board of Directors may suspend, delay, modify or deny the right to redeem all or a portion of its shares or to receive a distribution.

NOTE 6: PLAN TERMINATION

In the event the Plan terminates, each participant would become 100% vested in their accrued benefit to the extent funded at that date. The net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).

TUALITY HEALTHCARE CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

As of December 31, 2024 and 2023

NOTE 6: PLAN TERMINATION (Continued)

3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefits obligations and may also depend on the level of benefits guaranteed by the PBGC.

Although it has not expressed any intention to do so, the sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

NOTE 7: TAX STATUS

The Internal Revenue Service has determined and informed the Plan by letter dated August 2, 2016, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable Internal Revenue Code.

NOTE 8: RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

TUALITY HEALTHCARE CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

As of December 31, 2024 and 2023

NOTE 9: RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

As described in Note 2, the Plan pays certain expenses incurred in connection with the general administration of the Plan. These expenses are paid to various service providers which qualify as parties-in-interest under ERISA. Fees paid by the Plan for the investment management services amounted to \$22,247 and \$21,981 for the year ended December 31, 2024 and 2023 respectively. Fees paid by the Plan for the administration services amounted to \$40,157 and \$48,251 for the year ended December 31, 2024 and 2023 respectively.

SUPPLEMENTAL INFORMATION

TUALITY HEALTHCARE CASH BALANCE PENSION PLAN

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

EIN 93-0430029: PLAN 003

(a)	(b)/(c)	(d)	(e)
Identity of Issuer/ Description of Investment	Cost Basis	Current Value	
Exchange Traded Fund			
ISHARES CURRENCY HEDGE (HEFA)	\$ 423,181	\$ 409,286	
ISHARES 7-10 YEAR TRSURY (IEF)	199,179	197,196	
ISHARES TRUST MSCI EAFE SMALL CAP EFT (SCZ)	205,659	219,247	
ISHARES TRUST 10-20 YEAR (TLH)	575,713	532,439	
SELECT SECTOR UTI SELECT (XLU)	259,872	274,679	
Interest-Bearing Cash			
Charles Schwab Cash	15,528	12,528	
Charles Schwab Bank Sweep	25,248	25,248	
Charles Schwab TD Bank NA Sweep	1,725	1,725	
State Street Money Market Fund	292,368	292,368	
Schwab Treasury Obligations (SNOXX)	361,000	361,000	
Registered Investment Company			
AVALONBAY CMNTYS INC , (AVB)	14,367	15,178	
CUBESMART (CUBE)	14,322	12,812	
DODGE & COX FUNDS INCOME FUND (DODIX)	637,370	551,464	
DOUBLELINE TOTAL RETURN BOND I (DBLTX)	702,000	689,753	
GOLDMAN SACHS GQG PTNRS (GSIMX)	350,250	345,656	
HOOD RIVER SMALL-CAP GRO WTH INSTL (HRSMX)	566,071	780,010	
JP MORGAN CORE PLUS BOND I (HLIPX)	970,322	963,845	
JP MORGAN EMERGING MKTS EQ FD INST (JMIEX)	127,838	124,079	
OMEGA HEALTHCARE INVS IN (OHI)	13,974	14,307	
PIMCO EQUITY SERIES RAE EMRG MKTS INST (PEIFX)	96,519	117,232	
SCHWAB US LARGE-CAP GROWTH (SWLGX)	1,602,144	2,146,125	
SCHWAB US LARGE-CAP VALUE (SWLVX)	1,705,243	1,924,115	
STAG INDL INC (STAG)	14,372	12,175	
W P CAREY INC (WPC)	14,711	13,674	
Equities			
ALLIANT ENERGY CORP (LNT)	13,982	14,903	
AMDOCS LTD (DOX)	14,187	14,559	
BALL CORP (BALL)	13,229	11,026	
BOOZ ALLEN HAMILTON HLDG (BAH)	14,786	12,355	
BROADRIDGE FINL SOLUTION (BR)	13,787	14,696	
BROWN & BROWN INC (BRO)	14,136	14,487	
CARDINAL HEALTH INC (CAH)	13,961	16,913	
COMMERCE BANCSHARES INC (CBSH)	14,756	15,453	
CORNING INC (GLW)	14,834	17,202	
COTERRA ENERGY INC (CTRA)	14,975	15,401	
DICKS SPORTING GOODS INC (DKS)	14,660	16,705	
EBAY INC (EBAY)	13,947	15,921	
ENCOMPASS HEALTH CORP (EHC)	13,901	14,961	
ESSENTIAL UTILS INC (WTRG)	15,012	13,983	
EXPEDITORS INTL WASH INC (EXPD)	14,758	13,625	
GALLAGHER ARTHUR J & CO (AJG)	13,929	14,193	
GARMIN LTD (GRMN)	14,579	17,945	
GLOBAL PMTS INC (GPN)	13,509	15,688	
GRACO INC (GGG)	14,518	15,088	
IDEX CORP (IEX)	14,694	15,278	
KBR INC (KBR)	14,797	12,976	
KEYCORP NEW (KEY)	11,402	11,415	
KROGER CO (KR)	14,105	15,838	
LANDSTAR SYS INC (LSTR)	14,060	12,890	
LITTELFUSE INC (LFUS)	15,175	14,139	
L3HARRIS TECHNOLOGIES IN (LHX)	15,015	13,458	
MAIN STR CAP CORP (MAIN)	14,557	17,105	

TUALITY HEALTHCARE CASH BALANCE PENSION PLAN

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

EIN 93-0430029: PLAN 003

(a)	(b)/(c)	(d)	(e)
Identity of Issuer/ Description of Investment		Cost Basis	Current Value
	MARKETAXESS HLDGS INC (MKTX)	14,006	13,788
	MCGRATH RENTCORP (MGRC)	15,018	15,767
	MOLSON COORS BEVERAGE CL (TAP)	13,473	13,814
	MONOLITHIC PWR SYS INC (MPWR)	12,999	9,467
	ONEOK INC NEW (OKE)	14,448	17,570
	QUEST DIAGNOSTICS INC (DGX)	13,843	14,483
	REGIONS FINL CORP NEW (RF)	14,882	16,276
	REINSURANCE GROUP AMER I (RGA)	15,059	15,381
	RELIANCE INC (RS)	14,747	13,463
	RLI CORP (RLI)	14,000	15,824
	ROSS STORES INC (ROST)	14,558	15,581
	SKYWORKS SOLUTIONS INC (SWKS)	15,234	12,593
	SMUCKER J M CO (SJM)	12,983	13,104
	STERIS PLC (STE)	13,921	12,128
	TOLL BROS INC (TOL)	14,762	14,106
	TRACTOR SUPPLY CO (TSCO)	14,603	14,592
	WATSCO INC (WSO)	14,541	14,217
	WILLIAMS SONOMA INC (WSM)	15,244	19,258
	Other Securities		
	IDIRECT PRIVATE MARKETS (451066104)	11,042	477,374
	GREENBACKER RENEWABLE ENERGY COMPANY CL P-I NSA (39299e982)	500,000	475,548
	THE ASIUS FUND I LTD SEF	-	259,977
	FIVE POINTS SMALL BUYOUT STRATEGIES IV (B), LP (FIVEPOINTSIV)	478,021	553,226
	Total Investments	\$ 10,821,611	\$ 12,461,881

* Denotes a party-in-interest with respect to the Plan

TUALITY HEALTHCARE CASH BALANCE PENSION PLAN

SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
As of December 31, 2024

EIN 93-0430029: PLAN 003

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of Asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of Asset	Current value of asset on transaction date	Net gain or (loss)
SMMD	iShares Russell 2500 ETF	\$ -	\$ 816,489	\$ -	\$ -	\$ 730,212	\$ 816,489	\$ 86,277
SNOXX	Schwab Treasury Obligations Money Fund	\$ 992,000	\$ -	\$ -	\$ -	\$ 992,000	\$ 992,000	\$ -

TUALITY HEALTHCARE CASH BALANCE PLAN

EIN: 93-0430029 PN: 003

2024 Form 5500 Schedule SB, Line 26a – Schedule of Active Participant Data

Active Participant Statistics

Schedule of Active Participant Data

Age	Benefit Service											
	Under 1			1-4			5-9			10-14		
	No.	Average		No.	Average		No.	Average		No.	Average	
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
Under 25												
25-29				25	66,257	2,757						
30-34				41	71,692	5,598	4					
35-39	1			50	75,133	5,763	8			2		
40-44				47	103,465	9,315	13			14		
45-49				42	111,959	11,128	11			17		
50-54				31	126,497	7,410	10			12		
55-59	1			23	129,035	15,607	7			11		
60-64				21	86,968	10,780	5			7		
65-69				6			4			2		
70 & up				6			1			2		
Total	2			292	97,653	8,526	63	124,263	28,964	67	101,334	25,072

Age	Benefit Service											
	15-19			20-24			25-29			30-34		
	No.	Average		No.	Average		No.	Average		No.	Average	
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
Under 25												
25-29												
30-34												
35-39												
40-44	1											
45-49	14			1								
50-54	10			9			3					
55-59	11			7			6			1		
60-64	8			3			4			7		
65-69	2			2			5					
70 & up	1			1						1		
Total	47	93,385	29,436	23	92,999	31,679	18			9		

Age	Benefit Service								
	35-39			40 & up			Total		
	No.	Average		No.	Average		No.	Average	
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
Under 25									
25-29							25	66,257	2,757
30-34							45	70,565	6,020
35-39							61	73,742	7,230
40-44							75	102,648	13,564
45-49							85	101,017	15,987
50-54							75	136,949	23,878
55-59							67	106,975	25,039
60-64	2						57	101,292	29,351
65-69							21	139,125	34,145
70 & up							12		
Total	2						523	100,774	17,902

TUALITY HEALTHCARE CASH BALANCE PLAN

EIN: 93-0430029 PN: 003

2024 Form 5500 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Method for Minimum Required Contribution

Asset Valuation Method	Smoothed Value per Notice 2009-22.
Valuation Date	First day of plan year.
Yield Curve Selected	24-month average Segmented Yield Curve, subject to corridor provided by MAP-21 as adjusted by the Highway and Transportation Funding Act of 2014 and the American Rescue Plan Act of 2021.
Lookback Month for Determining Segment Interest Rates	4 th month prior to valuation date.
Future Compensation	Actual compensation for prior year.

Actuarial Assumptions for Minimum Required Contribution

Segment Interest Rates	First Segment (Under 5 years): 4.75% Second Segment (5 to 19 years): 4.87% Third Segment (20 or more years): 5.59%
Assumed Form of Payment	Lump sum.
Lump Sum Payment Assumptions	Projected Hypothetical Account Balance discounted by applying the appropriate yield curve segment to deferral period.
Assumed Commencement Date	20% of active participants who terminate employment prior to age 55 are assumed to receive their hypothetical account balance at termination and 80% are assumed to receive it at their normal retirement date. 75% of active participants who terminate employment on or after age 55 but prior to their normal retirement date are assumed to receive their hypothetical account balance at decrement and 25% are assumed to receive it at their normal retirement date. All other active participants are assumed to receive their hypothetical account balance at decrement.

TUALITY HEALTHCARE CASH BALANCE PLAN

EIN: 93-0430029 PN: 003

2024 Form 5500 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Concluded)

Assumed Commencement Date

Vested terminated participants are assumed to receive their hypothetical account balance at normal retirement date.

Average Retirement Age

Age 64.

Retirement Probabilities

Age	Rate
55 - 61	5%
62 - 64	10%
65 - 69	25%
70	100%

Mortality

Separate Annuitant / Non-Annuitant Male and Female static tables prescribed by regulation.

Salary Scale

3.0% annually.

Termination Probabilities

Years of Vesting Service	Rate
1 – 2	30%
2 – 4	20%
4 – 5	18%
5 – 7	16%
7 – 10	12%
10 -15	8%
15+	4%

Expenses

Three-year average of administrative expenses other than PBGC premiums plus current year PBGC premium rounded to the nearest \$1,000

Future Annual Hours Worked

Actual hours worked in prior year.

TUALITY HEALTHCARE CASH BALANCE PLAN

EIN: 93-0430029 PN: 003

2024 Form 5500 Schedule SB, Line 22 – Description of Weighted Average Retirement Age

(A)	(B)	(C)	(D)	(E)	(F)
Age	Retirement Rates	# of Participants	(B) x (C)	(D) ÷ 100	(A) x (E)
55	5.0	100.00	500.00	5.00	275.00
56	5.0	95.00	475.00	4.75	266.00
57	5.0	90.25	451.25	4.51	257.21
58	5.0	85.74	428.69	4.29	248.64
59	5.0	81.45	407.25	4.07	240.28
60	5.0	77.38	386.89	3.87	232.13
61	5.0	73.51	367.55	3.68	224.20
62	10.0	69.83	698.34	6.98	432.97
63	10.0	62.85	628.50	6.29	395.96
64	10.0	56.57	565.65	5.66	362.02
65	25.0	50.91	1272.72	12.73	827.27
66	25.0	38.18	954.54	9.55	630.00
67	25.0	28.64	715.90	7.16	479.66
68	25.0	21.48	536.93	5.37	365.11
69	25.0	16.11	402.70	4.03	277.86
70	100.0	12.08	1208.09	12.08	845.66

Weighted Age: 64

TUALITY HEALTHCARE CASH BALANCE PENSION PLAN

SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
As of December 31, 2024

EIN 93-0430029: PLAN 003

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of Asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of Asset	Current value of asset on transaction date	Net gain or (loss)
SMMD	iShares Russell 2500 ETF	\$ -	\$ 816,489	\$ -	\$ -	\$ 730,212	\$ 816,489	\$ 86,277
SNOXX	Schwab Treasury Obligations Money Fund	\$ 992,000	\$ -	\$ -	\$ -	\$ 992,000	\$ 992,000	\$ -

**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.**

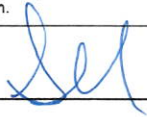
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Tuality Healthcare Cash Balance Pension Plan		B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Tuality HealthCare		D Employer Identification Number (EIN) 93-0430029	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	12,080,773	
b Actuarial value	2b	12,540,704	
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	11	338,221	338,221
b For terminated vested participants	471	6,574,661	6,574,661
c For active participants	523	8,259,246	8,315,794
d Total	1,005	15,172,128	15,228,676
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
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	5.16%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	458,000	
c Target normal cost	6c	458,000	

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	Shannon R. Hatfield 	10/07/2025
	Signature of actuary	Date
	Shannon R. Hatfield, FSA, EA, MAAA	2308797
	Type or print name of actuary	Most recent enrollment number
	INDEPENDENT ACTUARIES, INC	503-601-0887
	Firm name	Telephone number (including area code)
	Five Centerpointe Dr Suite 520 LAKE OSWEGO OR 97035	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

Schedule SB (Form 5500) 2024
v. 240311

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 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 64

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	458,000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	2,688,642	272,762
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	730,762
---	-----------	---------

	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).....			36 730,762
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 731,514

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	752
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, Line 26b - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested		Retired Participants	Total Participants
		Participants	Participants		
2024	901,229	1,026,348		28,473	1,956,050
2025	477,940	166,487		28,262	672,689
2026	550,797	70,022		28,023	648,842
2027	517,459	509,516		27,754	1,054,729
2028	577,065	451,092		27,450	1,055,607
2029	520,619	368,069		27,107	915,795
2030	523,493	134,233		26,719	684,445
2031	560,369	248,111		26,282	834,762
2032	499,186	230,305		25,789	755,280
2033	543,205	316,655		25,236	885,096
2034	439,622	423,564		24,008	887,194
2035	523,965	224,823		23,229	772,017
2036	488,120	633,007		22,369	1,143,496
2037	453,243	448,704		21,424	923,371
2038	672,427	181,844		20,392	874,663
2039	515,837	347,816		19,273	882,926
2040	523,856	463,037		18,072	1,004,965
2041	512,191	330,091		16,798	859,080
2042	525,300	733,750		15,467	1,274,517
2043	489,386	408,337		14,095	911,818
2044	442,648	728,095		12,707	1,183,450
2045	422,733	686,996		11,324	1,121,053
2046	476,622	717,483		9,972	1,204,077
2047	490,174	497,499		8,672	996,345
2048	377,761	452,891		7,443	838,095
2049	211,764	336,174		6,303	554,241
2050	355,230	219,169		5,262	579,661
2051	234,926	197,297		4,330	436,553
2052	181,125	319,572		3,510	504,207
2053	155,740	362,521		2,802	521,063
2054	284,959	200,402		2,202	487,563
2055	190,128	236,606		1,703	428,437
2056	170,131	194,839		1,295	366,265
2057	257,340	186,187		968	444,495
2058	72,688	162,011		711	235,410
2059	73,663	90,731		512	164,906
2060	79,179	82,889		362	162,430
2061	98,623	23,960		250	122,833
2062	43,604	-		170	43,774
2063	11,988	-		112	12,100
2064	3,807	-		73	3,880
2065	3,478	-		46	3,524
2066	3,199	-		28	3,227
2067	1,036	-		17	1,053
2068	185	-		10	195
2069	-	-		6	6
2070	-	-		3	3
2071	-	-		2	2
2072	-	-		1	1
2073	-	-		-	-

TUALITY HEALTHCARE CASH BALANCE PLAN

EIN: 93-0430029 PN: 003

2024 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

1. **Effective Date** September 1, 2012; last restated effective January 1, 2014.
Latest Amendment: No. 4, effective January 1, 2021.
2. **Plan Year** January 1 to December 31.
3. **Plan Eligibility**
 - Eligible Employees** All employees except those whose retirement benefits are subject to collective bargaining, leased employees or who are treated for payroll tax purposes as other than an employee.
 - Requirements** Later of attainment of age 21 and completion of 1 year of service, or a participant in the Tuality Healthcare Retirement Plan on September 1, 2012. No employees enter the plan after February 28, 2021 except those who were hired in 2020, worked at least 1,000 hours in 2020 and complete 12 months of service after February 28, 2021.
 - Entry date** First day of the month coinciding with or next following completion of eligibility requirements.
4. **Years of Service**
 - Eligibility** 12-Month period commencing on employee's date of hire during which the employee is credited with at least 1,000 hours; switches to plan year on anniversary of employee's date of hire if employee fails to complete 1,000 hours in first 12-month period.
 - Vesting** Plan year during which employee is credited with at least 1,000 hours of service including years prior to the effective date of the plan.
 - Benefit** Plan year during which employee is credited with at least 1,000 hours of service. No service is earned after February 28, 2021.
 - Continuous Employment** One year for each 12-month period and one-twelfth of a year of continuous employment for each full calendar month of employment beginning on the participant's most recent date of employment and subsequent anniversaries of that date during which the participant does not have a break in continuous employment including years prior to the effective date of the plan.

TUALITY HEALTHCARE CASH BALANCE PLAN

EIN: 93-0430029 PN: 003

2024 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

(Continued)

5. Normal Retirement

Eligibility The first day of the month coincident with or following the participant's 65th birthday.

Benefit Hypothetical Account Balance resulting from annual Principal Credits and interest credits. No Principal Credits are earned for service after February 28, 2021.

6. Early Retirement

Eligibility The first day of the month following the attainment of age 55 and vested.

Benefit Actuarial equivalent of hypothetical account balance earned to date of early retirement.

7. Late Retirement

Eligibility Defer commencement of benefit beyond normal retirement date.

Benefit Actuarial equivalent of hypothetical account balance earned to date of early retirement.

8. Disability Benefit

Not provided.

9. Death Benefit

Eligibility Death of participant prior to commencement of benefits.

Benefit For married participants, the participant's spouse receives the monthly life annuity equal to the actuarial equivalent of the participant's hypothetical account balance or a lump sum equal to the participant's hypothetical account balance. For non-married participants, the participant's beneficiary receives a lump sum equal to the participant's hypothetical account balance

TUALITY HEALTHCARE CASH BALANCE PLAN

EIN: 93-0430029 PN: 003

2024 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

(Continued)

10. Termination Benefit

Eligibility Termination of employment for reasons other than retirement or death.

Benefit A percentage of a participant's accrued benefit based on the following schedule:

<u>Years of Vesting Service</u>	<u>Vested Percent</u>
Less than 3	0%
3 or more	100%

11. Compensation

Limits \$200,000 as indexed.

Plan §3401(a) compensation including elective deferrals.

12. Principal Credits

A percentage of annual earnings based on as follows:

Benefit Points	Principal Credit
Less than 40	0%
Between 40 and 60	0%
Between 60 and 80	0%
More than 80	0%

Benefit Points are equal to the sum of full and partial years of both age and Continuous Employment.

Only participants who complete one Year of Benefit Service during the plan year are eligible to receive the pay credit for the plan year.

13. Interest Credits

4.00%

14. Accrued Benefit

Life annuity which is the Actuarial Equivalent of the Hypothetical Account Balance.

15. Normal Form of Benefit

Single life annuity.

16. Optional Forms of Benefit

Lump sum, certain and life annuity (5-yr, 10-yr, 15-yr), joint & survivor annuity (66²/₃%, 75%, 100%).

TUALITY HEALTHCARE CASH BALANCE PLAN

EIN: 93-0430029 PN: 003

17. 2024 Form 5500 Schedule SB, Part V – Summary of Plan Provisions (Concluded)

18. Actuarial Equivalent

Interest	4.0% for late retirement adjustment. 417(e) rates for form conversion.
Mortality	No mortality for late retirement adjustment. Applicable mortality for form conversion.
Lump sum	Hypothetical Account Balance.
§417(e)	Stability period is plan year; lookback month is third month preceding plan year.

19. Changes Since
Last Report

None.

TUALITY HEALTHCARE CASH BALANCE PENSION PLAN

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

EIN 93-0430029: PLAN 003

(a)	(b)/(c)	(d)	(e)
Identity of Issuer/ Description of Investment	Cost Basis	Current Value	
Exchange Traded Fund			
ISHARES CURRENCY HEDGE (HEFA)	\$ 423,181	\$ 409,286	
ISHARES 7-10 YEAR TRSURY (IEF)	199,179	197,196	
ISHARES TRUST MSCI EAFE SMALL CAP EFT (SCZ)	205,659	219,247	
ISHARES TRUST 10-20 YEAR (TLH)	575,713	532,439	
SELECT SECTOR UTI SELECT (XLU)	259,872	274,679	
Interest-Bearing Cash			
Charles Schwab Cash	15,528	12,528	
Charles Schwab Bank Sweep	25,248	25,248	
Charles Schwab TD Bank NA Sweep	1,725	1,725	
State Street Money Market Fund	292,368	292,368	
Schwab Treasury Obligations (SNOXX)	361,000	361,000	
Registered Investment Company			
AVALONBAY CMNTYS INC , (AVB)	14,367	15,178	
CUBESMART (CUBE)	14,322	12,812	
DODGE & COX FUNDS INCOME FUND (DODIX)	637,370	551,464	
DOUBLELINE TOTAL RETURN BOND I (DBLTX)	702,000	689,753	
GOLDMAN SACHS GQG PTNRS (GSIMX)	350,250	345,656	
HOOD RIVER SMALL-CAP GRO WTH INSTL (HRSMX)	566,071	780,010	
JP MORGAN CORE PLUS BOND I (HLIPX)	970,322	963,845	
JP MORGAN EMERGING MKTS EQ FD INST (JMIEX)	127,838	124,079	
OMEGA HEALTHCARE INVS IN (OHI)	13,974	14,307	
PIMCO EQUITY SERIES RAE EMRG MKTS INST (PEIFX)	96,519	117,232	
SCHWAB US LARGE-CAP GROWTH (SWLGX)	1,602,144	2,146,125	
SCHWAB US LARGE-CAP VALUE (SWLVX)	1,705,243	1,924,115	
STAG INDL INC (STAG)	14,372	12,175	
W P CAREY INC (WPC)	14,711	13,674	
Equities			
ALLIANT ENERGY CORP (LNT)	13,982	14,903	
AMDOCS LTD (DOX)	14,187	14,559	
BALL CORP (BALL)	13,229	11,026	
BOOZ ALLEN HAMILTON HLDG (BAH)	14,786	12,355	
BROADRIDGE FINL SOLUTION (BR)	13,787	14,696	
BROWN & BROWN INC (BRO)	14,136	14,487	
CARDINAL HEALTH INC (CAH)	13,961	16,913	
COMMERCE BANCSHARES INC (CBSH)	14,756	15,453	
CORNING INC (GLW)	14,834	17,202	
COTERRA ENERGY INC (CTRA)	14,975	15,401	
DICKS SPORTING GOODS INC (DKS)	14,660	16,705	
EBAY INC (EBAY)	13,947	15,921	
ENCOMPASS HEALTH CORP (EHC)	13,901	14,961	
ESSENTIAL UTILS INC (WTRG)	15,012	13,983	
EXPEDITORS INTL WASH INC (EXPD)	14,758	13,625	
GALLAGHER ARTHUR J & CO (AJG)	13,929	14,193	
GARMIN LTD (GRMN)	14,579	17,945	
GLOBAL PMTS INC (GPN)	13,509	15,688	
GRACO INC (GGG)	14,518	15,088	
IDEX CORP (IEX)	14,694	15,278	
KBR INC (KBR)	14,797	12,976	
KEYCORP NEW (KEY)	11,402	11,415	
KROGER CO (KR)	14,105	15,838	
LANDSTAR SYS INC (LSTR)	14,060	12,890	
LITTELFUSE INC (LFUS)	15,175	14,139	
L3HARRIS TECHNOLOGIES IN (LHX)	15,015	13,458	
MAIN STR CAP CORP (MAIN)	14,557	17,105	

TUALITY HEALTHCARE CASH BALANCE PENSION PLAN

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

EIN 93-0430029: PLAN 003

(a)	(b)/(c)	(d)	(e)
Identity of Issuer/ Description of Investment		Cost Basis	Current Value
	MARKETAXESS HLDGS INC (MKTX)	14,006	13,788
	MCGRATH RENTCORP (MGRC)	15,018	15,767
	MOLSON COORS BEVERAGE CL (TAP)	13,473	13,814
	MONOLITHIC PWR SYS INC (MPWR)	12,999	9,467
	ONEOK INC NEW (OKE)	14,448	17,570
	QUEST DIAGNOSTICS INC (DGX)	13,843	14,483
	REGIONS FINL CORP NEW (RF)	14,882	16,276
	REINSURANCE GROUP AMER I (RGA)	15,059	15,381
	RELIANCE INC (RS)	14,747	13,463
	RLI CORP (RLI)	14,000	15,824
	ROSS STORES INC (ROST)	14,558	15,581
	SKYWORKS SOLUTIONS INC (SWKS)	15,234	12,593
	SMUCKER J M CO (SJM)	12,983	13,104
	STERIS PLC (STE)	13,921	12,128
	TOLL BROS INC (TOL)	14,762	14,106
	TRACTOR SUPPLY CO (TSCO)	14,603	14,592
	WATSCO INC (WSO)	14,541	14,217
	WILLIAMS SONOMA INC (WSM)	15,244	19,258
	Other Securities		
	IDIRECT PRIVATE MARKETS (451066104)	11,042	477,374
	GREENBACKER RENEWABLE ENERGY COMPANY CL P-I NSA (39299e982)	500,000	475,548
	THE ASIUS FUND I LTD SEF	-	259,977
	FIVE POINTS SMALL BUYOUT STRATEGIES IV (B), LP (FIVEPOINTSIV)	478,021	553,226
	Total Investments	\$ 10,821,611	\$ 12,461,881

* Denotes a party-in-interest with respect to the Plan

TUALITY HEALTHCARE CASH BALANCE PLAN

EIN: 93-0430029 PN: 003

2024 Form 5500 Schedule SB, Line 32 – Schedule of Amortization Bases

Existing Amortization Shortfall Bases

Year of Origin	Installment Amount	First Segment Rate		Second Segment Rate		Present Value
		Number of Payments	Interest Rate	Number of Payments	Interest Rate	
2023	101,107	5	4.75%	9	4.87%	1,059,347
2022	(6,496)	5	4.75%	8	4.87%	(64,561)
2021	83,826	5	4.75%	7	4.87%	785,732
2020	58,189	5	4.75%	6	4.87%	510,938
Total Existing:	236,626					2,291,456

Current Year Amortization Shortfall Base

Year of Origin	Installment Amount	First Segment Rate		Second Segment Rate		Present Value
		Number of Payments	Interest Rate	Number of Payments	Interest Rate	
2024	36,136	5	4.75%	10	4.87%	397,186
Total:	272,762					2,688,642