

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
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 RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 10/01/1967
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 93-0430029
2c Plan Sponsor's telephone number: 503-681-1824
2d Business code (see instructions): 622000

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1235
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	218
	<b>6a(2)</b>	198
	<b>6b</b>	540
	<b>6c</b>	432
	<b>6d</b>	1170
	<b>6e</b>	43
	<b>6f</b>	1213
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 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:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>TUALITY HEALTHCARE RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TUALITY HEALTHCARE</u>	<b>D</b> Employer Identification Number (EIN) <u>93-0430029</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> 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**

<b>1</b> Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>	
<b>2</b> Assets:				
<b>a</b> Market value .....	<b>2a</b>	<u>67456852</u>		
<b>b</b> Actuarial value .....	<b>2b</b>	<u>70402275</u>		
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>543</u>	<u>49970822</u>	<u>49970822</u>	
<b>b</b> For terminated vested participants .....	<u>474</u>	<u>21137407</u>	<u>21137407</u>	
<b>c</b> For active participants .....	<u>218</u>	<u>12027603</u>	<u>12338718</u>	
<b>d</b> Total .....	<u>1235</u>	<u>83135832</u>	<u>83446947</u>	
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>				
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>			
<b>b</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 .....	<b>4b</b>			
<b>5</b> Effective interest rate .....	<b>5</b>	<u>5.12 %</u>		
<b>6</b> Target normal cost				
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>		
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>1145000</u>		
<b>c</b> Target normal cost .....	<b>6c</b>	<u>1145000</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.

<b>SIGN HERE</b>  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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	19277
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	19277
<b>10</b>	Interest on line 9 using prior year's actual return of <u>11.84</u> % .....	0	2282
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		1065
<b>b(1)</b>	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>5.26</u> % .....		56
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		1121
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	21559

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	84.34 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	85.11 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	85.25 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>			
(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	561000	0			
07/11/2024	561000	0			
10/15/2024	561000	0			
10/24/2024	34000	0			
01/14/2025	573000	0			
09/02/2025	357000	0			
<b>Totals ▶</b>			<b>18(b)</b>	2647000	<b>18(c)</b> 0

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	2544036

**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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 64
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

<b>Part VI Miscellaneous Items</b>				
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>25</b> 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				
<b>26</b> Demographic and benefit information				
<b>a</b> 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>b</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				
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				<b>27</b>

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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 1145000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	13066231		1397901	
<b>b</b> Waiver amortization installment.....	0		0	
<b>33</b> 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 .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 2542901
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 2542901
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 2544036
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 1135
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> 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				

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

<b>A</b> Name of plan <b>TUALITY HEALTHCARE RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TUALITY HEALTHCARE</b>	<b>D</b> Employer Identification Number (EIN) <b>93-0430029</b>	

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

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

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

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

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

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

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

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

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

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	176542	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)

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	114060	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	20440	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)

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	18274	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)

PBI 333 SOUTH SEVENTH STREET  
SUITE 2400  
MINNEAPOLIS, MN 55402

(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?
15	NONE	5160	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"/>

**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.

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>TUALITY HEALTHCARE RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TUALITY HEALTHCARE</b>	<b>D</b> Employer Identification Number (EIN) <b>93-0430029</b>

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

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1415000	930000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	3673741	2247197
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	5155086	6687442
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	8639018	7465638
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	4797630
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	5480993	3540905
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	42268389	44906646
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	857293	634133

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	67489520	71209591
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	0
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	67489520	71209591

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	2647000	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		2647000
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	3663	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	296106	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	333771	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		633540
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	1543608	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		1543608
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	-29849	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		5256447
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		10050746

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	5024105	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>	0	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		5024105
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	114059	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	18274	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	176692	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	5160	
(7) Actuarial fees .....	<b>2i(7)</b>	20440	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	971945	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1306570
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		6330675

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		3720071
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		2000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 555020.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>TUALITY HEALTHCARE RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>TUALITY HEALTHCARE</u>	<b>D</b> Employer Identification Number (EIN) <u>93-0430029</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

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

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

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	15
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: 61.1 % Private Equity: 4.1 % Investment-Grade Debt and Interest Rate Hedging Assets: 31.6 %  
 High-Yield Debt: 0.0 % Real Assets: 1.0 % Cash or Cash Equivalents: 2.2 % 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 \_\_\_\_\_.

**Structured Attachment**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Schedule SB, line 26b**  
**Schedule of Projection of Expected**  
**Benefit Payments****2024****This Form is Open to**  
**Public Inspection**

<b>Name of Plan</b>	TUALITY HEALTHCARE RETIREMENT PLAN						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	93-0430029	<b>PN</b>	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	118730	513374	4777473	5409577
2025	197076	633279	4692395	5522750
2026	297972	697100	4598852	5593924
2027	394383	838786	4496643	5729812
2028	484562	967197	4385578	5837337
2029	579210	1074083	4209073	5862366
2030	646406	1158220	4068926	5873552
2031	731302	1298777	3920135	5950214
2032	789505	1328295	3763267	5881067
2033	851337	1390188	3599025	5840550
2034	895715	1467240	3399855	5762810
2035	937216	1468259	3219836	5625311
2036	970671	1584814	3034991	5590476
2037	1005170	1659221	2846371	5510762
2038	1049674	1681107	2655086	5385867
2039	1065270	1740568	2403411	5209249
2040	1080408	1763167	2207833	5051408
2041	1094580	1745632	2013416	4853628
2042	1096030	1758566	1821720	4676316
2043	1094957	1748244	1634440	4477641
2044	1083070	1752817	1453337	4289224
2045	1067430	1731175	1280151	4078756
2046	1048569	1682765	1116513	3847847
2047	1021252	1639570	963814	3624636
2048	987229	1576286	823162	3386677

<b>Name of Plan</b>	TUALITY HEALTHCARE RETIREMENT PLAN						
<b>Plan Year Begin Date</b>	01/01/2024	<b>Plan Year End Date</b>	12/31/2024	<b>EIN</b>	93-0430029	<b>PN</b>	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2049	949192	1510185	695329	3154706
2050	909608	1443769	580727	2934104
2051	866806	1377484	479425	2723715
2052	819119	1301527	391141	2511787
2053	769966	1224974	315299	2310239
2054	720376	1148198	251089	2119663
2055	670588	1070964	197510	1939062
2056	620776	994470	153446	1768692
2057	571286	923182	117729	1612197
2058	523010	849983	89189	1462182
2059	476360	779059	66712	1322131
2060	431462	710735	49263	1191460
2061	388671	645270	35909	1069850
2062	348164	582881	25834	956879
2063	310110	523758	18342	852210
2064	274613	468037	12851	755501
2065	241735	415829	8884	666448
2066	211482	367210	6060	584752
2067	183836	322197	4079	510112
2068	158741	280788	2709	442238
2069	136117	242952	1776	380845
2070	115865	208624	1149	325638
2071	97869	177726	733	276328
2072	82004	150146	462	232612
2073	68132	125744	287	194163

*Financial Statements*

TUALITY HEALTHCARE  
RETIREMENT PLAN

DECEMBER 31, 2024 and 2023

TUALITY HEALTHCARE RETIREMENT PLAN  
(E.I.N. 93-0430029; PLAN 001)

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## INDEPENDENT AUDITORS' REPORT

Administrative Board  
Tuality Healthcare Retirement Plan

### Opinion

We have audited the accompanying financial statements of the Tuality Healthcare Retirement 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 Retirement 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 Retirement 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 the Tuality Healthcare Retirement 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 respects 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 the Tuality Healthcare Retirement 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 the Tuality Healthcare Retirement 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.

*Foullon & Co LLP*

October 9, 2025  
Hillsboro, Oregon

TUALITY HEALTHCARE RETIREMENT 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	\$ 2,247,197	\$ 3,673,741
Registered investment companies	48,736,117	42,268,391
U.S. government securities	6,687,442	6,974,635
Corporate bonds	7,465,638	6,672,523
Municipal bonds	634,133	1,004,237
Other securities	4,509,064	5,480,993
Total investments at fair value	<u>70,279,591</u>	<u>66,074,520</u>
Receivables:		
Employer contribution	930,000	1,415,000
Net assets available for benefits	<u>\$ 71,209,591</u>	<u>\$ 67,489,520</u>

TUALITY HEALTHCARE RETIREMENT 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>
<b>ADDITIONS</b>		
Contributions from Tuality Healthcare and affiliates	\$ 2,647,000	\$ 2,927,000
Interest income	633,540	614,877
Dividend income	1,543,608	1,117,362
Net appreciation (depreciation) in fair value of investments	5,226,598	6,221,823
Total additions	<u>10,050,746</u>	<u>10,881,062</u>
<b>DEDUCTIONS</b>		
Benefits paid	5,024,105	8,201,359
Annuity purchase	-	4,352,491
Professional fees	157,933	185,975
Investment advisory and management fees	176,692	191,238
PBGC and other fees	971,945	1,255,144
Total deductions	<u>6,330,675</u>	<u>14,186,207</u>
<b>NET ADDITIONS (DEDUCTIONS)</b>	<b>3,720,071</b>	<b>(3,305,145)</b>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>		
At beginning of year	<u>67,489,520</u>	<u>70,794,665</u>
At end of year	<u>\$ 71,209,591</u>	<u>\$ 67,489,520</u>

TUALITY HEALTHCARE RETIREMENT PLAN  
STATEMENT OF ACCUMULATED PLAN BENEFITS  
As of December 31, 2023

Actuarial present value of accumulated plan benefits	
Vested benefits:	
Participants currently receiving payments	\$ 44,250,603
Other participants	<u>27,225,370</u>
	71,475,973
Nonvested benefits	<u>238,266</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 71,714,239</u></u>

The actuarial present value of accumulated plan benefits was \$78,053,295 as of January 1, 2023.

TUALITY HEALTHCARE RETIREMENT 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>78,053,295</u>
Increase (decrease) during the year attributable to:	
Plan amendment	54,472
Change in actuarial assumptions	-
Benefits accumulated	1,315,417
Increase for interest	4,844,905
Benefits paid	<u>(12,553,850)</u>
Net increase	<u>(6,339,056)</u>
Actuarial present value of accumulated plan benefits as of January 1, 2024	\$ <u><u>71,714,239</u></u>

## TUALITY HEALTHCARE RETIREMENT 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 Retirement Plan (Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

##### **General:**

The Plan is a defined benefit pension Plan covering substantially all employees of Tuality Healthcare. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was amended effective August 31, 2012 to freeze benefit accruals and is now closed to new entrants. All compensation no longer accrues as of August 31, 2012. Current participants who are not yet vested will continue to accrue retirement benefits according to accumulated years of service for hours worked to become vested if they continue working for the Plan sponsor, Tuality Healthcare. Once they have reached five years at 1,000 hours they become vested in the frozen Plan.

The Plan was amended effective April 27, 2023 to allow for lump-sum cash outs calculated by the Plan's actuary. If the Actuarial Equivalent lump-sum present value of a Participant's vested accrued benefit or a beneficiary's death benefit is not more than \$5,000, the Plan Administrator shall pay the benefit in a lump sum on or after the Participant's termination of employment or death, subject to the terms of the Plan document. Effective January 1, 2024, the maximum death benefit eligible for a lump-sum cash out was increased to \$7,000.

The April 27, 2023 amendment also provided a limited lump-sum cash out window starting August 14, 2023 and ending September 29, 2023. The amendment allowed eligible participants, as described in the amendment, to receive the Actuarial Equivalent present value of the normal retirement benefit payable, as calculated by the Plan's actuary, to the Participant in the form of a single lump sum payment or, in certain circumstances, an annuity. The Participant's vested accrued Plan benefit as of the eligibility date was required to be between \$5,000 and \$45,000. This also applied to beneficiaries or surviving spouses of Participants who died on or before the eligibility date. During this window period, Participants elected to cash out a total of \$4,352,491 that was used and facilitated by the Plan administrator to purchase a third party annuity contract.

##### **Pension benefits:**

Employees with five or more years of service are entitled to monthly pension benefits beginning at normal retirement age (65). The Plan permits early retirement upon reaching age 55 at a reduced benefit for participants that are fully or partially vested. Participants may elect to receive the value of their accumulated Plan benefits in the form of a life annuity with varying guaranteed payments or in the form of a joint and survivor annuity.

TUALITY HEALTHCARE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

As of December 31, 2024, and 2023

NOTE 1:      DESCRIPTION OF PLAN (Continued)

**Death and disability 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.. There are no benefits available for disability.

NOTE 2:      SUMMARY OF ACCOUNTING POLICIES

**Date of management review:**

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

**Basis of accounting:**

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

**Estimates:**

The preparation of financial statements in conformity 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 stated 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. Capital gains distributions are included in net appreciation (depreciation) in fair value of investments.

Investments in corporate bonds, U.S. Government bonds, and municipal bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. Investments in real estate investment trusts and certain other securities represent estimated values provided by the management of each program and represent their estimate of the investor's participation in the program as of a date no later than 12 months from the date provided in this report.

TUALITY HEALTHCARE RETIREMENT 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:**

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their highest average earnings over five consecutive years of credited service. The accumulated Plan benefits for active employees are based on their highest average compensation as of which the benefit information is presented, January 1, 2024. 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 retirement, death, or withdrawal) between the valuation date and the expected date of payment.

TUALITY HEALTHCARE RETIREMENT 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, 2024, are as follows:

ACTUARIAL METHOD AND ASSUMPTIONS

**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	4th month prior to valuation date.
Future compensation	N/A - plan is frozen.

**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 years or more)	5.59%
Assumed form of payment	Normal form of benefit.	

TUALITY HEALTHCARE RETIREMENT 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):**

**Actuarial assumptions for minimum required contribution**

Assumed commencement date	Actives - with retirement probabilities.	
	Terminated - vested - 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	N/A - plan is frozen.	
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.	
Marriage	Percentage males	100%
	Percentage females	100%
	Age differences (male - female )	Two years

TUALITY HEALTHCARE RETIREMENT 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):**

Future annual hours worked

Actual hours worked in prior year.

Changes since prior valuation

Changes in mandated interest and mortality as required under the Pension Protection Act of 2006 (PPA), MAP-21 the Highway and Transportation funding Act of 2014 and the American Rescue Plan Act of 2021.

The percentage of participants who are married was increased from 75% to reflect the Plan's amended death benefit coverage.

**Assumptions Regarding Elections for PPA Funding Requirements**

Prefunding balance

Election to apply employer contributions in excess of minimum contribution for prior year is assumed not made.

**Assumptions for Maximum Contribution and PBGC Premium Alternative Method**

Assumptions for Maximum Contribution are the same as for Minimum Required Contribution with the following variances and additions:

Segment interest rate

First segment (Under 5 years): 3.62%  
Second segment (5 to 19 years): 4.87%  
Third segment (20 or more years): 5.59%

TUALITY HEALTHCARE RETIREMENT 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):**

**Assumptions for the Present Values of Accrued Benefits**

Assumptions for present values of accrued benefits are the same as for Minimum Required Contribution with the following variances and additions:

Interest	6.75%.
Mortality	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-21.
Changes since prior valuation	None.

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.

**Payment of benefits:**

Benefit payments to participants are recorded upon distribution.

**Administrative expenses:**

The Plan's expenses are paid either by the Plan or the Plan sponsor, as provided by the Plan document. Expenses that are paid directly 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.

## TUALITY HEALTHCARE RETIREMENT PLAN

### NOTES TO FINANCIAL STATEMENTS (CONTINUED)

As of December 31, 2024, and 2023

#### NOTE 3: 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 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 were used only when Level 1 or Level 2 inputs were 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, debentures, 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 RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

As of December 31, 2024, and 2023

NOTE 3: FAIR VALUE MEASUREMENTS (Continued)

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

	Fair Value Measurements at Reporting Date Using:			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2024</u>				
Interest-bearing cash	\$ 2,247,197	\$ 2,247,197	\$ -	\$ -
U.S. government securities	6,687,442	-	6,687,442	-
Corporate bonds	7,465,638	-	7,465,638	-
Municipal bonds	634,133	-	634,133	-
Registered investment companies	48,736,117	48,736,117	-	-
Total	<u>\$ 65,770,527</u>	<u>\$ 50,983,314</u>	<u>\$ 14,787,213</u>	<u>\$ -</u>
Other investment accounts measured at net asset value (1)	\$ <u>4,509,064</u>			
Total investments at fair value	\$ <u><u>70,279,591</u></u>			

(1) In accordance with Subtopic 821-10, 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 RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

As of December 31, 2024, and 2023

NOTE 3: FAIR VALUE MEASUREMENTS (Continued)

	Fair Value	Fair Value Measurements at Reporting Date Using:		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2023</u>				
Interest-bearing cash	\$ 3,673,741	\$ 3,673,741	\$ -	\$ -
U.S. government securities	6,974,635	-	6,974,635	-
Corporate bonds	6,672,523	-	6,672,523	-
Municipal bonds	1,004,237	-	1,004,237	-
Registered investment companies	42,268,391	42,268,391	-	-
Total	<u>\$ 60,593,527</u>	<u>\$ 45,942,132</u>	<u>\$ 14,651,395</u>	<u>\$ -</u>
Other investment accounts measured at net asset value (1)	\$ <u>5,480,993</u>			
Total investments at fair value	\$ <u>66,074,520</u>			

(2) In accordance with Subtopic 821-10, 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.

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2024, are reported in net appreciation in value of investments.

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 RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

As of December 31, 2024, and 2023

NOTE 4: FAIR VALUE MEASUREMENTS OF INVESTMENT IN CERTAIN ENTITIES THAT CALCULATE NET ASSET VALUE PER SHARE (OR ITS EQUIVALENT)

The following table summarizes 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
AEI National Income Property Fund, (a)	\$ 687,284	-	Quarterly	On or prior to end of quarter
			Unlimited (with stipulations)	
The ASIUS Fund I LTD				90 days Redemption
Series B NSA (b )	\$ 968,159	-	Monthly	
Greenbacker Renewable Energy (c)	\$ 2,853,621	-	None	None
December 31, 2023	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
AEI National Income Property Fund, (a)	\$ 685,084	-	Quarterly	On or prior to end of quarter
			Unlimited (with stipulations)	
The ASIUS Fund I LTD				90 days Redemption
Series B NSA (b )	\$ 1,819,583	-	Monthly	
Greenbacker Renewable Energy (c)	\$ 2,976,327	-	None	None

## TUALITY HEALTHCARE RETIREMENT PLAN

### NOTES TO FINANCIAL STATEMENTS (CONTINUED)

As of December 31, 2024, and 2023

NOTE 4:      FAIR VALUE MEASUREMENTS OF INVESTMENT IN CERTAIN ENTITIES  
THAT CALCULATE NET ASSET VALUE PER SHARE (OR ITS EQUIVALENT)  
(Continued)

- a. This limited partnership (the Fund) investment is a private placement available to accredited investors for the purpose of acquiring and leasing commercial real estate, primarily in the retail industry. The fair value of this investment has been estimated using the price paid to acquire a share during the initial offering. The fund is not required to make distributions, but intends to annually at the discretion of the general partner. Upon written request, a limited partner may redeem shares at 90% of the net asset value per unit, as defined by the Limited Partner Agreement, for 12 months after the close of the offering period. Thereafter, shares may be redeemed at 95% of the net value per unit. The fund will begin its liquidation phase seven years after completion of its initial property acquisition phase.
  
- b. This investment (the Plan) 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 Plan'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 Plan intends to authorize and declare distributions quarterly and pay distributions monthly.

There is no market exchange for shares of the Plan, 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.

Members can withdraw from the Plan only by selling or transferring all or a portion of their shares, or if all of a portion of the shares are repurchased in accordance with the share repurchase program. The Plan 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 Plan. Furthermore, the Plan may amend, suspend, or terminate its share repurchase program at any time without giving notice to investors. The share repurchase program provides that the Plan 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

TUALITY HEALTHCARE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

As of December 31, 2024, and 2023

number of outstanding shares and (ii) during any fiscal quarter, to 1.25% of the weighted average

NOTE 4: FAIR VALUE MEASUREMENTS OF INVESTMENT IN CERTAIN ENTITIES  
THAT CALCULATE NET ASSET VALUE PER SHARE (OR ITS EQUIVALENT)

(Continued)

number of shares outstanding in the prior four fiscal quarters. The Plan's ability to repurchase shares is subject to and may be limited by the Plan's available funds.

The Plan intends to explore a potential liquidity events 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 (the Fund) is a private investment fund that invests substantially all of its assets in Series BB Shares of the Renaissance Institutional Equities Fund International L.P. (the Renaissance Fund), which in turn invested substantially all of its assets directly in the RIEF Trading Fund LLC (RIEF Master). The investment objective of Renaissance Fund, through its investment in RIEF Master, is to achieve attractive risk-adjusted returns over the medium to long term. As of December 31, 2020, this investment had an ownership interest of 0.62% in the Renaissance Fund. The fair value of this investment has been estimated using the net asset value per share.

A shareholder may purchase shares as of the beginning of each month or at such other times as the sponsor, in its sole discretion, may determine. The minimum investment for Series B shares is \$1,500,000. The Board of Directors at its discretion can agree to accept lesser amounts. A shareholder may redeem all or part of its shares in the Fund as of any calendar month-end (the Redemption Date) upon at least seventy (70) clear calendar days' prior written notices, subject to the limitations of the offering memorandum.

The Fund may, by a resolution of the Directors, postpone or suspend (i) the calculation of the Net Asset Value of Shares of any one or more series or sub-series; (ii) the issue of Shares of any one or more series or sub-series; (iii) the redemption (in whole or in part) of Shares of any one or more series or sub-series; and/or (iv) the payment of any redemption proceeds at any time if the Directors determine that such suspension is necessary to avoid adverse consequences to the Fund, including, but not limited to, negative tax or other regulatory consequences, unfair or material disadvantage to remaining shareholders, impairment of the Fund's ability to operate in pursuit of its objectives, or under other circumstances, as described in the articles of association and offering memorandum. If the Fund's ability to redeem all or a portion of its interests in Renaissance Fund is restricted as described above, the Sponsor may, in turn, determine to exercise its right to limit redemptions by shareholders and will provide notice to shareholders of such determination.

## TUALITY HEALTHCARE RETIREMENT PLAN

### NOTES TO FINANCIAL STATEMENTS (CONTINUED)

As of December 31, 2024, and 2023

#### NOTE 5: FUNDING POLICIES

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 actuaries such that all employees' benefits will be fully provided for by the time they retire. The minimum funding requirements of ERISA for 2024 and 2023 were \$2,647,000 and \$2,927,000 respectively. The Plan sponsor contributed \$2,647,000 for the 2024 Plan year and \$2,927,000 for the 2023 Plan year.

#### NOTE 6: PLAN TERMINATION

In the event the Plan terminates, 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 the Plan provisions in effect at any time during the five years preceding the 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).
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All non-vested benefits.

Benefits to be provided via contracts under which the Plan is obligated to pay the benefits would be excluded for allocation purposes.

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 the 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.

TUALITY HEALTHCARE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

As of December 31, 2024, and 2023

NOTE 6:      PLAN TERMINATION (continued)

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 a letter dated November 20, 2015, that the Plan and related trust are designed in accordance with applicable sections of the 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.

The Plan maintains its cash in accounts which, at times, may exceed federally insured limits as guaranteed by the Federal Deposit Insurance Corporation (FDIC).

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 \$176,692 and \$191,238 for the year ended December 31, 2024 and 2023 respectively. Fees paid by the Plan for the administration services amounted to \$114,060 and \$147,858 for the year ended December 31, 2024 and 2023 respectively.

SUPPLEMENTARY INFORMATION

TUALITY HEALTHCARE RETIREMENT PLAN

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

As of December 31, 2024

EIN 93-0430029: PLAN 001

(a)	(b) Identify of Issuer/ (c) Description of Investment	(d) Cost Basis	(e) Value
<b>Corporate Debt Instrument</b>			
	AIRCASTLE LIMIT 4.25% DUE 4/15/26	\$ 141,559	146,119
	AECOM 5.125% DUE 03/15/27	150,266	153,256
	AMERICAN TOWER CO 5.9% DUE 11/15/33	151,211	146,433
	AMGEN INC 5.6% DUE 3/2/43	158,344	150,709
	BALL CORP 2.875% DUE 08/15/30	176,905	181,849
	BANK OF AMERICA C VAR 50 DUE 3/15/50	161,337	143,122
	BROADCOM INC 4.55% DUE 2/15/32	154,998	149,932
	CAMPBELL SOUP 2.375% DUE 04/24/30	139,613	147,039
	CELANESE US HOLD STEP 6.8% DUE 11/15/30	138,129	143,918
	CHARTER COMMUNIC 5.05% DUE 03/30/29	146,933	148,851
	CITIGROUP INC CALLABLE 5/15/2025	151,299	151,810
	COMMONSPIRIT 3.347% DUE 10/1/29	150,355	151,823
	CROWN CASTLE 4.3% DUE 2/15/29	149,733	149,005
	CVS HEALTH CORP 5.4% DUE 06/01/29	143,286	142,503
	DIAMONDBACK ENERG 3.5% DUE 12/1/2029	152,007	152,199
	DISCOVER FINL SER VAR DUE 11/2/34	148,906	145,812
	DUKE ENERGY CORP 2.55% DUE 6/15/31	150,498	147,009
	ENCOMPASS HEALTH 4.75% DUE 02/01/30	151,908	148,561
	ENERGY TRANSFER 6.55% DUE 12/1/33	141,925	142,812
	EQUINIX INC 3.2% DUE 11/18/29	147,215	147,099
	EXPAND ENERGY 5.375% DUE 03/15/30	144,385	146,751
	FISERV 4.2% DUE 10/1/28	151,791	149,602
	FORD MOTOR CO 7.45% DUE 07/16/31	150,655	147,028
	GENERAL MOTORS 5.8% DUE 06/23/28	145,344	150,977
	GM FINL CONSUMER 4.86% DUE 6/18/29	154,804	155,353
	GOLDMAN SACH 4.95% CALLABLE 2/10/25	146,135	147,445
	HCA HEALTHCARE 3.5% DUE 9/1/30	149,110	151,962
	JOHN DEERE OWNER 5.18% DUE 3/15/28	135,147	136,132
	JPMORGAN CHASE & VAR 42 DUE 4/22/42	147,444	133,879
	KB HOME 4.0% DUE 6/15/31	153,063	151,808
	L3HARRIS TECHNOL 5.25% DUE 6/1/31	144,020	145,072
	MGM RESORTS INTE 4.75% DUE 10/15/28	31,170	30,640
	MGM RESORTS INTE 6.125% DUE 09/15/29	119,754	118,405
	MICROSOFT CORP 2.525% DUE 6/1/50	167,621	141,602
	MORGAN STANLEY VAR	245,029	175,313
	MORGAN STANLEY VAR CALLABLE 1/23/2029	149,785	148,125
	MURPHY OIL CORP 6.0% DUE 10/1/32	168,455	161,070
	NAVIENT CORP 5.0% DUE 03/15/27	138,330	148,580
	NUSTAR LOGISTIC 6.375% DUE 10/1/30	145,695	146,365
	OCCIDENTAL PETR 7.875% DUE 09/15/31	140,665	138,281
	PNC FINL SVCS GRO VAR 01/24/34	140,714	143,115
	SONOCO PRODUCTS 2.85% DUE 2/1/32	148,921	145,634
	TEVA PHARMACEUT 3.15% DUE 10/1/26	149,129	158,400
	THE BOEING CO 5.15% DUE 05/01/30	150,014	147,616
	TRUIST FINL CORP VAR CALLABLE 12/24/2029	147,022	147,265
	UNITED AIRLINES 5.45% DUE 8/15/38	147,559	145,503
	UNITED RENTALS 3.875% DUE 2/15/31	180,924	183,598
	U.S. BANCORP VAR CALLABLE 05/11/2029	143,034	146,255
	VERIZON COMMUNIC 3.55% CALLABLE 9/22/50	160,713	144,366
	VERIZON MASTER T 5.16% DUE 6/20/29	143,594	145,360
	WELLS FARGO & CO CALLABLE 6/15/25	144,466	144,275

TUALITY HEALTHCARE RETIREMENT PLAN

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

As of December 31, 2024

EIN 93-0430029: PLAN 001

(a)	(b) Identify of Issuer/ (c) Description of Investment	(d) Cost Basis	(e) Value
	<b>Municipal Bond</b>		
	CALIFORNIA ST 7.55% DUE 4/1/39	302,685	271,867
	MIAMI-DADE CN FL 4.28% DUE 10/1/41	232,005	217,364
	NEW JERSEY ECON 7.425% DUE 2/15/29	149,550	144,902
	<b>Treasury Bond</b>		
	US TREASURY 1.875% DUE 02/15/51	559,683	417,422
	US TREASURY 2.25% DUE 05/15/41	163,760	143,294
	US TREASURY 3.125% DUE 05/15/48	526,728	435,387
	US TREASURY 3.5% DUE 2/15/39	323,395	289,987
	US TREASURY 3.625% DUE 3/31/28	146,801	145,973
	US TREASURY 3.875% DUE 02/15/43	297,178	282,400
	<b>Exchanged Traded Fund</b>		
	ISHARES CORE MSCI EAFE	2,922,378	3,072,782
	ISHARES CORE S&P 500	299,520	340,257
	ISHARES MSCI EAFE SMALL	1,351,163	1,363,959
	ISHARES 10-20 YEAR	1,439,642	1,333,537
	ISHARES 7-10 YEAR	199,739	197,751
	SELECT SECTOR UTI	703,253	740,324
	<b>Interest-Bearing Cash</b>		
	BANK SWEEP	-	281,151
	FDIC INSURED DEPOSIT ACCOUNT IDA 12	-	11,204
	SCHWAB GOVERNMENT MONEY FUND	-	1,477,500
	STATE STREET INSTRL US GOV'T MONEY MARKET PREMIER	-	477,341
	<b>Mortgage Pool</b>		
	FHLMC SD1015 4.5% DUE 5/1/48	667,129	616,697
	FHLMC SD7507 3% DUE 11/1/49	363,888	331,749
	FNMA PL BM5508 5% DUE 2/1/49	274,531	257,418
	FNMA PL CA3664 4% DUE 6/1/49	765,254	713,534
	FNMA PL FM3229 3.5% DUE 2/1/47	423,011	401,179
	FNMA PL FS1125 3.5% DUE 07/1/50	825,607	764,194
	FNMA PL FS1947 3% DUE 8/1/38	257,964	238,436
	FNMA PL FS3312 2.0% DUE 3/1/37	139,565	135,182
	FHLMC ZS9776 3.5% DUE 8/1/46	119,669	115,934
	FNMA PL BM3660 4.0% DUE 11/1/46	105,680	106,013
	FNMA PL FM1534 4.5% DUE 9/1/49	212,987	209,924
	FNMA PL FS3698 5.5% DUE 11/1/52	115,014	115,477
	FNMA PL FS6883 4.0% DUE 5/1/53	132,764	132,684
	FNMA PL FS7160 6.5% DUE 2/1/54	140,152	139,653
	FNMA PL MA5072 5.5% DUE 7/1/53	240,258	236,352
	FHLMC SD2707 5.0% DUE 4/1/53	122,314	121,108
	FHLMC RA 9270 5.5% DUE 6/1/53	342,073	337,445
	<b>Real Estate</b>		
	AEI NATIONAL INCOME PROPERTY (01199R109)	450,000	687,284
	THE GC NET LEASE REIT INC N(36299J102)		
	<b>Other Investment</b>		
	GREENBACKER RENEWABLE ENERGY CO LLC	3,055,000	2,853,621
	THE ASIUS FUND I LTD SERIES B NSA	188,453	968,159

TUALITY HEALTHCARE RETIREMENT PLAN

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

As of December 31, 2024

EIN 93-0430029: PLAN 001

(a)	(b) Identify of Issuer/ (c) Description of Investment	(d) Cost Basis	(e) Value
	<b>Registered Investment Company</b>		
	DODGE & COX FUNDS INCOME INVESTOR	1,392,433	1,388,086
	DOUBLELINE TOTAL RETURN	1,760,141	1,721,522
	GOLDMAN SACHS GQG PTNRS	2,650,000	2,615,237
	JP MORGAN EMERG MKTS EQ FD INST	323,882	361,591
	JP MORGAN CORE PLUS BOND	2,431,458	2,386,010
	HOOD RIVER SMALL CAP	2,800,638	4,427,832
	PIMCO RAE EMERGING MARKET	328,546	406,193
	SCHWAB US LARGE-CAP GRO	8,782,000	11,643,643
	SCHWAB US LARGE-CAP VAL	9,290,000	10,483,749
	VANGUARD GROWTH INDEX AD	1,350,015	2,002,859
	ALLIANT ENERGY COPR	81,909	86,522
	AMDOCS LTD	83,862	84,118
	AVALONBAY CMNTYS INC	82,597	87,548
	BALL COPR	96,967	82,971
	BOOZ ALLEN HAMILTON HLDG	93,485	83,526
	BROADRIDGE FINL SOLUTION	80,918	84,784
	BROWN & BROWN INC	81,897	84,167
	CARDINAL HEALTH INC	74,216	88,584
	COMMERCE BRANCSHARES INC	81,349	85,676
	CORNING INC	72,872	86,914
	COTERRA ENERGY INC	85,682	89,237
	CUBESMART	90,557	81,629
	DICKS SPORTING GOODS INC	79,005	89,476
	EBAY INC	75,876	85,739
	ENCOMPASS HEALTH COPR	78,866	82,653
	ESSENTIAL UTILS INC	86,811	80,885
	EXPEDITORS INTL WASH INC	90,062	82,745
	GALLAGHER ARTHUR J & CO	86,874	87,426
	GARMIN LTD	68,558	84,360
	GLOBAL PMTS INC	75,381	87,183
	GRACO INC	85,247	87,914
	INDEX COPR	80,094	83,297
	KBR INC	96,229	87,243
	KEYCORP NEW	84,028	83,112
	KROGER CO	76,868	86,466
	LANDSTAR SYS INC	91,000	82,149
	LITTELFUSE INC	88,341	83,656
	L3HARRIS TECHNOLOGIES IN	89,932	83,271
	MAIN STR CAP CORP	79,350	93,318
	MARKETAXESS HLDGS INC	86,079	84,765
	MCGRATH RENTCORP	77,712	82,747
	MOLSON COORS BEVERAGE CL	78,483	80,420
	MONOLITHIC PWR SYS INC	104,571	82,838
	OMEGA HEALTHCARE INVS IN	82,858	84,935
	ONEOK INC NEW	70,221	86,645
	QUEST DIAGNOSTICS INC	83,488	86,292
	REGIONS FINL CORP NEW	75,075	82,767
	REINSURANCE GROUP AMER I	87,035	88,656
	RELIANCE INC	90,707	82,393
	RLI CORP	76,162	85,217
	ROSS STORES INC	83,577	90,611
	SKYWORKS SOLUTIONS INC	102,058	86,729
	SMUCKER J M CO	91,895	85,453
	STAG INDL INC	96,203	82,757
	STERIS PLC F	96,253	84,691
	TOLL BROS INC	87,244	81,742
	TRACTOR SUPPLY CO	80,963	81,978
	WATSCO INC	85,486	83,879
	WILLIAMS SONOMA INC	65,440	84,257
	W P CAREY INC	90,529	84,444
	TOTAL INVESTMENTS	\$ 61,469,697	\$ 70,279,591

\*DENOTES A PARTY-IN-INTEREST WITH RESPECT TO THE PLAN

**TUALITY HEALTHCARE RETIREMENT PLAN**

**EIN: 93-0430029 PN: 001**

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

**Schedule of Active Participant Data**

Age	Benefit Service							
	Under 1		1-4		5-9		10-14	
	No.	Ave. Annual Accrued Benefit	No.	Ave. Annual Accrued Benefit	No.	Ave. Annual Accrued Benefit	No.	Ave. Annual Accrued Benefit
Under 25								
25-29								
30-34					2			
35-39					6		2	
40-44	3				10		13	
45-49	2		1		8		16	
50-54			1		6		13	
55-59			1		6		11	
60-64					5		7	
65-69					3		2	
70 & up					2		1	
<b>Total</b>	<b>5</b>		<b>3</b>		<b>48</b>	<b>2,396</b>	<b>65</b>	<b>3,685</b>

Age	Benefit Service							
	15-19		20-24		25-29		30-34	
	No.	Ave. Annual Accrued Benefit	No.	Ave. Annual Accrued Benefit	No.	Ave. Annual Accrued Benefit	No.	Ave. Annual Accrued Benefit
Under 25								
25-29								
30-34								
35-39								
40-44	1							
45-49	13		1					
50-54	10		9		3			
55-59	11		7		6		1	
60-64	9		3		4		7	
65-69	2		2		5			
70 & up	1							
<b>Total</b>	<b>47</b>	<b>6,717</b>	<b>22</b>	<b>9,818</b>	<b>18</b>		<b>8</b>	

Age	Benefit Service					
	35 - 39		40 & up		Total	
	No.	Ave. Annual Accrued Benefit	No.	Ave. Annual Accrued Benefit	No.	Ave. Annual Accrued Benefit
Under 25						
25-29						
30-34					2	
35-39					8	
40-44					27	2,529
45-49					41	3,859
50-54					42	6,382
55-59					43	7,040
60-64	2				37	9,964
65-69					14	
70 & up					4	
<b>Total</b>	<b>2</b>				<b>218</b>	<b>6,088</b>

# TUALITY HEALTHCARE RETIREMENT PLAN

EIN: 93-0430029 PN: 001

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## 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 <sup>th</sup> month prior to valuation date.
Future Compensation	N/A – plan is frozen.

### 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	Normal form of benefit.
Assumed Commencement Date	Actives- with retirement probabilities.  Terminated-vested – 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	N/A – plan is frozen.

**TUALITY HEALTHCARE RETIREMENT PLAN**

**EIN: 93-0430029 PN: 001**

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

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.

Marriage

Percentage Males 100%  
Percentage Females 100%

Age difference (Male - Female) Two years.

Future Annual Hours Worked

Actual hours worked in prior year.

**TUALITY HEALTHCARE RETIREMENT PLAN****EIN: 93-0430029 PN: 001**

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**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 RETIREMENT PLAN**

**EIN: 93-0430029 PN: 001**

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**2024 Form 5500 Schedule SB, Line 24 – Change in Actuarial Assumptions**

Changes Since Prior Valuation

The percentage of participants who are married was increased from 75% to reflect the Plan's amended death benefit coverage.

**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.

<b>A</b> Name of plan Tuality Healthcare Retirement Plan	<b>B</b> Three-digit plan number (PN) ▶	001
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<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Tuality HealthCare	<b>D</b> Employer Identification Number (EIN) 93-0430029
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**E** Type of plan:  Single  Multiple-A  Multiple-B **F** Prior year plan size:  100 or fewer  101-500  More than 500

**Part I Basic Information**

**1** Enter the valuation date: Month 01 Day 01 Year 2024

<b>2</b> Assets:	
<b>a</b> Market value .....	<b>2a</b> 67,456,852
<b>b</b> Actuarial value .....	<b>2b</b> 70,402,275

<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	543	49,970,822	49,970,822
<b>b</b> For terminated vested participants .....	474	21,137,407	21,137,407
<b>c</b> For active participants .....	218	12,027,603	12,338,718
<b>d</b> Total .....	1,235	83,135,832	83,446,947

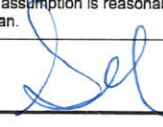
**4** If the plan is in at-risk status, check the box and complete lines (a) and (b)

<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>
<b>b</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 .....	<b>4b</b>

**5** Effective interest rate ..... **5** 5.12%

<b>6</b> Target normal cost	
<b>a</b> Present value of current plan year accruals .....	<b>6a</b> 0
<b>b</b> Expected plan-related expenses .....	<b>6b</b> 1,145,000
<b>c</b> Target normal cost .....	<b>6c</b> 1,145,000

**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   
Signature of actuary

Shannon R. Hatfield, FSA, EA, MAAA  
Type or print name of actuary

INDEPENDENT ACTUARIES, INC  
Firm name

Five Centerpointe Dr  
Suite 520  
LAKE OSWEGO OR 97035  
Address of the firm

10/07/2025  
Date

2308797  
Most recent enrollment number

503-601-0887  
Telephone number (including area code)

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 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** 1,145,000

**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	13,066,231	1,397,901
<b>b</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** 2,542,901

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....			2,542,901
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			2,544,036

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

**a** Total (excess, if any, of line 37 over line 36)..... **38a** 1,135

**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

# TUALITY HEALTHCARE RETIREMENT PLAN

EIN: 93-0430029 PN: 001

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

1. Effective Date	October 1, 1967; last restated effective January 1, 2014.
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, who have retired and not resumed participation, leased employees or who are employed by a company listed on Exhibit C of the plan document.
Requirements	Later of attainment of age 21 and completion of 1 year of service.
Entry date	First day of the month coinciding with or next following completion of eligibility requirements.
Plan Closure	Plan participation was closed on August 31, 2012 in conjunction with the plan benefit freeze.
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.
Benefit	Plan year during which the participant is credited with at least 1,000 hours of service. Participants who commence or resume eligible employment on other than the first day of the plan year and work less than 1,000 hours receive a partial year of benefit service equal to: $\frac{\text{Hours of Service as Eligible Employee in Plan Year}}{1,000}$
	Benefit Service was frozen on December 31, 2012.

# TUALITY HEALTHCARE RETIREMENT PLAN

EIN: 93-0430029 PN: 001

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## 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 65<sup>th</sup> birthday.

**Benefit** The sum of (A), (B), (C) and (D):

(A) For each year or partial year of benefit service after December 31, 1987 through December 31, 2012, 1% of highest average earnings.

(B)  $\frac{1}{2}\%$  of the excess of highest average earnings over the average Social Security wage base, multiplied by years of benefit service after December 31, 1987. The maximum years of benefit service after December 31, 1987 is the lesser of (1) 43 years or (2) 35 years minus benefit service prior to January 1, 1989 divided by 0.8000.

(C) For each year or partial year of benefit service after February 28, 1975 and before January 1, 1988, 1% of monthly earnings during each plan year.

(D) 1% of monthly earnings for calendar year 1975 multiplied by years of benefit service prior to March 1, 1975.

Former participants of the AMI Pension Plan had an accrued benefit at October 1, 1982 equal to their non-vested benefit accrued under the AMI Pension Plan.

### 6. Early Retirement

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

**Benefit** Accrued benefit reduced by  $6\frac{2}{3}\%$  for each of the first 5 years that early commencement precedes normal retirement age and by  $3\frac{1}{3}\%$  for each additional year that early commencement precedes normal retirement age.

# TUALITY HEALTHCARE RETIREMENT PLAN

EIN: 93-0430029 PN: 001

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

(Continued)

### 7. Late Retirement

Eligibility	Defer commencement of benefit beyond normal retirement date.
Benefit	Greater of prior year's accrued benefit actuarially increased for deferred commencement and benefit calculated under normal retirement formula, using additional years of compensation and benefit service, if applicable.

### 8. Disability Benefit

Not provided.

### 9. Death Benefit

Eligibility	Death of participant prior to commencement of benefits, after completion of five years of vesting service.
Benefit	The surviving beneficiary shall receive a monthly benefit equal to 66⅔% of the benefit the participant had retired on the later of date of death, or earliest possible retirement age and elected a 66⅔% joint and survivor annuity.

### 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 5	0%
5 or more	100%

Participants continue to earn vesting service as long as they remain employed by Tuality Healthcare.

### 11. Compensation

Limits	\$200,000 as indexed.
Plan	§3401(a) compensation including elective deferrals.

# TUALITY HEALTHCARE RETIREMENT PLAN

EIN: 93-0430029 PN: 001

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

(Concluded)

Highest Average Earnings	Plan compensation averaged over the five consecutive plan years that produce the highest average, excluding compensation prior to the 1988 plan year, plan years during which a participant fails to complete 500 hours and after August 31, 2012.
12. Accrued Benefit	A participant's normal retirement benefit calculated using years of benefit service and average monthly compensation as of the date of calculation.
13. Normal Form of Benefit	Single life annuity.
14. Optional Forms of Benefit	Certain and life annuity (5-yr, 10-yr, 15-yr), joint & survivor annuity (50%, 66 <sup>2</sup> / <sub>3</sub> %, 75%, 100%).
15. Actuarial Equivalent	
Interest	6.00% pre- and post-retirement.
Mortality	1984 Unisex Pension Mortality table with three-year setback for participants and no age setback for spouses and beneficiaries.
§417(e)	Stability period is plan year; lookback month is second month preceding plan year.
16. Changes Since Last Report	The death benefit was expanded to offer payment to the eligible beneficiary of a deceased, non-married plan participant.

TUALITY HEALTHCARE RETIREMENT PLAN

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

As of December 31, 2024

EIN 93-0430029: PLAN 001

(a)	(b) Identify of Issuer/ (c) Description of Investment	(d) Cost Basis	(e) Value
<b>Corporate Debt Instrument</b>			
	AIRCASTLE LIMIT 4.25% DUE 4/15/26	\$ 141,559	146,119
	AECOM 5.125% DUE 03/15/27	150,266	153,256
	AMERICAN TOWER CO 5.9% DUE 11/15/33	151,211	146,433
	AMGEN INC 5.6% DUE 3/2/43	158,344	150,709
	BALL CORP 2.875% DUE 08/15/30	176,905	181,849
	BANK OF AMERICA C VAR 50 DUE 3/15/50	161,337	143,122
	BROADCOM INC 4.55% DUE 2/15/32	154,998	149,932
	CAMPBELL SOUP 2.375% DUE 04/24/30	139,613	147,039
	CELANESE US HOLD STEP 6.8% DUE 11/15/30	138,129	143,918
	CHARTER COMMUNIC 5.05% DUE 03/30/29	146,933	148,851
	CITIGROUP INC CALLABLE 5/15/2025	151,299	151,810
	COMMONSPIRIT 3.347% DUE 10/1/29	150,355	151,823
	CROWN CASTLE 4.3% DUE 2/15/29	149,733	149,005
	CVS HEALTH CORP 5.4% DUE 06/01/29	143,286	142,503
	DIAMONDBACK ENERG 3.5% DUE 12/1/2029	152,007	152,199
	DISCOVER FINL SER VAR DUE 11/2/34	148,906	145,812
	DUKE ENERGY CORP 2.55% DUE 6/15/31	150,498	147,009
	ENCOMPASS HEALTH 4.75% DUE 02/01/30	151,908	148,561
	ENERGY TRANSFER 6.55% DUE 12/1/33	141,925	142,812
	EQUINIX INC 3.2% DUE 11/18/29	147,215	147,099
	EXPAND ENERGY 5.375% DUE 03/15/30	144,385	146,751
	FISERV 4.2% DUE 10/1/28	151,791	149,602
	FORD MOTOR CO 7.45% DUE 07/16/31	150,655	147,028
	GENERAL MOTORS 5.8% DUE 06/23/28	145,344	150,977
	GM FINL CONSUMER 4.86% DUE 6/18/29	154,804	155,353
	GOLDMAN SACH 4.95% CALLABLE 2/10/25	146,135	147,445
	HCA HEALTHCARE 3.5% DUE 9/1/30	149,110	151,962
	JOHN DEERE OWNER 5.18% DUE 3/15/28	135,147	136,132
	JPMORGAN CHASE & VAR 42 DUE 4/22/42	147,444	133,879
	KB HOME 4.0% DUE 6/15/31	153,063	151,808
	L3HARRIS TECHNOL 5.25% DUE 6/1/31	144,020	145,072
	MGM RESORTS INTE 4.75% DUE 10/15/28	31,170	30,640
	MGM RESORTS INTE 6.125% DUE 09/15/29	119,754	118,405
	MICROSOFT CORP 2.525% DUE 6/1/50	167,621	141,602
	MORGAN STANLEY VAR	245,029	175,313
	MORGAN STANLEY VAR CALLABLE 1/23/2029	149,785	148,125
	MURPHY OIL CORP 6.0% DUE 10/1/32	168,455	161,070
	NAVIENT CORP 5.0% DUE 03/15/27	138,330	148,580
	NUSTAR LOGISTIC 6.375% DUE 10/1/30	145,695	146,365
	OCCIDENTAL PETR 7.875% DUE 09/15/31	140,665	138,281
	PNC FINL SVCS GRO VAR 01/24/34	140,714	143,115
	SONOCO PRODUCTS 2.85% DUE 2/1/32	148,921	145,634
	TEVA PHARMACEUT 3.15% DUE 10/1/26	149,129	158,400
	THE BOEING CO 5.15% DUE 05/01/30	150,014	147,616
	TRUIST FINL CORP VAR CALLABLE 12/24/2029	147,022	147,265
	UNITED AIRLINES 5.45% DUE 8/15/38	147,559	145,503
	UNITED RENTALS 3.875% DUE 2/15/31	180,924	183,598
	U.S. BANCORP VAR CALLABLE 05/11/2029	143,034	146,255
	VERIZON COMMUNIC 3.55% CALLABLE 9/22/50	160,713	144,366
	VERIZON MASTER T 5.16% DUE 6/20/29	143,594	145,360
	WELLS FARGO & CO CALLABLE 6/15/25	144,466	144,275

TUALITY HEALTHCARE RETIREMENT PLAN

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

As of December 31, 2024

EIN 93-0430029: PLAN 001

(a)	(b) Identify of Issuer/ (c) Description of Investment	(d) Cost Basis	(e) Value
	<b>Municipal Bond</b>		
	CALIFORNIA ST 7.55% DUE 4/1/39	302,685	271,867
	MIAMI-DADE CN FL 4.28% DUE 10/1/41	232,005	217,364
	NEW JERSEY ECON 7.425% DUE 2/15/29	149,550	144,902
	<b>Treasury Bond</b>		
	US TREASURY 1.875% DUE 02/15/51	559,683	417,422
	US TREASURY 2.25% DUE 05/15/41	163,760	143,294
	US TREASURY 3.125% DUE 05/15/48	526,728	435,387
	US TREASURY 3.5% DUE 2/15/39	323,395	289,987
	US TREASURY 3.625% DUE 3/31/28	146,801	145,973
	US TREASURY 3.875% DUE 02/15/43	297,178	282,400
	<b>Exchanged Traded Fund</b>		
	ISHARES CORE MSCI EAFE	2,922,378	3,072,782
	ISHARES CORE S&P 500	299,520	340,257
	ISHARES MSCI EAFE SMALL	1,351,163	1,363,959
	ISHARES 10-20 YEAR	1,439,642	1,333,537
	ISHARES 7-10 YEAR	199,739	197,751
	SELECT SECTOR UTI	703,253	740,324
	<b>Interest-Bearing Cash</b>		
	BANK SWEEP	-	281,151
	FDIC INSURED DEPOSIT ACCOUNT IDA 12	-	11,204
	SCHWAB GOVERNMENT MONEY FUND	-	1,477,500
	STATE STREET INSTRL US GOV'T MONEY MARKET PREMIER	-	477,341
	<b>Mortgage Pool</b>		
	FHLMC SD1015 4.5% DUE 5/1/48	667,129	616,697
	FHLMC SD7507 3% DUE 11/1/49	363,888	331,749
	FNMA PL BM5508 5% DUE 2/1/49	274,531	257,418
	FNMA PL CA3664 4% DUE 6/1/49	765,254	713,534
	FNMA PL FM3229 3.5% DUE 2/1/47	423,011	401,179
	FNMA PL FS1125 3.5% DUE 07/1/50	825,607	764,194
	FNMA PL FS1947 3% DUE 8/1/38	257,964	238,436
	FNMA PL FS3312 2.0% DUE 3/1/37	139,565	135,182
	FHLMC ZS9776 3.5% DUE 8/1/46	119,669	115,934
	FNMA PL BM3660 4.0% DUE 11/1/46	105,680	106,013
	FNMA PL FM1534 4.5% DUE 9/1/49	212,987	209,924
	FNMA PL FS3698 5.5% DUE 11/1/52	115,014	115,477
	FNMA PL FS6883 4.0% DUE 5/1/53	132,764	132,684
	FNMA PL FS7160 6.5% DUE 2/1/54	140,152	139,653
	FNMA PL MA5072 5.5% DUE 7/1/53	240,258	236,352
	FHLMC SD2707 5.0% DUE 4/1/53	122,314	121,108
	FHLMC RA 9270 5.5% DUE 6/1/53	342,073	337,445
	<b>Real Estate</b>		
	AEI NATIONAL INCOME PROPERTY (01199R109)	450,000	687,284
	THE GC NET LEASE REIT INC N(36299J102)		
	<b>Other Investment</b>		
	GREENBACKER RENEWABLE ENERGY CO LLC	3,055,000	2,853,621
	THE ASIUS FUND I LTD SERIES B NSA	188,453	968,159

TUALITY HEALTHCARE RETIREMENT PLAN

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

As of December 31, 2024

EIN 93-0430029: PLAN 001

(a)	(b) Identify of Issuer/ (c) Description of Investment	(d) Cost Basis	(e) Value
	<b>Registered Investment Company</b>		
	DODGE & COX FUNDS INCOME INVESTOR	1,392,433	1,388,086
	DOUBLELINE TOTAL RETURN	1,760,141	1,721,522
	GOLDMAN SACHS GQG PTNRS	2,650,000	2,615,237
	JP MORGAN EMERG MKTS EQ FD INST	323,882	361,591
	JP MORGAN CORE PLUS BOND	2,431,458	2,386,010
	HOOD RIVER SMALL CAP	2,800,638	4,427,832
	PIMCO RAE EMERGING MARKET	328,546	406,193
	SCHWAB US LARGE-CAP GRO	8,782,000	11,643,643
	SCHWAB US LARGE-CAP VAL	9,290,000	10,483,749
	VANGUARD GROWTH INDEX AD	1,350,015	2,002,859
	ALLIANT ENERGY COPR	81,909	86,522
	AMDOCS LTD	83,862	84,118
	AVALONBAY CMNTYS INC	82,597	87,548
	BALL COPR	96,967	82,971
	BOOZ ALLEN HAMILTON HLDG	93,485	83,526
	BROADRIDGE FINL SOLUTION	80,918	84,784
	BROWN & BROWN INC	81,897	84,167
	CARDINAL HEALTH INC	74,216	88,584
	COMMERCE BRANCSHARES INC	81,349	85,676
	CORNING INC	72,872	86,914
	COTERRA ENERGY INC	85,682	89,237
	CUBESMART	90,557	81,629
	DICKS SPORTING GOODS INC	79,005	89,476
	EBAY INC	75,876	85,739
	ENCOMPASS HEALTH COPR	78,866	82,653
	ESSENTIAL UTILS INC	86,811	80,885
	EXPEDITORS INTL WASH INC	90,062	82,745
	GALLAGHER ARTHUR J & CO	86,874	87,426
	GARMIN LTD	68,558	84,360
	GLOBAL PMTS INC	75,381	87,183
	GRACO INC	85,247	87,914
	INDEX COPR	80,094	83,297
	KBR INC	96,229	87,243
	KEYCORP NEW	84,028	83,112
	KROGER CO	76,868	86,466
	LANDSTAR SYS INC	91,000	82,149
	LITTELFUSE INC	88,341	83,656
	L3HARRIS TECHNOLOGIES IN	89,932	83,271
	MAIN STR CAP CORP	79,350	93,318
	MARKETAXESS HLDGS INC	86,079	84,765
	MCGRATH RENTCORP	77,712	82,747
	MOLSON COORS BEVERAGE CL	78,483	80,420
	MONOLITHIC PWR SYS INC	104,571	82,838
	OMEGA HEALTHCARE INVS IN	82,858	84,935
	ONEOK INC NEW	70,221	86,645
	QUEST DIAGNOSTICS INC	83,488	86,292
	REGIONS FINL CORP NEW	75,075	82,767
	REINSURANCE GROUP AMER I	87,035	88,656
	RELIANCE INC	90,707	82,393
	RLI CORP	76,162	85,217
	ROSS STORES INC	83,577	90,611
	SKYWORKS SOLUTIONS INC	102,058	86,729
	SMUCKER J M CO	91,895	85,453
	STAG INDL INC	96,203	82,757
	STERIS PLC F	96,253	84,691
	TOLL BROS INC	87,244	81,742
	TRACTOR SUPPLY CO	80,963	81,978
	WATSCO INC	85,486	83,879
	WILLIAMS SONOMA INC	65,440	84,257
	W P CAREY INC	90,529	84,444
	TOTAL INVESTMENTS	\$ 61,469,697	\$ 70,279,591

\*DENOTES A PARTY-IN-INTEREST WITH RESPECT TO THE PLAN

**TUALITY HEALTHCARE RETIREMENT PLAN****EIN: 93-0430029 PN: 001**

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**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	672,772	5	4.75%	9	4.87%	7,048,957
2022	(257,374)	5	4.75%	8	4.87%	(2,557,924)
2021	(184,691)	5	4.75%	7	4.87%	(1,731,177)
2020	1,141,128	5	4.75%	6	4.87%	10,019,871
<b>Total Existing:</b>	<b>1,371,835</b>					<b>12,779,727</b>

**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	(27,250)	5	4.75%	10	4.87%	(299,520)
<b>Total:</b>	<b>1,344,585</b>					<b>12,480,207</b>

**TUALITY HEALTHCARE RETIREMENT PLAN**

**EIN: 93-0430029 PN: 001**

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**2024 Form 5500 Schedule SB, Line 24 – Change in Actuarial Assumptions**

The percentage of participants who are married was increased from 75% to reflect the Plan's amended death benefit coverage.