

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1963
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA 1560 E. SHAW AVENUE FRESNO, CA 93710
2b	Employer Identification Number (EIN) 94-2864615
2c	Plan Sponsor's telephone number 559-724-4124
2d	Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	DEBORAH MOFFETT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 4262
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 3105 6a(2) 2859 6b 378 6c 830 6d 4067 6e 29 6f 4096 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1C

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	---	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA	D Employer Identification Number (EIN) 94-2864615
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	266575066	
b	Actuarial value	2b	273544009	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	383	36941671	36941671
b	For terminated vested participants	780	25022040	25022040
c	For active participants	3105	220310752	220367342
d	Total	4268	282274463	282331053
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.21 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	10653355	
b	Expected plan-related expenses	6b	87304	
c	Target normal cost	6c	10740659	

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

SIGN HERE	Signature of actuary JAY A. SORENSEN Type or print name of actuary WILLIS TOWERS WATSON US LLC Firm name 2010 MAIN STREET IRVINE CONCOURSE - SUITE 1050 IRVINE, CA 92614 Address of the firm	10/09/2025 Date 23-07298 Most recent enrollment number 949-253-5250 Telephone number (including area code)
--------------------------	---	--

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	43203809
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	11594284
9 Amount remaining (line 7 minus line 8)	0	31609525
10 Interest on line 9 using prior year's actual return of <u>13.42</u> %	0	4241998
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.27</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	35851523

Part III Funding Percentages

14 Funding target attainment percentage	14	84.18 %
15 Adjusted funding target attainment percentage	15	84.18 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.04 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
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	10740659	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	44638567	4188860	
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	14929519	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	14929519	14929519
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
--

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA	D Employer Identification Number (EIN) 94-2864615	

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	
COLUMBIA MANAGEMENT INV SERVICES	P.O. BOX 219104 KANSAS CITY, MO 64121

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
COHEN & STEERS, INC.	1166 AVENUE OF THE AMERICAS 30TH FLOOR NEW YORK, NY 10036

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DODGE & COX	
94-1441976	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
MFS FINANCIAL SERVICES	111 HUNTINGTON AVENUE BOSTON, MA 02199-7632

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

LAZARD ESC GLOBAL LISTED

83-2977134

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

NYLI CBRE GLOBAL INFRASTRUCTURE

87-0985655

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

VANGUARD GROUP INC. 110 VANGUARD BOULEVARD
MALVERN, PA 19355

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

ISHARES S&P500 ETF

94-3351276

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

MAINSTAY MACKAY 51 MADISON AVENUE
NEW YORK, NY 10010

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

PGIM, INC.

22-2540245

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

HARTFORD FUNDS 801 PENNSYLVANIA AVE
SUITE 219060
KANSAS CITY, MO 64105-1307

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

EMERGING MARKET EX CHINA

88-1062954

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

FIDELITY INVESTMENTS

04-3523567

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

GOLDMAN SACHS GROUP INC

13-4019460

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

PARAMETRIC PORTFOLIO ASSOC LLC

20-0292745

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

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

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

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

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

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

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

US BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 52	INVESTMENT MGMT	1218702	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

PRINCIPAL TRUST COMPANY

51-0099493

(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?
19 50 21 52 25 72	TRUSTEE	92358	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	MOSS ADAMS LLP	b EIN:	91-0189318
c Position:	AUDITOR		
d Address:	2882 PROSPECT PARK DRIVE SUITE 300 RANCHO CORDOVA, CA 95670-6072	e Telephone:	916-503-8100

Explanation: MOSS ADAMS, LLP MERGED WITH BAKER TILLY US, LLP ON JUNE 3, 2025.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

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

A Name of plan COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA	D Employer Identification Number (EIN) 94-2864615

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	150
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	837054	782683
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	68100627	64295914
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	40868407	40199893
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	28963819
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	17287704	9753844
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	128449431	124831691
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	11031842	8810850

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	266575065	277638844
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	266575065	277638844

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	3775408	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3775408
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	2587572	
(C) Corporate debt instruments	2b(1)(C)	1759286	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	439650	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4786508
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	162740	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2708373	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2871113
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	271686467	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	270525371	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1161096
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-165800	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-165800

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		446542
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		16998611
c Other income	2c		9408
d Total income. Add all income amounts in column (b) and enter total	2d		29882886

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17508047	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		17508047
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1218702	
(6) Bank or trust company trustee/custodial fees	2i(6)	92358	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1311060
j Total expenses. Add all expense amounts in column (b) and enter total	2j		18819107

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11063779
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	☒	☐	22
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒	☐	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☐	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 557880.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA PENSION PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA				D Employer Identification Number (EIN) 94-2864615	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 42-1466678					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	196
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 50.4 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 45.4 %

High-Yield Debt: 1.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 3.2 % Other: 0.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

A large, stylized teal graphic on the right side of the page, consisting of several concentric, overlapping curved segments that form a partial circular shape.

Report of Independent Auditors and
Financial Statements with Supplemental Schedules

**Community Hospitals of Central California
Pension Plan**

December 31, 2024 and 2023

Table of Contents

Report of Independent Auditors	1
Financial Statements	
Statements of Net Assets Available for Benefits	6
Statement of Changes in Net Assets Available for Benefits	7
Notes to Financial Statements	8
Supplemental Schedules Required by the Department of Labor	
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)	19
Schedule H, Line 4(j) – Schedule of Reportable Transactions	38

Report of Independent Auditors

The Plan Administrator of
Community Hospitals of Central California Pension Plan

Report on the Audit of the Financial Statements

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

We have performed audits of the financial statements of Community Hospitals of Central California Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Community Hospitals of Central California Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) 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 GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Community Hospitals of Central California Pension Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Community Hospitals of Central California Pension Plan's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Community Hospitals of Central California Pension Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

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.

Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Baker Tilly US, LLP

Sacramento, California
October 10, 2025

Financial Statements

Community Hospitals of Central California Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value		
Corporate bonds	\$ 40,199,893	\$ 40,868,407
U.S. government securities	64,295,914	68,100,627
Municipal obligations	8,810,850	11,031,842
Common stocks	28,963,819	-
Registered investment companies	124,831,691	128,449,431
Collective trust	<u>9,753,844</u>	<u>17,287,704</u>
Total investments, at fair value	<u>276,856,011</u>	<u>265,738,011</u>
Cash	150	-
Accrued interest and dividends	<u>782,683</u>	<u>837,054</u>
Total assets	<u>277,638,844</u>	<u>266,575,065</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 277,638,844</u></u>	<u><u>\$ 266,575,065</u></u>

See accompanying notes.

Community Hospitals of Central California Pension Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2024

ADDITIONS TO NET ASSETS ATTRIBUTED TO

Investment income

Net appreciation in fair value of investments	\$ 17,947,389
Interest	5,271,429
Dividends	<u>2,887,104</u>

26,105,922

Less investment expenses	<u>(1,218,702)</u>
--------------------------	--------------------

Net investment income	<u>24,887,220</u>
-----------------------	-------------------

Other income	<u>1,453</u>
--------------	--------------

Participant contributions	<u>3,775,408</u>
---------------------------	------------------

Total additions	<u>28,664,081</u>
-----------------	-------------------

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Benefits paid directly to participants	17,507,946
Administrative expenses	<u>92,356</u>

Total deductions	<u>17,600,302</u>
------------------	-------------------

CHANGE IN NET ASSETS	11,063,779
----------------------	------------

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>266,575,065</u>
-------------------	--------------------

End of year	<u><u>\$ 277,638,844</u></u>
-------------	------------------------------

See accompanying notes.

Community Hospitals of Central California Pension Plan

Notes to Financial Statements

Note 1 – Description of Plan

The following brief description of Community Hospitals of Central California Pension Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General – The Plan is a contributory defined benefit cash balance pension plan covering eligible employees of Community Hospitals of Central California (CHCC) who are not members of a collective bargaining unit unless the related bargaining agreement provides for coverage under the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). CHCC is the Plan's sponsor and serves as Plan administrator. In September 2015, the Plan was amended to include former Fresno Heart and Surgical Hospital (FHS) employees who chose participation in the Plan when the FHS 401(k) Plan was terminated if they met the Plan's eligibility requirements. The Plan was restated effective January 1, 2016; the restatement was for compliance purposes and did not substantively change the provisions of the Plan.

During 2016, the Plan was amended as follows:

Any individual who was hired or rehired after July 1, 2016, was not eligible to become a participant in the Plan.

Any employee who was hired before July 1, 2016, and was not a participant in the Plan on such date, or eligible to become a participant on such date, was not eligible to become a participant after December 31, 2016.

Any eligible employee who made a one-time election by September 15, 2016, to switch to another employer plan, ceased to be an active participant in the Plan effective January 1, 2017. The accrued benefit of any individual that made this election was frozen effective December 31, 2016.

Benefits and participant accounts – The accrued benefit for each participant is based on the annual mandatory employee contribution of 2% of pensionable compensation. It also includes an annual employer allocation applied to pensionable compensation based on the number of years of vested service as follows:

Less than 5 years	4%
5 but less than 10 years	5%
10 but less than 15 years	6%
15 but less than 20 years	7%
20 years or more	8%

Participants are credited with interest on their account balances at minimum guaranteed rates established each December 31, equal to 90%, rounded to the nearest 0.1% of the annual rate of interest on 30-year Treasury securities for the month of November, immediately preceding December 31.

Community Hospitals of Central California Pension Plan

Notes to Financial Statements

Active participants on December 31, 1988, receive additional interest credits on the account balance determined as of December 31, 1988, based on the sum of their age and service as of December 31, 1988. Participants whose age, plus service, was at least 67 on December 31, 1988, receive an additional 3% in interest credits applied to the account balance determined as of December 31, 1988, and participants whose age, plus service was at least 62 but less than 67, receive an additional 2% interest credit and all others receive an additional 1%.

Active participants on December 31, 1988, are also eligible for the benefit structure in effect on December 31, 1988. These participants receive the greater of the benefit based on the account balance and the final average pay formula in effect on December 31, 1988. The final average pay formula is 1.4% of final average pay multiplied by projected benefit service up to 25 years, plus 1.0% of final average pay multiplied by projected service in excess of 25 years. This result is prorated for current benefit service over projected benefit service.

In addition to normal retirement benefits, the Plan, under certain conditions, also provides for early retirement, disability, death, and spousal benefits.

Eligibility – Employees of CHCC became eligible to elect participation in the Plan on January 1, or July 1, following completion of 1,000 hours and one year of service.

Employee contributions – As a condition of Plan participation, eligible employees are required to contribute 2% of the individual employee's pensionable compensation as specified in the Plan document. Present employees' accumulated contributions at December 31, 2024 are \$70,369,166 and \$67,645,240, respectively, including interest credited at an interest rate of 4.26% and 4.68% in 2024 and 2023, respectively.

Funding policy – employer contributions – CHCC intends to make contributions in amounts not less than the minimum required by the funding standards of ERISA and is required to keep the Plan qualified under Section 401 of the Internal Revenue Code (IRC). CHCC's policy is to make periodic contributions to the Plan as specified by the Plan's consulting actuaries. There were no changes in such policy in 2024. The Company's contributions for 2024 of \$0, met the minimum funding requirements of ERISA.

Although it has not expressed any intention to do so, CHCC 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.

Vesting – Prior to January 1, 2008, the Plan provided all participants 100% vesting privileges in the employer portion of their accrued benefits upon completion of five years of service. Effective January 1, 2008, the Plan was amended to provide all participants 100% vesting privileges in the employer portion of their accrued benefits upon completion of three years of service. Participants are immediately vested in their own contributions and earnings thereon.

Retirement age – Normal retirement age is 65. Early retirement is either at age 55, provided 15 years of vesting service is available, or upon retirement due to disability. Distributions from the Plan for all participants commence no later than April 1, following the year they reach age 70½.

Payment of benefits – On termination of service due to death, disability, retirement, or termination of service for other reasons, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account.

Community Hospitals of Central California Pension Plan

Notes to Financial Statements

Note 2 – Summary of Accounting Policies

Basis of accounting – The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America, using the accrual method of accounting.

Use of estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment valuation – The investments are stated at fair value. The Plan's trustee, Principal Bank, certifies the fair market value of all investments. If available, quoted market prices are used to value investments.

Fair value is the price that would be received to sell an asset or paid to transfer a liability (the "exit price") in an orderly transaction between market participants at the measurement date.

Income recognition – 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. The net appreciation in fair value of investments consists of both the realized gains or losses, and unrealized appreciation and depreciation of those investments.

Payment of benefits – Benefit payments to participants are recorded upon distribution.

Expenses – Administrative expenses charged by the trustee are paid by the Plan and are recorded as deductions in the accompanying statement of changes in net assets available for benefits. Actuarial expenses and certain other administrative expenses that are paid by CHCC are excluded from these financial statements.

Subsequent events – The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before the financial statements are available to be issued.

The Plan has evaluated subsequent events through October 10, 2025, which is the date the financial statements were available to be issued.

Note 3 – Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits include future periodic benefits including lump-sum distributions 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.

Community Hospitals of Central California Pension Plan

Notes to Financial Statements

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

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025 and 2024. Had the valuations been performed as of December 31, 2024 and 2023, there would have been no material differences. The actuarial present value of accumulated plan benefits consists of the following components:

	December 31,	
	2024	2023
Actuarial present value of accumulated plan benefits		
Vested benefits		
Active employees	\$ 191,781,753	\$ 193,606,403
Participants with deferred benefits	25,291,416	22,017,909
Participants receiving benefits	35,441,255	33,478,222
	252,514,424	249,102,534
Nonvested benefits	98,678	48,739
Total actuarial present value of accumulated plan benefits	<u>\$ 252,613,102</u>	<u>\$ 249,151,273</u>

The changes in the actuarial present value of the accumulated plan benefits for the year ended December 31, 2024, are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 249,151,273</u>
Increase during the year attributable to	
Change in actuarial assumptions	(8,062,604)
Benefits accumulated	12,567,977
Decrease in the discount period	16,442,740
Actuarial losses	21,662
Benefits paid	(17,507,946)
Net increase	<u>3,461,829</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 252,613,102</u>

The decrease in the actuarial present value of accumulated plan benefits due to change in actuarial assumptions during 2024 relates primarily to the decrease in the cash balance interest crediting rate assumption from 4.68% to 4.26%.

Community Hospitals of Central California Pension Plan

Notes to Financial Statements

The significant actuarial assumptions used in the valuations are:

Average discount rate

2024 6.50%

2023 6.50%

Mortality

2024 Pri-2012 "Employees," "Health Retirees," and "Contingent Survivors" mortality tables projected generationally with Scale MP 2021.

2023 Pri-2012 "Employees," "Health Retirees," and "Contingent Survivors" mortality tables projected generationally with Scale MP 2021.

Retirement age

2024 Graduated rates from age 55 to age 73

2023 Graduated rates from age 55 to age 73

Administrative expense

2024 \$92,358

2023 \$87,304

Cash balance interest rate

2024 4.26%

2023 4.68%

Form of benefits Benefits are assumed to be paid under the single-sum option with the following breakdown between active and vested terminated participants:

2024 Active participants: 40% of participants are assumed to take an immediate lump-sum benefit upon retirement, and 40% of participants are assumed to take a lump-sum benefit payment at age 65.

Vested terminated participants: 12% of participants are assumed to take an immediate lump-sum benefit upon reaching retirement age, 68% of participants are assumed to take a lump-sum benefit payment at age 65.

Community Hospitals of Central California Pension Plan

Notes to Financial Statements

2023 Active participants: 40% of participants are assumed to take an immediate lump-sum benefit upon retirement, and 40% of participants are assumed to take a lump-sum benefit payment within six years of retirement.

Vested terminated participants: 12% of participants are assumed to take an immediate lump-sum benefit upon reaching retirement age, 50% of participants are assumed to take a lump-sum benefit payment at age 65.

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.

Note 4 – Fair Value Measurements

The framework for measuring fair value provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Corporate bonds and municipal obligations – Valued using pricing models maximizing the use of observable inputs for similar securities which includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, those corporate bonds are valued under a discounted cash-flow approach that maximizes observable inputs, such as current yields or similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

Community Hospitals of Central California Pension Plan

Notes to Financial Statements

U.S. government securities – Valued using pricing models maximizing the use of observable inputs for similar securities.

Common stocks – Shares of common stock are valued at the closing price reported on the active markets on which the individual securities are traded.

Registered investment companies (mutual funds) – Valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The funds held by the Plan are deemed to be actively traded. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission.

Collective trust – The Allspring Short-term Investment Fund A S1 (the Fund) is a collective trust that seeks to provide investors with a competitive rate of return and a high level of stability of principal and liquidity. The Fund seeks to maintain a constant unit value of one dollar. Units held are valued using the NAV practical expedient of the Fund as reported by the Fund's managers. The NAV practical expedient is based on the fair value of the underlying assets owned by the Fund, minus its liabilities, and then divided by the number of units outstanding. The NAV practical expedient is calculated based on a compilation of primarily observable market information. The Plan administrator, and other authorized parties may instruct the Fund in writing to redeem some or all units. Units will be redeemed at the NAV practical expedient next determined following receipt by the Fund of written redemption instructions, and redemption proceeds will generally be paid to the account within one business day after receipt of the redemption request, and in all cases within six business days after such receipt. The following table provides additional information for the Fund:

		Fair Value December 31, 2024		Fair Value December 31, 2023	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Allspring Short Term Investment Fund A S1	\$	9,753,844	\$	17,287,704	None	Daily	N/A

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

Community Hospitals of Central California Pension Plan

Notes to Financial Statements

The following tables disclose by level the fair value hierarchy of the Plan's assets at fair value:

Fair Value Measurements at December 31, 2024				
	Level 1	Level 2	Level 3	Total
Corporate bonds	\$ -	\$ 40,199,893	\$ -	\$ 40,199,893
U.S. government securities	64,295,914	-	-	64,295,914
Municipal obligations	-	8,810,850	-	8,810,850
Registered investment companies	124,831,691	-	-	124,831,691
Common stocks	28,963,819	-	-	28,963,819
Total assets in fair value hierarchy	<u>\$ 218,091,424</u>	<u>\$ 49,010,743</u>	<u>\$ -</u>	267,102,167
Investments measured at NAV practical expedient				<u>9,753,844</u>
Investments at fair value				<u>\$ 276,856,011</u>

Fair Value Measurements at December 31, 2023				
	Level 1	Level 2	Level 3	Total
Corporate bonds	\$ -	\$ 40,868,407	\$ -	\$ 40,868,407
U.S. government securities	68,100,627	-	-	68,100,627
Municipal obligations	-	11,031,842	-	11,031,842
Registered investment companies	128,449,431	-	-	128,449,431
Total assets in fair value hierarchy	<u>\$ 196,550,058</u>	<u>\$ 51,900,249</u>	<u>\$ -</u>	248,450,307
Investments measured at NAV practical expedient				<u>17,287,704</u>
Investments at fair value				<u>\$ 265,738,011</u>

Note 5 – Information Certified By the Trustee

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Principal Bank, the trustee of the Plan, has certified to the completeness and accuracy of:

- Investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023.
- Net appreciation in fair value of investments, dividends, and interest reflected on the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2024.
- Investments reflected on the schedule of assets (held at end of year) as of December 31, 2024.
- Transactions reflected on the schedule of reportable transactions for the year ended December 31, 2024.

Community Hospitals of Central California Pension Plan

Notes to Financial Statements

Note 6 – Tax Status

The Internal Revenue Service (IRS) has determined and informed CHCC by letter, dated November 21, 2011, that the Plan and related trust, as amended and restated effective January 1, 2011, are designed in accordance with applicable sections of IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

In accordance with guidance on accounting for uncertainty in income taxes, management has evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7 – Risks and Uncertainties

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

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.

Note 8 – Transactions with Parties-In-Interest

The Plan had certain transactions with parties-in-interest which were exempt from prohibitions on transactions with parties-in-interest. Fees paid by the Plan for trustee services to Principal Bank were \$92,358 for the year ended December 31, 2024.

Note 9 – 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:

- a. Benefits attributable to employee contributions, taking into account those paid out before termination.

Community Hospitals of Central California Pension Plan

Notes to Financial Statements

- b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire within that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding plan termination.
- c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, up to the applicable limitations discussed below.
- d. All other vested benefits (that is, vested benefits not insured by the PBGC).
- e. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and 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. For plan terminations occurring during 2025, that ceiling is \$7,432 per month. That ceiling applies to those annuitants who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

Note 10 – Reconciliation of Financial Statements to Form 5500

The Form 5500 has certain items that differ from amounts shown on the accompanying financial statements. These differences relate to classification only and have no effect upon net assets available for benefits for either period.

**Supplemental Schedules
Required by the Department of Labor**

Community Hospitals of Central California Pension Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

Plan Sponsor: Community Hospitals of Central California

Employer Identification Number: 94-2864615

Plan Number: 001

Schedule H, Line 4(i)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	CORPORATE OBLIGATIONS			
	ABBVIE INC DTD	Interest at 4.250%, Due 11/21/2049, Face Amount \$485,000	\$ 397,826	\$ 394,324
	ACCENTURE CAPITAL INC DTD	Interest at 4.250%, Due 10/04/2031, Face Amount \$295,000	294,522	283,474
	AIR CANADA 2015-1A PTT 144A PRIV PLCMT	Interest at 3.600%, Due 03/15/2027, Face Amount \$829,793	806,825	807,380
	ALASKA AIRLINES 2020 TR 144A PRIV PLCMT	Interest at 4.800%, Due 08/15/2027, Face Amount \$549,158	596,994	544,693
	APPLOVIN CORP DTD	Interest at 5.125%, Due 12/01/2029, Face Amount \$555,000	554,789	553,646
	ARIZONA PUBLIC SERVICE DTD	Interest at 5.700%, Due 08/15/2034, Face Amount \$320,000	319,123	323,555
	ARTHUR J GALLAGHER & CO DTD	Interest at 5.150%, Due 02/15/2035, Face Amount \$585,000	582,818	570,352
	ASSOCIATED BANC DTD	Interest at 0.000%, Due 08/29/2030, Face Amount \$420,000	422,748	428,362
	AT&T INC DTD	Interest at 2.550%, Due 12/01/2033, Face Amount \$560,000	448,862	451,097
	ATHENE GLOBAL FDG DTD	Interest at 5.349%, Due 07/09/2027, Face Amount \$570,000	570,000	575,580
	BAKER HUGHES LLC/CO-OBL DTD	Interest at 3.337%, Due 12/15/2027, Face Amount \$290,000	277,692	279,714
	BANCO SANTANDER CONVERTIBLE	Interest at 0.000%, Due 07/15/2031, Face Amount \$400,000	400,000	399,188
	BANK OF AMERICA CORP MED TERM NOTE	Interest at 0.000%, Due 07/23/2030, Face Amount \$630,000	572,065	580,356
	BANK OF NOVA SCOTIA DTD	Interest at 0.000%, Due 09/04/2170, Face Amount \$480,000	475,200	475,008
	BARCLAYS PLC CONVERTIBLE	Interest at 0.000%, Due 03/12/2030, Face Amount \$590,000	590,000	595,717
	BLACK HILLS CORP DTD	Interest at 6.000%, Due 01/15/2035, Face Amount \$400,000	399,148	412,464
	BOFA AUTO TRUST ASSET BCKD SEC SER 2024-1A CL A3	Interest at 0.000%, Due 11/15/2028, Face Amount \$185,000	184,970	187,287
	BRIGHTHSE FIN GLBL FUND DTD	Interest at 5.650%, Due 06/10/2029, Face Amount \$425,000	429,786	428,583
	BRISTOL-MYERS SQUIBB CO DTD	Interest at 5.550%, Due 02/22/2054, Face Amount \$280,000	279,205	271,622
	BRITISH AIR 19-1 AA PTT 144A PRIV PLCMT	Interest at 3.300%, Due 12/15/2032, Face Amount \$471,327	472,129	431,995
	CARVANA AUTO RECEIVABLES TRUST SER	Interest at 0.000%, Due 06/12/2028, Face Amount \$123,643	123,639	117,984
	CHASE AUTO OWNER TRUST ASSET BCKD SEC SER	Interest at 0.000%, Due 07/25/2029, Face Amount \$1,060,000	1,062,947	1,065,459
	CITIGROUP INC DTD 0	Interest at 0.000%, Due 05/25/2034, Face Amount \$350,000	350,000	356,556
	CITIZENS AUTO RECEIVABLES TRUST ASSET BCKD SEC SER	Interest at 0.000%, Due 07/15/2026, Face Amount \$102,730	102,725	102,872
	CITIZENS FINANCIAL GROUP DTD	Interest at 0.000%, Due 04/25/2035, Face Amount \$230,000	230,231	242,471
	CNO GLOBAL FUNDING MEDIUM TERM NOTE	Interest at 0.000%, Due 12/10/2027, Face Amount \$480,000	479,842	477,816
	COMMONWEALTH EDISON DTD	Interest at 5.875%, Due 02/01/2033, Face Amount \$270,000	360,601	277,852

Community Hospitals of Central California Pension Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (continued)
December 31, 2024

Plan Sponsor: Community Hospitals of Central California
Employer Identification Number: 94-2864615
Plan Number: 001
Schedule H, Line 4(i)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	CORPORATE OBLIGATIONS			
	CROWN CASTLE TOWERS LLC 144A PRIV PLCMT	Interest at 4.241%, Due 07/15/2028, Face Amount \$625,000	605,669	601,675
	DAIMLER TRUCKS RETAIL TRUST ASSET BCKD SEC SER	Interest at 0.000%, Due 12/15/2027, Face Amount \$260,000	259,977	263,302
	DB MASTER FINANCE LLC SER	Interest at 0.000%, Due 11/20/2047, Face Amount \$904,525	965,722	877,407
	DELTA AIR LINES 2020-A DTD	Interest at 2.500%, Due 06/10/2028, Face Amount \$442,072	434,721	408,585
	DIAGEO CAPITAL PLC DTD	Interest at 2.125%, Due 04/29/2032, Face Amount \$361,000	293,800	294,789
	DUKE ENERGY OHIO INC DTD	Interest at 5.550%, Due 03/15/2054, Face Amount \$275,000	274,282	265,884
	ELECTRONIC ARTS INC DTD	Interest at 2.950%, Due 02/15/2051, Face Amount \$380,000	221,734	238,131
	ENERGY TRANSFER LP DTD	Interest at 5.950%, Due 05/15/2054, Face Amount \$560,000	554,621	541,380
	ENTERGY LA LLC DTD	Interest at 5.150%, Due 09/15/2034, Face Amount \$525,000	523,000	516,327
	ENTERPRISE FLEET FINANCING LLC ASSET BCKD SEC SER	Interest at 0.000%, Due 08/21/2028, Face Amount \$270,000	269,958	271,593
	ESSENTIAL UTILITIES INC DTD	Interest at 3.351%, Due 04/15/2050, Face Amount \$375,000	270,094	246,495
	EXTRA SPACE STORAGE LP DTD	Interest at 5.700%, Due 04/01/2028, Face Amount \$460,000	473,142	469,596
	F&G ANNUITIES & LIFE INC DTD	Interest at 6.500%, Due 06/04/2029, Face Amount \$380,000	379,027	387,965
	F&G GLOBAL FUNDING 144A PRIV PLCMT	Interest at 2.000%, Due 09/20/2028, Face Amount \$645,000	643,246	567,348
	FIRSR NATL MSTR NOTE TRUST ASSET BCKD SEC SER	Interest at 0.000%, Due 04/15/2029, Face Amount \$1,425,000	1,423,982	1,433,294
	FIRST NATIONAL MASTER ASSET BCKD SEC SER	Interest at 0.000%, Due 09/17/2029, Face Amount \$805,000	804,876	816,737
	FLORIDA PWR & LT CO DTD	Interest at 5.150%, Due 06/15/2029, Face Amount \$390,000	389,341	394,895
	GA GLOBAL FUNDING TRUST DTD	Interest at 4.400%, Due 09/23/2027, Face Amount \$585,000	584,661	576,658
	GEORGIA-PACIFIC LLC DTD	Interest at 2.100%, Due 04/30/2027, Face Amount \$355,000	338,173	334,861
	GOLDEN CREDIT CARD TRUST SER	Interest at 0.000%, Due 08/15/2028, Face Amount \$1,300,000	1,151,160	1,229,826
	GOLDMAN SACHS GROUP INC DTD	Interest at 0.000%, Due 10/21/2027, Face Amount \$395,000	355,583	374,768
	HARLEY DAVIDSON FINL SVCS INC DTD	Interest at 5.950%, Due 06/11/2029, Face Amount \$490,000	489,226	490,549
	HEWLETT PACKARD ENTERPRISE DTD	Interest at 5.000%, Due 10/15/2034, Face Amount \$465,000	460,784	446,944
	HILTON GRAND VACATIONS TRUST ASSET BCKD SEC SER	Interest at 0.000%, Due 03/25/2038, Face Amount \$342,345	342,285	345,272
	HILTON GRAND VACATIONS TRUST SER	Interest at 0.000%, Due 02/25/2032, Face Amount \$374,880	369,257	372,807
	HUBBELL INC DTD	Interest at 3.350%, Due 03/01/2026, Face Amount \$330,000	324,047	324,608
	HUNTINGTON AUTO TRUST ASSET BCKD SEC SER	Interest at 0.000%, Due 01/16/2029, Face Amount \$550,000	549,980	555,643

Community Hospitals of Central California Pension Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (continued)
December 31, 2024

Plan Sponsor: Community Hospitals of Central California
Employer Identification Number: 94-2864615
Plan Number: 001
Schedule H, Line 4(i)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	CORPORATE OBLIGATIONS			
	HUNTINGTON BANCSHARES INC DTD	Interest at 0.000%, Due 01/15/2031, Face Amount \$480,000	480,000	480,379
	HYUNDAI CAPITAL AMERICA MEDIUM TERM NOTE	Interest at 0.000%, Due 09/26/2031, Face Amount \$470,000	469,720	451,628
	KUBOTA CREDIT OWNER TRUST ASSET BCKD SEC SER	Interest at 0.000%, Due 11/15/2028, Face Amount \$380,000	379,991	385,153
	MATTEL INC DTD	Interest at 5.450%, Due 11/01/2041, Face Amount \$360,000	302,328	322,088
	MERCEDES-BENZ FIN DTD	Interest at 5.100%, Due 11/15/2029, Face Amount \$405,000	404,700	403,716
	META PLATFORMS INC DTD	Interest at 5.400%, Due 08/15/2054, Face Amount \$380,000	378,484	367,981
	MINNESOTA LIFE INSURANCE SER	Interest at 8.250%, Due 09/15/2025, Face Amount \$640,000	678,064	649,664
	MMAF EQUIPMENT FINANCE LLC ASSET BCKD SEC SER	Interest at 0.000%, Due 11/13/2026, Face Amount \$280,525	280,519	282,046
	MOTOROLA SOLUTIONS INC DTD	Interest at 2.750%, Due 05/24/2031, Face Amount \$390,000	308,383	337,721
	MUTUAL OF OMAHA GLOBAL DTD	Interest at 4.750%, Due 10/15/2029, Face Amount \$575,000	574,747	566,082
	MVW 2020-1 LLC SER	Interest at 0.000%, Due 10/20/2037, Face Amount \$266,911	272,112	255,949
	NATIONWIDE BLDG SOCIETY DTD	Interest at 5.127%, Due 07/29/2029, Face Amount \$450,000	450,000	450,405
	NAVISTAR FINANCIAL DEALER NOTE ASSET BCKD SEC SER	Interest at 0.000%, Due 08/25/2028, Face Amount \$530,000	529,925	534,834
	NBN CO LTD MEDIUM TERM NOTE	Interest at 0.000%, Due 10/01/2027, Face Amount \$470,000	469,121	461,014
	NEVADA POWER CO DTD	Interest at 6.000%, Due 03/15/2054, Face Amount \$315,000	316,917	321,662
	NTT FINANCE CORP DTD	Interest at 5.136%, Due 07/02/2031, Face Amount \$535,000	535,000	536,653
	OCCIDENTAL PETROLEUM COR DTD	Interest at 6.200%, Due 03/15/2040, Face Amount \$570,000	583,515	561,564
	OVINTIV INC DTD	Interest at 6.250%, Due 07/15/2033, Face Amount \$350,000	342,877	358,264
	PACIFIC GAS AND ELECTRIC COMPANY DTD	Interest at 3.450%, Due 07/01/2025, Face Amount \$580,000	574,223	575,464
	PLAINS ALL AMER PIPELINE DTD	Interest at 4.300%, Due 01/31/2043, Face Amount \$690,000	550,993	546,321
	PNC FINANCIAL SERVICES DTD	Interest at 3.400%, Due 12/15/2169, Face Amount \$345,000	345,000	323,814
	PORSCHE INNOVATIVE LEASE OWNER ASSET BCKD SEC SER	Interest at 0.000%, Due 10/20/2027, Face Amount \$735,000	734,993	730,733
	REALTY INCOME CORP DTD	Interest at 5.375%, Due 09/01/2054, Face Amount \$300,000	296,499	284,778
	RELiance STAND LIFE II DTD	Interest at 5.243%, Due 02/02/2026, Face Amount \$660,000	653,974	660,370
	SANTANDER UK GROUP HOLDINGS CONVERTIBLE	Interest at 0.000%, Due 09/11/2030, Face Amount \$580,000	580,000	563,922
	SBA TOWER TRUST 144A PRIV PLCMT	Interest at 1.631%, Due 05/15/2051, Face Amount \$715,000	715,000	670,227
	SBNA AUTO LEASE TRUST ASSET BCKD SEC SER	Interest at 0.000%, Due 04/20/2026, Face Amount \$523,199	523,180	525,082

Community Hospitals of Central California Pension Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (continued)
December 31, 2024

Plan Sponsor: Community Hospitals of Central California
Employer Identification Number: 94-2864615
Plan Number: 001
Schedule H, Line 4(i)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	CORPORATE OBLIGATIONS			
	SECURIAN FINANCIAL GROUP 144A PRIV PLCMT	Interest at 4.800%, Due 04/15/2048, Face Amount \$470,000	428,621	396,144
	SIMON PPTY GROUP LP DTD	Interest at 4.750%, Due 09/26/2034, Face Amount \$390,000	387,305	369,509
	SOUTHERN CAL EDISON DTD	Interest at 5.875%, Due 12/01/2053, Face Amount \$350,000	351,394	348,100
	SOUTHERN CALIFORNIA GAS CO DTD	Interest at 6.350%, Due 11/15/2052, Face Amount \$240,000	241,438	258,156
	SPRINT SPECTRUM / SPEC I 144A PRIV PLCMT	Interest at 4.738%, Due 03/20/2025, Face Amount \$056,875	61,787	56,843
	SPRINT SPECTRUM / SPEC I 144A PRIV PLCMT	Interest at 5.152%, Due 03/20/2028, Face Amount \$520,000	526,760	522,028
	STANDARD CHARTERED PLC DTD	Interest at 0.000%, Due 05/14/2035, Face Amount \$555,000	555,000	555,955
	STATE STREET CORP DTD	Interest at 0.000%, Due 10/22/2032, Face Amount \$640,000	640,000	621,325
	SUNCOR ENERGY INC DTD	Interest at 5.950%, Due 12/01/2034, Face Amount \$440,000	416,258	454,498
	TTX CO MEDIUM TERM NOTE	Interest at 0.000%, Due 11/15/2034, Face Amount \$460,000	459,706	453,850
	UNITED AIR 2013-1 A PTT DTD	Interest at 4.300%, Due 02/15/2027, Face Amount \$542,151	572,337	539,164
	UNITED AIR 2016-2 AA PTT DTD	Interest at 2.875%, Due 10/07/2028, Face Amount \$193,510	194,789	180,730
	UNITEDHEALTH GROUP INC DTD	Interest at 2.750%, Due 05/15/2040, Face Amount \$650,000	490,133	459,622
	USAA AUTO OWNER TRUST ASSET BCKD SEC SER	Interest at 0.000%, Due 06/15/2029, Face Amount \$680,000	690,970	690,445
	USAA AUTO OWNER TRUST ASSET BCKD SEC SER	Interest at 0.000%, Due 03/15/2029, Face Amount \$230,000	229,957	231,799
	VANTAGE DATA CENTERS LLC SER	Interest at 0.000%, Due 10/15/2046, Face Amount \$660,000	660,000	625,845
	VOLKSWAGEN GROUP AMER FIN LLC DTD	Interest at 4.950%, Due 08/15/2029, Face Amount \$385,000	384,276	375,675
	VULCAN MATERIALS CO DTD	Interest at 5.700%, Due 12/01/2054, Face Amount \$335,000	333,459	325,195
	VULCAN MATLS CO DTD	Interest at 4.950%, Due 12/01/2029, Face Amount \$315,000	314,678	313,992
	WASTE MANAGEMENT INC DTD	Interest at 3.875%, Due 01/15/2029, Face Amount \$745,000	718,867	717,889
	WEYERHAEUSER CO DTD	Interest at 7.375%, Due 03/15/2032, Face Amount \$445,000	496,785	495,374
	ZIONS BANCORP NA DTD	Interest at 3.250%, Due 10/29/2029, Face Amount \$395,000	404,211	351,996
				47,234,394

Community Hospitals of Central California Pension Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (continued)
December 31, 2024

Plan Sponsor: Community Hospitals of Central California
Employer Identification Number: 94-2864615
Plan Number: 001
Schedule H, Line 4(i)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	GOVERNMENT OBLIGATIONS			
	FED HOME LN MTG CORP POOL #G13790 DTD	Interest at 4.500%, Due 04/01/2025, Face Amount \$164	171	163
	FED HOME LN MTG CORP POOL #G14120 DTD	Interest at 4.000%, Due 04/01/2026, Face Amount \$5,147	5,451	5,135
	FED HOME LN MTG CORP POOL #G60453 DTD	Interest at 3.000%, Due 01/01/2046, Face Amount \$373,718	378,155	327,298
	FED HOME LN MTG CORP POOL #J15482 DTD	Interest at 4.000%, Due 05/01/2026, Face Amount \$3,268	3,469	3,249
	FED HOME LN MTG CORP POOL #QN2947 DTD	Interest at 2.000%, Due 08/01/2035, Face Amount \$675,253	703,635	601,178
	FED HOME LN MTG CORP POOL #RB5091 DTD	Interest at 2.500%, Due 11/01/2040, Face Amount \$1,138,800	1,194,138	977,489
	FED HOME LN MTG CORP POOL #SB0380 DTD	Interest at 3.500%, Due 02/01/2034, Face Amount \$241,459	263,870	233,037
	FED HOME LOAN MTGE CORP POOL #SD2080	Interest at 0.000%, Due 12/01/2052, Face Amount \$2,152,058	2,027,054	1,968,918
	FED HOME LOAN MTGE CORP POOL #SD8221	Interest at 0.000%, Due 06/01/2052, Face Amount \$2,424,911	2,388,537	2,148,883
	FED HOME LOAN MTGE CORP POOL #SD8222	Interest at 0.000%, Due 06/01/2052, Face Amount \$1,943,688	1,947,636	1,779,563
	FED HOME LOAN MTGE CORP POOL #SD8237	Interest at 0.000%, Due 08/01/2052, Face Amount \$1,052,834	960,546	964,248
	FED HOME LOAN MTGE CORP POOL #SD8244	Interest at 0.000%, Due 09/01/2052, Face Amount \$3,964,828	3,740,252	3,631,783
	FED HOME LOAN MTGE CORP POOL #SD8258	Interest at 0.000%, Due 10/01/2052, Face Amount \$1,642,718	1,588,174	1,590,529
	FED HOME LOAN MTGE CORP POOL #SD8288	Interest at 0.000%, Due 01/01/2053, Face Amount \$876,531	863,965	846,387
	FED HOME LOAN MTGE CORP POOL #SD8299	Interest at 0.000%, Due 02/01/2053, Face Amount \$2,850,976	2,773,688	2,759,745
	FED HOME LOAN MTGE CORP POOL #SD8494	Interest at 0.000%, Due 01/01/2055, Face Amount \$2,000,000	1,972,813	1,974,300
	FED NATL MTG ASSN POOL #890564 DTD	Interest at 3.000%, Due 06/01/2043, Face Amount \$468,044	483,329	412,937
	FED NATL MTG ASSN POOL #AL0243 DTD	Interest at 4.000%, Due 01/01/2026, Face Amount \$003,279	3,477	3,260
	FED NATL MTG ASSN POOL #AL5080 DTD	Interest at 3.000%, Due 06/01/2043, Face Amount \$549,820	566,486	485,106
	FED NATL MTG ASSN POOL #AL7259 DTD	Interest at 3.000%, Due 09/01/2043, Face Amount \$391,343	404,918	345,243
	FED NATL MTG ASSN POOL #AL8256 DTD	Interest at 3.000%, Due 03/01/2046, Face Amount \$384,780	394,580	339,526
	FED NATL MTG ASSN POOL #AS4786 DTD	Interest at 3.000%, Due 04/01/2045, Face Amount \$392,097	390,075	343,775
	FED NATL MTG ASSN POOL #AS7660 DTD	Interest at 2.500%, Due 08/01/2046, Face Amount \$385,533	402,942	322,044
	FED NATL MTG ASSN POOL #BM4913 DTD	Interest at 3.000%, Due 05/01/2046, Face Amount \$289,116	293,949	255,116
	FED NATL MTG ASSN POOL #CA6638 DTD	Interest at 2.500%, Due 08/01/2050, Face Amount \$1,024,189	1,079,879	844,526

Community Hospitals of Central California Pension Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (continued)
December 31, 2024

Plan Sponsor: Community Hospitals of Central California
Employer Identification Number: 94-2864615
Plan Number: 001
Schedule H, Line 4(i)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	GOVERNMENT OBLIGATIONS			
	FED NATL MTG ASSN POOL #CA6801 DTD	Interest at 2.500%, Due 08/01/2050, Face Amount \$1,024,949	1,076,677	846,013
	FED NATL MTG ASSN POOL #CA7231 DTD	Interest at 2.500%, Due 10/01/2050, Face Amount \$1,654,154	1,746,637	1,364,016
	FED NATL MTG ASSN POOL #CB1446 DTD	Interest at 2.000%, Due 08/01/2036, Face Amount \$696,894	727,709	621,462
	FED NATL MTG ASSN POOL #FM3121 DTD	Interest at 3.000%, Due 09/01/2046, Face Amount \$548,149	583,950	483,681
	FED NATL MTG ASSN POOL #MA2895 DTD	Interest at 3.000%, Due 02/01/2047, Face Amount \$162,007	160,500	140,784
	FED NATL MTG ASSN POOL #MA3238 DTD	Interest at 3.500%, Due 12/01/2047, Face Amount \$398,510	415,818	357,667
	FED NATL MTG ASSN POOL #MA3332 DTD	Interest at 3.500%, Due 03/01/2048, Face Amount \$81,769	84,222	73,387
	FED NATL MTG ASSN POOL #MA4492 DTD	Interest at 2.000%, Due 12/01/2051, Face Amount \$2,165,703	1,766,979	1,692,475
	FEDERAL HOME LOAN MORTGAGE CORP	Interest at 0.000%, Due 03/25/2029, Face Amount \$1,750,000	1,787,072	1,776,355
	FEDL NATL MTGE ASSN POOL #CB3630	Interest at 0.000%, Due 05/01/2052, Face Amount \$2,580,435	2,582,451	2,364,994
	FEDL NATL MTGE ASSN POOL #FS3275	Interest at 0.000%, Due 04/01/2052, Face Amount \$2,248,263	1,971,621	1,911,743
	FEDL NATL MTGE ASSN POOL #FS3394	Interest at 0.000%, Due 10/01/2052, Face Amount \$899,754	811,255	824,768
	FEDL NATL MTGE ASSN POOL #MA4626	Interest at 0.000%, Due 06/01/2052, Face Amount \$1,859,360	1,859,360	1,703,453
	FEDL NATL MTGE ASSN POOL #MA4733	Interest at 0.000%, Due 09/01/2052, Face Amount \$1,792,196	1,762,863	1,689,055
	FEDL NATL MTGE ASSN POOL #MA5013	Interest at 0.000%, Due 05/01/2038, Face Amount \$934,895	933,142	914,580
	UNITED STATES TREASURY BONDS DTD	Interest at 3.875%, Due 05/15/2043, Face Amount \$1,867,000	1,815,364	1,643,147
	UNITED STATES TREASURY BONDS DTD	Interest at 4.125%, Due 08/15/2044, Face Amount \$880,000	838,604	796,374
	UNITED STATES TREASURY BONDS DTD	Interest at 4.250%, Due 08/15/2054, Face Amount \$658,000	627,261	600,886
	UNITED STATES TREASURY BONDS DTD	Interest at 3.500%, Due 09/30/2026, Face Amount \$985,000	973,649	972,589
	UNITED STATES TREASURY BONDS DTD	Interest at 4.250%, Due 11/15/2034, Face Amount \$14,413,000	14,470,037	14,037,397
	UNITED STATES TREASURY NOTES DTD	Interest at 4.125%, Due 10/31/2031, Face Amount \$5,335,000	5,320,264	5,221,951
	UNITED STATES TREASURY NOTES DTD	Interest at 4.250%, Due 11/30/2026, Face Amount \$1,000,000	999,219	999,800
	UNITED STATES TREASURY STRIP STRIPPED PRINCIPAL	Interest at 0.000%, Due 05/15/2054, Face Amount \$2,945,000	920,460	762,519
	US TREASURY SECURITY STRIPPED ZERO CPN	Interest at 0.000%, Due 08/15/2044, Face Amount \$2,990,000	1,265,248	1,109,739
				66,072,273

Community Hospitals of Central California Pension Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (continued)
December 31, 2024

Plan Sponsor: Community Hospitals of Central California

Employer Identification Number: 94-2864615

Plan Number: 001

Schedule H, Line 4(i)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	EQUITIES			
	3M CO COM	322.0000 shares held	39,607	41,567
	ABBOTT LABS	1,035.0000 shares held	113,798	117,069
	ABBVIE INC	1,026.0000 shares held	192,395	182,320
	ACCENTURE PLC	363.0000 shares held	115,445	127,700
	ADOBE INC	260.0000 shares held	133,544	115,617
	ADVANCED MICRO DEVICES INC	959.0000 shares held	123,404	115,838
	AES CORP	568.0000 shares held	9,315	7,310
	AFLAC INC	289.0000 shares held	28,698	29,894
	AGILENT TECHNOLOGIES INC	152.0000 shares held	20,363	20,420
	AIR PRODS & CHEMS INC COM	120.0000 shares held	33,294	34,805
	AIRBNB INC	237.0000 shares held	26,786	31,144
	AKAMAI TECHNOLOGIES	116.0000 shares held	10,747	11,095
	ALBEMARLE CORP COM	100.0000 shares held	7,907	8,608
	ALEXANDRIA REAL ESTATE EQUITIES INC COM	111.0000 shares held	12,465	10,828
	ALIGN TECHNOLOGY INC	42.0000 shares held	8,570	8,757
	ALLEGION PUBLIC LIMITED COMPANY	70.0000 shares held	8,857	9,148
	ALLIANT ENERGY CORPORATION	195.0000 shares held	10,908	11,532
	ALLSTATE CORP	138.0000 shares held	23,554	26,605
	ALPHABET INC CL A	3,360.0000 shares held	534,060	636,048
	ALPHABET INC CL C	2,813.0000 shares held	452,209	535,708
	ALTRIA GROUP INC COM	948.0000 shares held	47,438	49,571
	AMAZON COM INC COM	5,420.0000 shares held	884,466	1,189,094
	AMCOR PLC	1,084.0000 shares held	11,273	10,200
	AMEREN CORPORATION	159.0000 shares held	12,800	14,173
	AMERICAN ELECTRIC POWER INC	317.0000 shares held	31,567	29,237
	AMERICAN EXPRESS CO	331.0000 shares held	75,736	98,237
	AMERICAN INTERNATIONAL GROUP, INC	350.0000 shares held	24,707	25,480
	AMERICAN TOWER CORP	282.0000 shares held	63,726	51,722
	AMERICAN WATER WORKS CO INC/NE	96.0000 shares held	13,805	11,951
	AMERIPRISE FINL INC	51.0000 shares held	20,030	27,154
	AMETEK INC COM	118.0000 shares held	18,507	21,271
	AMGEN INC	318.0000 shares held	99,378	82,884
	AMPHENOL CORP CL A	656.0000 shares held	39,393	45,559
	ANALOG DEVICES INC	300.0000 shares held	60,636	63,738
	ANSYS INC	42.0000 shares held	12,550	14,168
	AON PLC	122.0000 shares held	39,773	43,818
	APA CORP	303.0000 shares held	8,190	6,996
	APOLLO GLOBAL MANAGEMENT INC	262.0000 shares held	44,812	43,272
	APPLE INC	8,801.0000 shares held	1,854,117	2,203,946
	APPLIED MATERIALS INC	497.0000 shares held	89,079	80,827
	APTIV PLC	185.0000 shares held	12,565	11,189
	ARCH CAPITAL GROUP LTD	191.0000 shares held	18,491	17,639
	ARCHER DANIELS MIDLAND CO	243.0000 shares held	14,140	12,276

Community Hospitals of Central California Pension Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (continued)
December 31, 2024

Plan Sponsor: Community Hospitals of Central California

Employer Identification Number: 94-2864615

Plan Number: 001

Schedule H, Line 4(i)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
EQUITIES				
	ARISTA NETWORKS INC	620.0000 shares held	49,188	68,529
	ASSURANT INC COM	45.0000 shares held	7,659	9,595
	AT & T INC	4,037.0000 shares held	77,799	91,922
	ATMOS ENERGY CORP	100.0000 shares held	12,811	13,927
	AUTODESK INC	114.0000 shares held	26,514	33,695
	AUTOMATIC DATA PROCESSING INC	246.0000 shares held	63,694	72,012
	AUTOZONE INC	9.0000 shares held	27,759	28,818
	AVALONBAY CMNTYS INC COM	70.0000 shares held	14,554	15,398
	AVERY DENNISON CORP	46.0000 shares held	9,330	8,608
	AXON ENTERPRISE INC	43.0000 shares held	15,018	25,556
	BAKER HUGHES COMPANY	552.0000 shares held	18,906	22,643
	BALL CORP	202.0000 shares held	12,718	11,136
	BANK NEW YORK MELLON CORP COM COM	394.0000 shares held	24,314	30,271
	BANK OF AMERICA CORP	3,958.0000 shares held	147,658	173,954
	BAXTER INTL INC	347.0000 shares held	12,700	10,119
	BECTON DICKINSON & CO	157.0000 shares held	36,523	35,619
	BERKLEY W R CORP	222.0000 shares held	12,430	12,991
	BERKSHIRE HATHAWAY INC.	1,059.0000 shares held	452,224	480,024
	BEST BUY INC	143.0000 shares held	11,542	12,269
	BIO-TECHNE CORP	124.0000 shares held	8,800	8,932
	BIOGEN INC	72.0000 shares held	14,385	11,010
	BLACKROCK INC	84.0000 shares held	70,547	86,109
	BLACKSTONE INC	436.0000 shares held	55,767	75,175
	BOEING CO	419.0000 shares held	69,488	74,163
	BOOKING HOLDINGS INC	20.0000 shares held	66,113	99,368
	BORG WARNER INC. COM	212.0000 shares held	6,712	6,739
	BOSTON SCIENTIFIC CORP COM	890.0000 shares held	65,673	79,495
	BRISTOL MYERS SQUIBB CO	1,125.0000 shares held	52,323	63,630
	BROADCOM INC	2,715.0000 shares held	376,962	629,446
	BROADRIDGE FINANCIAL SOLUTIONS	59.0000 shares held	12,503	13,339
	BROWN & BROWN INC	129.0000 shares held	12,745	13,161
	BROWN FORMAN CORP CL B	161.0000 shares held	7,231	6,115
	BUILDERS FIRSTSOURCE INC	82.0000 shares held	12,535	11,720
	BUNGE GLOBAL	109.0000 shares held	10,431	8,476
	BXP INC REAL ESTATE INVESTMENT TRUST	87.0000 shares held	5,878	6,469
	C H ROBINSON WORLDWIDE INC COM NEW	93.0000 shares held	9,094	9,609
	CADENCE DESIGN SYSTEMS INC	168.0000 shares held	42,523	50,477
	CAESARS ENTERTAINMENT INC	131.0000 shares held	4,584	4,378
	CAMDEN PPTY TR SH BEN INT	83.0000 shares held	9,787	9,631
	CAPITAL ONE FINANCIAL CORP	203.0000 shares held	26,857	36,199
	CARDINAL HEALTH INC COM	129.0000 shares held	12,864	15,257
	CARMAX INC COM	125.0000 shares held	9,218	10,220
	CARNIVAL CORP	613.0000 shares held	8,594	15,276

Community Hospitals of Central California Pension Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (continued)
December 31, 2024

Plan Sponsor: Community Hospitals of Central California

Employer Identification Number: 94-2864615

Plan Number: 001

Schedule H, Line 4(i)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	EQUITIES			
	CARRIER GLOBAL CORP	448.0000 shares held	28,278	30,580
	CATERPILLAR INC	284.0000 shares held	92,530	103,024
	CBOE GLOBAL MARKETS, INC.	65.0000 shares held	13,146	12,701
	CBRE GROUP INC	152.0000 shares held	16,162	19,956
	CDW CORP/DE	66.0000 shares held	13,794	11,487
	CELANESE CORP	78.0000 shares held	9,754	5,398
	CENCORA, INC.	86.0000 shares held	20,735	19,322
	CENTENE CORP DEL COM	277.0000 shares held	20,717	16,781
	CENTERPOINT ENERGY INC	471.0000 shares held	12,076	14,945
	CF INDS HLDGS INC COM	107.0000 shares held	7,844	9,129
	CHARLES RIVER LABORATORIES	41.0000 shares held	8,199	7,569
	CHARTER COMMUNICATIONS INC	49.0000 shares held	17,344	16,796
	CHEVRON CORP	979.0000 shares held	139,429	141,798
	CHIPOTLE MEXICAN GRILL INC CL A	752.0000 shares held	40,337	45,346
	CHUBB LIMITED	228.0000 shares held	60,584	62,996
	CHURCH & DWIGHT INC	126.0000 shares held	12,802	13,193
	CINCINNATI FINANCIAL CORP	101.0000 shares held	12,754	14,514
	CINTAS CORP	188.0000 shares held	34,789	34,348
	CISCO SYSTEMS INC	2,310.0000 shares held	104,244	136,752
	CITIGROUP INC.	1,152.0000 shares held	64,649	81,089
	CITIZENS FINANCIAL GROUP INC	330.0000 shares held	12,672	14,441
	CLOROX CO	89.0000 shares held	12,799	14,454
	CME GROUP INCE	208.0000 shares held	42,642	48,304
	CMS ENERGY CORP	197.0000 shares held	12,917	13,130
	COCA COLA CO	2,293.0000 shares held	156,995	142,762
	COGNIZANT TECH SOLUTIONS CRP COM	253.0000 shares held	18,515	19,456
	COLGATE PALMOLIVE CO	452.0000 shares held	46,303	41,091
	COMCAST CORP CLASS A	2,144.0000 shares held	82,651	80,464
	CONAGRA BRANDS INC	363.0000 shares held	10,814	10,073
	CONOCOPHILLIPS	736.0000 shares held	78,549	72,989
	CONSOLIDATED EDISON INC	170.0000 shares held	17,204	15,169
	CONSTELLATION BRANDS INC CL A	83.0000 shares held	19,739	18,343
	CONSTELLATION ENERGY CORP	182.0000 shares held	32,700	40,715
	COOPER COMPANIES INC	138.0000 shares held	12,670	12,686
	COPART INC COM	457.0000 shares held	22,484	26,227
	CORNING INC	382.0000 shares held	14,463	18,153
	CORPAY INC	47.0000 shares held	12,704	15,906
	CORTEVA INC	355.0000 shares held	18,030	20,221
	COSTAR GROUP, INC	203.0000 shares held	15,012	14,533
	COSTCO WHOLESALE CORP	258.0000 shares held	209,060	236,398
	COTERRA ENERGY INC	541.0000 shares held	12,681	13,817
	CROWDSTRIKE HOLDINGS INC	123.0000 shares held	28,374	42,086
	CROWN CASTLE INC REAL ESTATE INVESTMENT TRUST	230.0000 shares held	25,594	20,875

Community Hospitals of Central California Pension Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (continued)
December 31, 2024

Plan Sponsor: Community Hospitals of Central California

Employer Identification Number: 94-2864615

Plan Number: 001

Schedule H, Line 4(i)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	EQUITIES			
	CSX CORP	1,062.0000 shares held	35,715	34,271
	CUMMINS INC.	71.0000 shares held	20,732	24,751
	CVS HEALTH CORPORATION	686.0000 shares held	38,745	30,795
	D R HORTON INC COM	158.0000 shares held	26,704	22,092
	DANAHER CORP	380.0000 shares held	100,062	87,229
	DARDEN RESTAURANTS INC	71.0000 shares held	10,073	13,255
	DAVITA INC	31.0000 shares held	4,154	4,636
	DAYFORCE INC	101.0000 shares held	5,266	7,337
	DECKERS OUTDOOR CORP	90.0000 shares held	12,649	18,278
	DEERE & CO	151.0000 shares held	52,244	63,979
	DELL TECHNOLOGIES INC.	143.0000 shares held	16,804	16,479
	DELTA AIR LINES INC	335.0000 shares held	12,506	20,268
	DEVON ENERGY CORPORATION	307.0000 shares held	13,256	10,048
	DEXCOM INC	197.0000 shares held	13,658	15,321
	DIAMONDBACK ENERGY INC	90.0000 shares held	17,225	14,745
	DIGITAL RLTY TR INC COM	172.0000 shares held	25,310	30,501
	DISCOVER FINANCIAL SERVICES	125.0000 shares held	15,428	21,654
	DOLLAR GENERAL CORP	107.0000 shares held	12,681	8,113
	DOLLAR TREE INC	133.0000 shares held	12,640	9,967
	DOMINION ENERGY INC	440.0000 shares held	24,244	23,698
	DOMINOS PIZZA INC COM	26.0000 shares held	11,117	10,914
	DOVER CORP COM	73.0000 shares held	12,593	13,695
	DOW INC	360.0000 shares held	18,785	14,447
	DTE ENERGY CO COM	108.0000 shares held	12,972	13,041
	DUKE ENERGY HOLDING CORP. COM	471.0000 shares held	53,468	50,746
	DUPONT DE NEMOURS INC.	210.0000 shares held	16,218	16,013
	EASTMAN CHEM CO COM	95.0000 shares held	8,914	8,675
	EATON CORP PLC	240.0000 shares held	66,646	79,649
	EBAY INC	234.0000 shares held	12,898	14,496
	ECOLAB INC	137.0000 shares held	31,724	32,102
	EDISON INTL COM	192.0000 shares held	15,677	15,329
	EDWARDS LIFESCIENCES CORP	309.0000 shares held	18,874	22,875
	ELECTRONIC ARTS INC	124.0000 shares held	17,908	18,141
	ELEVANCE HEALTH INC	140.0000 shares held	73,070	51,646
	ELI LILLY & CO COM	462.0000 shares held	356,733	356,664
	EMERSON ELECTRIC CO	309.0000 shares held	30,761	38,294
	ENPHASE ENERGY INC	104.0000 shares held	10,757	7,143
	ENTERGY CORP NEW COM	220.0000 shares held	12,869	16,680
	EOG RESOURCES, INC	355.0000 shares held	43,711	43,516
	EPAM SYSTEMS INC	34.0000 shares held	7,078	7,950
	EQT CORPORATION	415.0000 shares held	12,545	19,136
	EQUIFAX INC	63.0000 shares held	17,392	16,056
	EQUINIX, INC.	55.0000 shares held	42,917	51,859

Community Hospitals of Central California Pension Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (continued)
December 31, 2024

Plan Sponsor: Community Hospitals of Central California

Employer Identification Number: 94-2864615

Plan Number: 001

Schedule H, Line 4(i)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	EQUITIES			
	EQUITY RESIDENTIAL PPTYS TR SH BEN INT	179.0000 shares held	12,539	12,845
	ERIE INDEMNITY CO CL A	19.0000 shares held	9,899	7,832
	ESSEX PPTY TR COM	46.0000 shares held	12,762	13,130
	ESTEE LAUDER COMPANIES INC	137.0000 shares held	12,546	10,272
	EVEREST GROUP LTD	32.0000 shares held	11,540	11,599
	EVERGY INC	177.0000 shares held	10,450	10,894
	EVERSOURCE ENERGY	195.0000 shares held	12,743	11,199
	EXELON CORPORATION	507.0000 shares held	19,190	19,083
	EXPEDIA INC	75.0000 shares held	8,494	13,975
	EXPEDITORS INTL WASH INC	104.0000 shares held	12,162	11,520
	EXTRA SPACE STORAGE INC COM	107.0000 shares held	17,295	16,007
	EXXON MOBIL CORPORATION	2,580.0000 shares held	298,472	277,531
	F5 INC	47.0000 shares held	8,745	11,819
	FACTSET RESH SYS INC COM	28.0000 shares held	11,234	13,448
	FAIR ISSAC, INC	13.0000 shares held	21,692	25,882
	FASTENAL CO	294.0000 shares held	19,107	21,142
	FEDERAL REALTY INVESTMENT TRUS	66.0000 shares held	7,393	7,389
	FEDEX CORPORATION	123.0000 shares held	34,211	34,604
	FIDELITY NATL INFORMATION SVCS INC	290.0000 shares held	22,173	23,423
	FIFTH THIRD BANCORP	333.0000 shares held	12,997	14,079
	FIRST SOLAR INC	61.0000 shares held	12,735	10,751
	FIRSTENERGY CORP COM	304.0000 shares held	12,744	12,093
	FISERV INC	324.0000 shares held	50,619	66,556
	FMC CORP COM NEW	114.0000 shares held	6,984	5,542
	FORD MOTOR COMPANY	2,536.0000 shares held	24,967	25,106
	FORTINET INC	397.0000 shares held	28,273	37,509
	FORTIVE CORP	189.0000 shares held	12,667	14,175
	FOX CORP	272.0000 shares held	10,673	13,214
	FRANKLIN RESOURCES INC	291.0000 shares held	6,242	5,904
	FREEPORT-MCMORAN INC. COMMON STOCK	805.0000 shares held	31,822	30,654
	GALLAGHER ARTHUR J & CO	136.0000 shares held	38,304	38,604
	GARMIN LTD	78.0000 shares held	12,664	16,088
	GARTNER INC	39.0000 shares held	18,224	18,894
	GE AEROSPACE	637.0000 shares held	103,283	106,245
	GE HEALTHCARE TECHNOLOGIES INC	216.0000 shares held	17,140	16,887
	GE VERNOVA LLC	167.0000 shares held	29,561	54,931
	GEN DIGITAL INC	425.0000 shares held	10,315	11,637
	GENERAC HOLDINGS INC	53.0000 shares held	7,264	8,218
	GENERAL DYNAMICS CORP	141.0000 shares held	40,597	37,152
	GENERAL MILLS INC	291.0000 shares held	20,038	18,557
	GENERAL MOTORS CO	601.0000 shares held	24,437	32,015
	GENUINE PARTS CO	91.0000 shares held	12,489	10,625
	GILEAD SCIENCES INC	690.0000 shares held	51,067	63,735

Community Hospitals of Central California Pension Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (continued)
December 31, 2024

Plan Sponsor: Community Hospitals of Central California

Employer Identification Number: 94-2864615

Plan Number: 001

Schedule H, Line 4(i)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	EQUITIES			
	GLOBAL PMTS INC W/I	138.0000 shares held	13,727	15,464
	GLOBE LIFE INC	77.0000 shares held	6,839	8,587
	GODADDY INC	84.0000 shares held	12,833	16,579
	GOLDMAN SACHS GROUP INC	186.0000 shares held	87,982	106,507
	GRAINGER W W INC	23.0000 shares held	21,878	24,243
	HALLIBURTON CO	432.0000 shares held	13,284	11,746
	HARTFORD FINANCIAL SERVICES GROUP INC COM	148.0000 shares held	15,576	16,191
	HASBRO INC	116.0000 shares held	7,321	6,486
	HCA HOLDINGS INC	106.0000 shares held	37,342	31,816
	HCP, INC.	529.0000 shares held	11,236	10,723
	HENRY JACK & ASSOC INC COM	57.0000 shares held	9,463	9,992
	HESS CORP COM	141.0000 shares held	18,488	18,754
	HEWLETT PACKARD ENTERPRISE CO	742.0000 shares held	12,414	15,842
	HILTON WORLDWIDE HOLDINGS INC	133.0000 shares held	27,069	32,872
	HOLOGIC INC COM	155.0000 shares held	12,695	11,174
	HOME DEPOT INC	583.0000 shares held	199,625	226,781
	HONEYWELL INTERNATIONAL INC	390.0000 shares held	77,193	88,097
	HORMEL FOODS CORP COM	249.0000 shares held	7,963	7,811
	HOST HOTELS & RESORTS, INC.	415.0000 shares held	6,657	7,271
	HOWMET AEROSPACE INC	254.0000 shares held	22,629	27,780
	HP INC	585.0000 shares held	19,179	19,089
	HUBBELL INCORPORATED	35.0000 shares held	12,567	14,661
	HUMANA INC	63.0000 shares held	21,771	15,984
	HUNT J B TRANS SVCS INC	63.0000 shares held	10,263	10,752
	HUNTINGTON BANCSHARES INC	955.0000 shares held	12,663	15,538
	HUNTINGTON INGALLS INDUSTRIES	32.0000 shares held	8,110	6,047
	IDEX CORP	57.0000 shares held	10,862	11,930
	IDEXX CORP	43.0000 shares held	20,084	17,778
	ILLINOIS TOOL WORKS INC	147.0000 shares held	34,820	37,273
	INCYTE CORPORATION, INC.	92.0000 shares held	5,548	6,354
	INGERSOLL-RAND INC	206.0000 shares held	17,986	18,635
	INSULET CORP	41.0000 shares held	7,806	10,704
	INTEL CORP COMM	2,347.0000 shares held	44,586	47,057
	INTERCONTINENTAL EXCHANGE, INC	350.0000 shares held	52,896	52,154
	INTERNATIONAL BUSINESS MACHS CORP COM	545.0000 shares held	101,811	119,807
	INTERNATIONAL FLAVORS & FRAGRANCES	133.0000 shares held	12,531	11,245
	INTERNATIONAL PAPER CO	258.0000 shares held	11,427	13,886
	INTERPUBLIC GROUP COS INC	304.0000 shares held	9,084	8,518
	INTUIT COM	167.0000 shares held	101,780	104,960
	INTUITIVE SURGICAL INC	212.0000 shares held	95,396	110,656
	INVESCO LIMITED	426.0000 shares held	6,535	7,446
	INVITATION HOMES INC	360.0000 shares held	12,683	11,509
	IQVIA HOLDINGS INC	95.0000 shares held	21,815	18,668

Community Hospitals of Central California Pension Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (continued)
December 31, 2024

Plan Sponsor: Community Hospitals of Central California

Employer Identification Number: 94-2864615

Plan Number: 001

Schedule H, Line 4(i)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
EQUITIES				
	IRON MOUNTAIN INCORPORATED	146.0000 shares held	15,413	15,346
	JABIL INC	70.0000 shares held	6,892	10,073
	JACOBS SOLUTIONS INC	91.0000 shares held	10,452	12,159
	JM SMUCKER CO	83.0000 shares held	9,918	9,140
	JOHNSON & JOHNSON	1,416.0000 shares held	225,014	204,782
	JOHNSON CONTROLS INTERNATIONAL PLC	354.0000 shares held	23,283	27,941
	JPMORGAN CHASE & CO	1,655.0000 shares held	331,675	396,720
	JUNIPER NETWORKS INC COM	256.0000 shares held	9,833	9,587
	KELLANOVA	175.0000 shares held	12,770	14,170
	KENVUE INC	991.0000 shares held	20,444	21,158
	KEURIG DR PEPPER INC	533.0000 shares held	18,436	17,120
	KEYCORP NEW	748.0000 shares held	11,144	12,821
	KEYSIGHT TECHNOLOGIES INC	104.0000 shares held	12,466	16,706
	KIMBERLY CLARK CORP COM	177.0000 shares held	24,785	23,194
	KIMCO REALTY CORP REAL ESTATE INVESTMENT TRUST	506.0000 shares held	10,889	11,856
	KINDER MORGAN INC/DELAWARE	999.0000 shares held	20,789	27,373
	KKR & CO. INC.	410.0000 shares held	44,608	60,643
	KLA CORPORATION	75.0000 shares held	52,330	47,259
	KROGER CO	342.0000 shares held	18,437	20,913
	L3HARRIS TECHNOLOGIES INC	99.0000 shares held	22,457	20,818
	LABCORP HOLDINGS INC	57.0000 shares held	12,504	13,071
	LAM RESEARCH CORPORATION	730.0000 shares held	54,608	52,728
	LAMB WESTON HOLDINGS INC	85.0000 shares held	4,939	5,681
	LAS VEGAS SANDS CORP COM	211.0000 shares held	8,121	10,837
	LEIDOS HOLDINGS, INC	89.0000 shares held	12,744	12,821
	LENNAR CORPORATION CLASS A COMMON	128.0000 shares held	21,345	17,455
	LENNOX INTERNATIONAL INC	22.0000 shares held	13,822	13,405
	LINDE PLC	278.0000 shares held	122,840	116,390
	LIVE NATION ENTERTAINMENT INC	111.0000 shares held	10,001	14,375
	LKQ CORPORATION	219.0000 shares held	8,504	8,048
	LOCKHEED MARTIN CORP	128.0000 shares held	70,211	62,200
	LOEWS CORP	139.0000 shares held	10,603	11,772
	LOWES COS INC	322.0000 shares held	74,575	79,470
	LULULEMON ATHLETICA INC	56.0000 shares held	13,073	21,415
	LYONDELLBASELL INDUSTRIES NV	134.0000 shares held	12,710	9,952
	M & T BANK CORPORATION COM	112.0000 shares held	18,816	21,057
	MARATHON PETROLEUM CORP	203.0000 shares held	34,559	28,319
	MARKETAXESS HLDGS INC COM	32.0000 shares held	7,339	7,233
	MARRIOTT INTERNATIONAL INC CLASS A	128.0000 shares held	27,492	35,704
	MARSH & MCLENNAN COS INC	298.0000 shares held	64,994	63,298
	MARTIN MARIETTA MATLS INC COM	31.0000 shares held	16,687	16,012
	MASCO CORP	162.0000 shares held	11,690	11,756
	MASTERCARD INC CL A	483.0000 shares held	217,278	254,333

Community Hospitals of Central California Pension Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (continued)
December 31, 2024

Plan Sponsor: Community Hospitals of Central California

Employer Identification Number: 94-2864615

Plan Number: 001

Schedule H, Line 4(i)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	EQUITIES			
	MATCH GROUP INC NEW	226.0000 shares held	7,901	7,392
	MCCORMICK & CO INC NON VTG	166.0000 shares held	12,885	12,656
	MCDONALDS CORP	418.0000 shares held	112,601	121,174
	MCKESSON CORP	71.0000 shares held	43,844	40,464
	MEDTRONIC, PLC	741.0000 shares held	60,095	59,191
	MERCK & CO INC NEW	1,472.0000 shares held	165,598	146,435
	META PLATFORMS INC CL A	1,270.0000 shares held	620,940	743,598
	METLIFE INC	310.0000 shares held	21,309	25,383
	METTLER-TOLEDO INTL INC	11.0000 shares held	14,938	13,460
	MGM RESORTS INTERNATIONAL	144.0000 shares held	5,249	4,990
	MICROCHIP TECHNOLOGY INC COM	280.0000 shares held	20,163	16,058
	MICRON TECHNOLOGY INC	615.0000 shares held	53,388	51,758
	MICROSOFT CORP	4,327.0000 shares held	1,724,154	1,823,831
	MID AMERICA APARTMENT COM	85.0000 shares held	12,828	13,138
	MODERNA INC	163.0000 shares held	13,294	6,778
	MOHAWK INDS INC COM	48.0000 shares held	6,886	5,718
	MOLINA HEALTHCARE INC	38.0000 shares held	12,715	11,060
	MOLSON COORS BREWING COMPANY	153.0000 shares held	7,973	8,770
	MONDELEZ INTERNATIONAL INC	817.0000 shares held	56,747	48,799
	MONOLITHIC PWR SYS INC COM	25.0000 shares held	18,926	14,793
	MONSTER BEVERAGE CORP	362.0000 shares held	18,295	19,027
	MOODYS CORP	86.0000 shares held	38,791	40,710
	MORGAN STANLEY COM	728.0000 shares held	67,063	91,524
	MOSAIC CO/THE	281.0000 shares held	7,477	6,907
	MOTOROLA SOLUTIONS, INC.	93.0000 shares held	37,605	42,987
	MSCI INC	41.0000 shares held	21,500	24,600
	NASDAQ, INC	202.0000 shares held	13,496	15,617
	NETAPP INC	109.0000 shares held	12,670	12,653
	NETFLIX INC	250.0000 shares held	152,873	222,830
	NEWMONT CORPORATION	617.0000 shares held	28,635	22,965
	NEWS CORP/NEW	387.0000 shares held	10,081	10,658
	NEXTERA ENERGY, INC.	1,228.0000 shares held	95,255	88,035
	NIKE INC CL B	669.0000 shares held	48,589	50,623
	NISOURCE INC	343.0000 shares held	10,671	12,609
	NORDSON CORP	42.0000 shares held	9,774	8,788
	NORFOLK SOUTHERN CORP	121.0000 shares held	29,039	28,399
	NORTHERN TRUST CORP	149.0000 shares held	12,360	15,273
	NORTHROP GRUMMAN CORP	80.0000 shares held	39,181	37,543
	NORWEGIAN CRUISE LINE HOLDINGS LTD	275.0000 shares held	4,084	7,076
	NRG ENERGY INC COM NEW	123.0000 shares held	8,866	11,097
	NUCOR CORP	122.0000 shares held	17,714	14,239
	NVIDIA CORP COM	14,292.0000 shares held	1,414,029	1,919,273
	NVR INC COM	2.0000 shares held	16,531	16,358

Community Hospitals of Central California Pension Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (continued)
December 31, 2024

Plan Sponsor: Community Hospitals of Central California

Employer Identification Number: 94-2864615

Plan Number: 001

Schedule H, Line 4(i)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	EQUITIES			
	NXP SEMICONDUCTORS NV	138.0000 shares held	31,643	28,683
	O'REILLY AUTOMOTIVE INC	32.0000 shares held	35,490	37,946
	OCCIDENTAL PETE CORP	341.0000 shares held	19,137	16,849
	OLD DOMINION FREIGHT LINES INC	118.0000 shares held	22,815	20,815
	OMNICOM GROUP	140.0000 shares held	12,690	12,046
	ON SEMICONDUCTOR CORP	213.0000 shares held	14,143	13,430
	ONEOK INC COM	308.0000 shares held	25,586	30,923
	ORACLE CORPORATION	947.0000 shares held	119,237	157,808
	OTIS WORLDWIDE CORP	208.0000 shares held	19,236	19,263
	PACCAR INC	277.0000 shares held	25,387	28,814
	PACKAGING CORP OF AMERICA	64.0000 shares held	12,380	14,408
	PALANTIR TECHNOLOGIES INC	1,172.0000 shares held	46,991	88,638
	PALO ALTO NETWORKS INC	390.0000 shares held	59,323	70,964
	PARKER HANNIFIN CORP	70.0000 shares held	35,876	44,522
	PAYCHEX INC	166.0000 shares held	20,456	23,277
	PAYCOM SOFTWARE INC	44.0000 shares held	6,721	9,019
	PAYPAL HOLDINGS INC	568.0000 shares held	35,642	48,479
	PENTAIR PLC	127.0000 shares held	10,351	12,781
	PEPSICO INC	812.0000 shares held	139,502	123,473
	PFIZER INC	3,209.0000 shares held	92,601	85,135
	PG&E CORP COM	1,099.0000 shares held	19,836	22,178
	PHILIP MORRIS INTERNATIONAL IN	900.0000 shares held	104,175	108,315
	PHILLIPS 66	264.0000 shares held	35,088	30,078
	PINNACLE WEST CAP CORP	96.0000 shares held	8,193	8,138
	PNC FINANCIAL SERVICES GROUP	246.0000 shares held	41,465	47,441
	POOL CORPORATION COM	29.0000 shares held	10,129	9,887
	PPG INDUSTRIES INC	115.0000 shares held	13,608	13,737
	PPL CORPORATION	423.0000 shares held	12,906	13,731
	PRINCIPAL FINANCIAL GROUP	127.0000 shares held	9,286	9,831
	PROCTER & GAMBLE CO	1,353.0000 shares held	230,049	226,830
	PROGRESSIVE CORP OHIO	352.0000 shares held	75,993	84,343
	PROLOGIS, INC.	560.0000 shares held	67,365	59,192
	PRUDENTIAL FINL INC COM	185.0000 shares held	19,752	21,928
	PTC INC	76.0000 shares held	12,706	13,974
	PUBLIC STORAGE INC COM	84.0000 shares held	26,053	25,153
	PUBLIC SVC ENTERPRISE GROUP INC	257.0000 shares held	20,298	21,714
	PULTE GROUP INC	104.0000 shares held	12,479	11,326
	QUALCOMM INC	650.0000 shares held	101,485	99,853
	QUANTA SVCS INC COM	75.0000 shares held	18,638	23,704
	QUEST DIAGNOSTICS INC	82.0000 shares held	11,983	12,371
	RALPH LAUREN CORP CL A	38.0000 shares held	6,057	8,777
	RAYMOND JAMES FINL INC	119.0000 shares held	12,768	18,484
	REALTY INCOME CORP COM	464.0000 shares held	27,975	24,782

Community Hospitals of Central California Pension Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (continued)
December 31, 2024

Plan Sponsor: Community Hospitals of Central California

Employer Identification Number: 94-2864615

Plan Number: 001

Schedule H, Line 4(i)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
EQUITIES				
	REGENCY CENTERS CORP	132.0000 shares held	9,190	9,759
	REGENERON PHARMACEUTICALS INC	64.0000 shares held	68,657	45,589
	REGIONS FINL CORP NEW COM	619.0000 shares held	12,690	14,559
	REPUBLIC SERVICES INC CL A COMM	106.0000 shares held	21,366	21,325
	RESMED INC	74.0000 shares held	15,610	16,923
	REVVITY INC	93.0000 shares held	10,755	10,380
	ROCKWELL AUTOMATION INC COM	56.0000 shares held	13,954	16,004
	ROLLINS INC	216.0000 shares held	10,238	10,012
	ROPER TECHNOLOGIES, INC.	57.0000 shares held	29,370	29,631
	ROSS STORES INC	176.0000 shares held	23,996	26,624
	ROYAL CARRIBEAN CRUISE	146.0000 shares held	23,813	33,681
	RTX CORPORATION	795.0000 shares held	90,757	91,997
	S&P GLOBAL INC	191.0000 shares held	91,323	95,124
	SALESFORCE INC	565.0000 shares held	135,628	188,896
	SBA COMMUNICATIONS CORPORATION	58.0000 shares held	12,469	11,820
	SCHEIN HENRY INC	114.0000 shares held	7,499	7,889
	SCHLUMBERGER LTD	890.0000 shares held	38,154	34,123
	SCHWAB CHARLES CORP NEW	909.0000 shares held	56,567	67,275
	SEAGATE TECHNOLOGY HOLDINGS PL	137.0000 shares held	12,619	11,824
	SEMPRA ENERGY	335.0000 shares held	25,885	29,386
	SERVICENOW INC	122.0000 shares held	94,707	129,335
	SHERWIN WILLIAMS CO	128.0000 shares held	43,484	43,511
	SIMON PROPERTY GROUP INC	173.0000 shares held	26,457	29,792
	SKYWORKS SOLUTIONS INC COM	119.0000 shares held	11,475	10,553
	SMITH A O CORP CL B	101.0000 shares held	8,108	6,889
	SMURFIT WESTROCK PLC	317.0000 shares held	12,385	17,074
	SNAP ON INC	40.0000 shares held	10,762	13,579
	SOLVENTUM CORP	85.0000 shares held	4,752	5,615
	SOUTHERN CO	665.0000 shares held	58,055	54,743
	SOUTHWEST AIRLINES CO	365.0000 shares held	8,880	12,271
	STANLEY BLACK & DECKER, INC.	116.0000 shares held	10,797	9,314
	STARBUCKS CORP COM	625.0000 shares held	47,063	57,031
	STATE STREET CORP	166.0000 shares held	12,697	16,293
	STEEL DYNAMICS INC COM	105.0000 shares held	12,509	11,977
	STERIS PLC	54.0000 shares held	12,611	11,100
	STRYKER CORP	189.0000 shares held	60,406	68,049
	SUPER MICRO COMPUTER INC	250.0000 shares held	12,318	7,620
	SYNCHRONY FINANCIAL	234.0000 shares held	10,369	15,210
	SYNOPSYS INC COM	84.0000 shares held	41,158	40,770
	SYSCO CORP	256.0000 shares held	19,267	19,574
	T ROWE PRICE GROUP INC	123.0000 shares held	12,649	13,910
	T-MOBILE US INC	285.0000 shares held	54,321	62,908
	TAKE-TWO INTERACTIVE SOFTWARE	91.0000 shares held	12,347	16,751

Community Hospitals of Central California Pension Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (continued)
December 31, 2024

Plan Sponsor: Community Hospitals of Central California
Employer Identification Number: 94-2864615
Plan Number: 001
Schedule H, Line 4(i)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	EQUITIES			
	TAPESTRY INC	156.0000 shares held	5,663	10,191
	TARGA RESOURCES CORP	110.0000 shares held	14,658	19,635
	TARGET CORP	250.0000 shares held	33,370	33,795
	TE CONNECTIVITY PLC	160.0000 shares held	22,717	22,875
	TELEDYNE TECHNOLOGIES INC	31.0000 shares held	12,544	14,388
	TELEFLEX INC	38.0000 shares held	8,562	6,763
	TERADYNE INC	108.0000 shares held	12,340	13,599
	TESLA, INC	1,619.0000 shares held	310,473	653,817
	TEXAS INSTRUMENTS INC	540.0000 shares held	99,403	101,255
	TEXAS PACIFIC LAND CORP	13.0000 shares held	14,731	14,377
	TEXTRON INC	141.0000 shares held	11,769	10,785
	THE CAMPBELL'S COMPANY	166.0000 shares held	8,086	6,952
	THE CIGNA GROUP	157.0000 shares held	51,656	43,354
	THE HERSHEY COMPANY	73.0000 shares held	14,588	12,363
	THE KRAFT HEINZ COMPANY	547.0000 shares held	19,017	16,798
	THERMO FISHER SCIENTIFIC INC	222.0000 shares held	130,398	115,491
	TJX COMPANIES INC	681.0000 shares held	73,507	82,272
	TRACTOR SUPPLY CO COM	265.0000 shares held	13,354	14,061
	TRANE TECHNOLOGIES PUBLIC LIMITED COMPANY	139.0000 shares held	44,965	51,340
	TRANSDIGM GROUP INC COM	32.0000 shares held	38,465	40,553
	TRAVELERS COMPANIES, INC	121.0000 shares held	25,335	29,148
	TRIMBLE INC	191.0000 shares held	9,665	13,496
	TRUIST FINANCIAL CORPORATION	841.0000 shares held	34,631	36,483
	TYLER TECHNOLOGIES INC	22.0000 shares held	12,507	12,686
	TYSON FOODS INC CL A DEL	207.0000 shares held	12,658	11,890
	UBER TECHNOLOGIES INC	1,255.0000 shares held	82,264	75,702
	UDR INC	238.0000 shares held	9,796	10,332
	ULTA BEAUTY, INC	35.0000 shares held	11,246	15,223
	UNION PACIFIC CORP	364.0000 shares held	86,213	83,007
	UNITED AIRLINES HOLDINGS, INC.	161.0000 shares held	15,683	15,633
	UNITED PARCEL SERVICE-CL B	404.0000 shares held	49,825	50,944
	UNITED RENTAL INC COM	35.0000 shares held	23,156	24,655
	UNITEDHEALTH GROUP INC	539.0000 shares held	305,123	272,659
	UNIVERSAL HEALTH SVCS INC CL B	46.0000 shares held	9,756	8,253
	VALERO ENERGY CORP	173.0000 shares held	25,652	21,208
	VENTAS INC COM	224.0000 shares held	12,949	13,191
	VERALTO CORPORATION	123.0000 shares held	12,822	12,528
	VERISIGN INC COM	49.0000 shares held	8,586	10,141
	VERISK ANALYTICS INC	73.0000 shares held	19,003	20,106
	VERIZON COMMUNICATIONS	2,377.0000 shares held	95,762	95,056
	VERTEX PHARMACEUTICALS INC COM	155.0000 shares held	72,215	62,419
	VIATRIS INC	918.0000 shares held	10,438	11,429
	VICI PROPERTIES INC	525.0000 shares held	16,532	15,335

Community Hospitals of Central California Pension Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (continued)
December 31, 2024

Plan Sponsor: Community Hospitals of Central California

Employer Identification Number: 94-2864615

Plan Number: 001

Schedule H, Line 4(i)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
EQUITIES				
	VISA INC-CLASS A SHRS	996.0000 shares held	258,695	314,776
	VISTRA CORP	214.0000 shares held	18,599	29,504
	VULCAN MATERIALS COMPANY	67.0000 shares held	16,162	17,234
	WABTEC CORP	86.0000 shares held	13,175	16,305
	WALGREENS BOOTS ALLIANCE INC	651.0000 shares held	7,024	6,074
	WALMART INC	2,522.0000 shares held	168,765	227,863
	WALT DISNEY CO	1,032.0000 shares held	88,721	114,913
	WARNER BROS DISCOVERY INC CL A	1,301.0000 shares held	10,041	13,752
	WASTE MANAGEMENT INC	224.0000 shares held	45,889	45,201
	WATERS CORP	39.0000 shares held	12,553	14,468
	WEC ENERGY GROUP INC	155.0000 shares held	13,789	14,576
	WELLS FARGO & CO	1,985.0000 shares held	103,810	139,426
	WELLTOWER INC	329.0000 shares held	37,779	41,464
	WEST PHARMACEUTICAL SVCS INC COM	42.0000 shares held	12,339	13,758
	WESTERN DIGITAL CORP	223.0000 shares held	12,546	13,297
	WEYERHAEUSER CO	405.0000 shares held	12,620	11,401
	WILLIAMS COS INC	768.0000 shares held	33,032	41,564
	WILLIS TOWERS WATSON PUB LTDCO	50.0000 shares held	13,773	15,662
	WORKDAY INC	110.0000 shares held	30,036	28,383
	WYNN RESORTS LTD	88.0000 shares held	6,588	7,582
	XCEL ENERGY INC COM	367.0000 shares held	21,930	24,780
	XYLEM INC/NY	121.0000 shares held	15,348	14,038
	YUM BRANDS INC COM	141.0000 shares held	19,237	18,917
	ZEBRA TECHNOLOGIES CORP CL A	38.0000 shares held	11,957	14,676
	ZIMMER BIOMET HOLDINGS, INC	117.0000 shares held	12,381	12,359
	ZOETIS INC	252.0000 shares held	46,565	41,052
				28,963,819
FUNDS				
	COHEN & STEERS INSTITUTIONAL REALTY SHARES #1263	162,578.1560 shares held	8,000,000	7,789,119
	COLUMBIA SMALL CAP GROWTH FUND	313,960.2910 shares held	8,919,612	9,299,504
	DODGE & COX INCOME FD COM #147	451,788.3210 shares held	5,631,129	5,593,139
	FIDELITY INTERNATIONAL INDEX FUND CLASS PRM #2363	187,312.5490 shares held	9,837,101	8,904,839
	GOLDMAN SACHS GQG PARTNERS INTERNATIONAL OPPORTUN	326,642.3380 shares held	7,535,322	6,389,124
	HARTFORD SCHODERS EMERGING MARKETS EQUITY FUND CL	139,178.3150 shares held	2,308,097	2,315,927
	ISHARES CORE S & P 500 ETF	94,733.0000 shares held	45,217,728	55,767,422
	LAZARD GLOBAL LISTED INFRASTRUCTURE PORTFOLIO CLASS	168,258.7670 shares held	2,751,206	2,629,885
	MFS INTERNATIONAL GROWTH FUND CLASS R6 #4805	150,539.6230 shares held	4,058,458	6,230,835
	NYLI CBRE GLOBAL INFRASTRUCTURE FUND	197,412.8860 shares held	2,600,000	2,580,186
	NYLI MACKAY HIGH YIELD CORPORATE BOND FUND	553,144.7300 shares held	2,844,201	2,865,290

Community Hospitals of Central California Pension Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (continued)
December 31, 2024

Plan Sponsor: Community Hospitals of Central California

Employer Identification Number: 94-2864615

Plan Number: 001

Schedule H, Line 4(i)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	FUNDS			
	PGIM TOTAL RETURN BOND FUND CLASS R6 #1062	573,651.3210 shares held	5,610,073	5,608,032
	UNDISCOVERED MANAGERS BEHAVIORAL VALUE FUND CLASS	105,106.6530 shares held	7,377,917	8,858,389
				124,831,691
	CASH			
	U.S. DOLLARS	- shares held	150	150
	SHORT-TERM INVESTMENT FUND A S1	54,522.2600 shares held	54,522	54,513
	SHORT-TERM INVESTMENT FUND A S1	244,091.3700 shares held	244,091	244,091
	SHORT-TERM INVESTMENT FUND A S1	674,762.2100 shares held	674,762	674,762
	SHORT-TERM INVESTMENT FUND A S1	8,780,468.4800 shares held	\$ 8,780,468	8,780,468
				9,753,984
				\$ 276,856,161

Community Hospitals of Central California Pension Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended December 31, 2024

Plan Sponsor: Community Hospitals of Central California
Employer Identification Number: 94-2864615
Plan Number: 001
Schedule H, Line 4(i)

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Expenses Incurred with Transaction	Cost of Assets	Current Value of Asset on Transaction Date	Net Gain or (Loss)
CATEGORY I SINGLE TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS							
IShares Core S&P 500 EFT							
Sell	Investment fund		\$ 25,535,415	\$ 960	\$ 23,388,562	\$ 23,388,562	\$ 2,146,852
U.S Treasury Bonds							
Purchase	US Government Bonds	\$ 15,384,756	\$ -	\$ -	\$ 15,384,756	\$ 15,384,756	\$ -
CATEGORY III SERIES OF TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS							
Black Rock	Short-Term						
400 Purchases	Investment Fund S1	\$ 103,603,170	\$ -	\$ -	\$ 103,603,170	\$ 103,603,170	\$ -
271 Sales		\$ -	\$ 111,137,026	\$ -	\$ 111,137,026	\$ 111,137,026	\$ -
IShares Core S&P 500 EFT							
8 Sales	Investment fund	\$ -	\$ 43,052,492	\$ 1,860	\$ 38,312,852	\$ 38,312,852	\$ 4,739,642

Community Hospitals of Central California Pension Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions (continued)
Year Ended December 31, 2024

Plan Sponsor: Community Hospitals of Central California
Employer Identification Number: 94-2864615
Plan Number: 001
Schedule H, Line 4(i)

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Expenses Incurred with Transaction	Cost of Assets	Current Value of Asset on Transaction Date	Net Gain or Loss
CATEGORY III SERIES OF TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS							
U.S Treasury Bonds 4% 2/15/34							
14 Purchases	US Government	\$ 10,141,603	\$ -	\$ -	\$ 10,141,603	\$ 10,141,603	\$ -
11 Sales	Bonds	\$ -	\$ 10,110,491	\$ -	\$ 10,141,602	\$ 10,141,602	\$ (31,112)
U.S Treasury Bonds 3.875% 8/15/34							
15 Purchases	US Government	\$ 9,057,642	\$ -	\$ -	\$ 9,057,642	\$ 9,057,642	\$ -
5 Sales	Bonds	\$ -	\$ 8,989,393	\$ -	\$ 9,057,641	\$ 9,057,641	\$ (68,250)
U.S Treasury Bonds 4.25% 11/15/34							
2 Sales	Bonds	\$ -	\$ 2,115,644	\$ -	\$ 2,143,707	\$ 2,143,707	\$ (28,063)
Vanguard FTSE Developed ETF							
1 Purchase	Investment fund	\$ 3,292,184	\$ -	\$ 659	\$ 3,292,184	\$ 3,292,184	\$ -
2 Sales		\$ -	\$ 11,453,722	\$ 2,509	\$ 9,798,907	\$ 9,798,907	\$ 1,654,814
Vanguard Small Cap Growth Viper							
1 Purchase	Investment fund	\$ 8,400,704	\$ -	\$ 328	\$ 8,400,704	\$ 8,400,704	\$ -
1 Sale		\$ -	\$ 10,005,933	\$ 652	\$ 9,429,609	\$ 9,429,609	\$ 576,323

Note: Column (e) Lease rental is not applicable.

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2024

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

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	2	5	0	0	0	0	0	0	0	7
	-	-	-	-	-	-	-	-	-	-	-
30-34	0	35	62	36	0	0	0	0	0	0	133
	-	39,799	46,510	44,992	-	-	-	-	-	-	44,333
35-39	0	63	145	190	36	2	0	0	0	0	436
	-	39,069	48,020	51,412	60,053	-	-	-	-	-	49,421
40-44	0	48	121	237	138	43	1	0	0	0	588
	-	45,538	45,906	56,096	62,986	71,357	-	-	-	-	55,901
45-49	0	24	66	153	111	70	12	0	0	0	436
	-	67,384	40,540	57,543	57,939	76,298	-	-	-	-	58,584
50-54	0	12	58	149	135	107	39	7	0	0	507
	-	-	39,224	46,757	71,967	72,992	79,041	-	-	-	60,808
55-59	0	19	30	90	74	85	41	22	1	0	362
	-	-	55,447	55,031	57,806	70,128	90,012	92,685	-	-	65,295
60-64	0	6	26	96	80	82	43	44	19	4	400
	-	-	42,053	58,404	74,882	88,199	81,647	95,192	-	-	74,065
65-69	0	1	7	26	29	31	31	31	12	9	177
	-	-	-	50,578	90,938	88,611	92,933	97,580	-	-	85,468
70 & over	0	1	3	8	9	9	6	11	7	5	59
	-	-	-	-	-	-	-	-	-	-	72,363
Total	0	211	523	985	612	429	173	115	39	18	3,105
	-	45,044	44,947	53,526	65,871	76,721	82,930	94,225	95,276	-	61,078

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

Plan Name: Community Hospitals of Central California Pension Plan
 EIN / PN: 94-2864615/001
 Plan Sponsor: Community Hospitals of Central California
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2023

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

Attained Age	Attained Years of Credited Service ²										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	2	5	0	0	0	0	0	0	0	7
	-	-	-	-	-	-	-	-	-	-	-
30-34	0	35	62	36	0	0	0	0	0	0	133
	-	5,354	21,049	27,706	-	-	-	-	-	-	18,721
35-39	0	63	145	190	36	2	0	0	0	0	436
	-	7,048	22,360	38,955	57,090	-	-	-	-	-	30,589
40-44	0	48	121	237	138	43	1	0	0	0	588
	-	7,874	26,415	42,925	72,687	98,473	-	-	-	-	47,831
45-49	0	24	66	153	111	70	12	0	0	0	436
	-	10,696	25,104	46,004	71,139	112,168	-	-	-	-	59,882
50-54	0	12	58	149	135	107	39	7	0	0	507
	-	-	22,769	41,240	83,934	125,190	167,633	-	-	-	79,601
55-59	0	19	30	90	74	85	41	22	1	0	362
	-	-	29,657	45,005	72,256	114,427	182,165	220,653	-	-	90,545
60-64	0	6	26	96	80	82	43	44	19	4	400
	-	-	22,028	47,951	91,261	140,501	188,886	238,860	-	-	123,373
65-69	0	1	7	26	29	31	31	31	12	9	177
	-	-	-	43,304	105,811	132,363	171,452	225,383	-	-	151,111
70 & over	0	1	3	8	9	9	6	11	7	5	59
	-	-	-	-	-	-	-	-	-	-	143,071
Total	0	211	523	985	612	429	173	115	39	18	3,105
	-	7,935	23,794	42,524	77,953	121,094	173,519	230,076	293,924	-	73,368

² Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Community Hospitals of Central California Pension Plan
 EIN / PN: 94-2864615/001
 Plan Sponsor: Community Hospitals of Central California
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
• First segment rate	4.75%	4.37%
• Second segment rate	4.96%	4.96%
• Third segment rate	5.59%	4.95%
• Effective interest rate	5.21%	4.92%

Cash balance interest crediting rate 4.68%

Salary Scale 4.00%

Price Inflation 3.00%

Plan-related expenses \$87,304

Demographic Assumptions

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

New or rehired employees It was assumed there will be no new or rehired employees.

Plan Name: Community Hospitals of Central California Pension Plan
EIN / PN: 94-2864615/001
Plan Sponsor: Community Hospitals of Central California
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Mortality

- **Healthy** Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
- **Disabled** Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.

Termination

Rates varying by vesting service for all participants.

Representative Termination Rates

Percentage assumed to leave during the year				
Attained Age	Years of Vesting Service			
	0-4	5-9	10-14	15+
	All Ages	14.0%	9.0%	6.0%

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage assumed to retire during the year	
Age	Percentage
55-60	5.0%
61-63	9.0%
64	15.0%
65-67	25.0%
68-72	19.0%
73+	100.0%

Benefit commencement date:

- **Preretirement death benefit** The later of the death of the active participant or the date the participant would have attained age 55
- **Deferred vested benefit** The later of age 55 or termination of employment

Plan Name: Community Hospitals of Central California Pension Plan
EIN / PN: 94-2864615/001
Plan Sponsor: Community Hospitals of Central California
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

- Disability benefit Upon disablement
- Retirement benefit Upon termination of employment

Form of payment Benefits are assumed to be paid under the single sum option.

1. Active Retirement Form: 40% of participants are assumed to take an immediate lump sum benefit upon retirement. 10% of participants are assumed to take an immediate annuity upon retirement. 40% of participants are assumed to take a lump sum benefit payable at age 65. 10% of participants are assumed to take an annuity at age 65.
2. Active Withdrawal Form: 50% of participants are assumed to take an immediate lump sum benefit upon withdrawal. 50% of participants are assumed to take a lump sum benefit payable at age 65.
3. Vested Terminated Form: 12% of participants are assumed to take an immediate lump sum benefit. 3% of participants are assumed to take an immediate annuity. 68% of participants are assumed to take a lump sum benefit payable at age 65. 17% of participants are assumed to take an annuity payable at age 65.

Percent married For purposes of valuing the pre-retirement surviving spouse's benefit, 100% of eligible male participants are assumed to be married and 100% of eligible female participants are assumed to be married.

Spouse age Wife three years younger than husband

Covered pay Pensionable compensation is all forms of compensation, excluding shift differentials, premium pay, bonuses and all other forms of additional compensation including amounts paid in excess of the straight-time rate, as limited under Revenue Code 401(a)(17) as indexed.

Plan Name: Community Hospitals of Central California Pension Plan
EIN / PN: 94-2864615/001
Plan Sponsor: Community Hospitals of Central California
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the lump sum form of payment.
----------------------------	--

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2023 plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	We believe that we have reflected all significant plan provisions in this valuation.

Plan Name:	Community Hospitals of Central California Pension Plan
EIN / PN:	94-2864615/001
Plan Sponsor:	Community Hospitals of Central California
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Sources of Data and other Information

The plan sponsor furnished participant data as of 1/1/2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. There were no significant issues found with missing or inconsistent data. We are aware of no adjustments made by the data provider.

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

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Cash Balance Interest crediting rate	The plan credits interest to cash balance accounts using 90% of the 30-year Treasury rate for the previous November. Based on an analysis of historical relationships between the 30-year Treasury rates for the previous November and the discount rate used for accounting, we have set the assumed interest credit rate to be the discount rate used for accounting for the prior fiscal year-end less 1%.
Lump sum conversion rate	As required by IRC 430, lump sum benefits are valued using "annuity substitution", so that the interest rates assumed are effectively the same as described above for the discount rate.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).
Rates of increase in Compensation	Assumed compensation increases are based on future anticipated experience and were provided by the Company.

Plan Name:	Community Hospitals of Central California Pension Plan
EIN / PN:	94-2864615/001
Plan Sponsor:	Community Hospitals of Central California
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on an experience study conducted in 2021, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Retirement	Retirement rates were based on an experience study conducted in 2021, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Form of payment	The percentage of retiring participants assumed to take lump sums is based on observed experience over the period 2018-2020 based on an experience study conducted in 2021.

Source of Prescribed Methods

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

Plan Name:	Community Hospitals of Central California Pension Plan
EIN / PN:	94-2864615/001
Plan Sponsor:	Community Hospitals of Central California
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

The segment interest rates used to calculate the funding target were updated to the current valuation date as required by IRC §430.

The mortality table used to calculate the funding target and target normal cost was updated to the IRS-prescribed fully generational mortality table based on the Pri-2012 Society of Actuaries study and subsequent updates (including, for 2024, the use of the IRS-adjusted MP-2021 mortality improvement scale), as required by guidance issued by IRS under IRC §430.

The annuity conversion rate basis was updated from 3.99% to 4.66%.

The cash balance interest crediting rate was updated from 3.99% to 4.68%.

The assumed plan-related expenses added to the target normal cost were changed from \$85,044 for the prior valuation to \$87,304 for the current valuation.

Plan Name: Community Hospitals of Central California Pension Plan
EIN / PN: 94-2864615/001
Plan Sponsor: Community Hospitals of Central California
Valuation Date: January 1, 2024

Plan Name	Community Hospitals of Central California Pension Plan
Plan Sponsor EIN	94-2864615
ERISA Plan #	001
Plan Year Ending	December 31, 2024

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	---	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF COMMUNITY HOSPITALS OF CENTRAL CALIFORNIA	D Employer Identification Number (EIN) 94-2864615
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	266,575,066	
b	Actuarial value	2b	273,544,009	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	383	36,941,671	36,941,671
b	For terminated vested participants	780	25,022,040	25,022,040
c	For active participants	3,105	220,310,752	220,367,342
d	Total	4,268	282,274,463	282,331,053
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.21%	
6	Target normal cost			
a	Present value of current plan year accruals	6a	10,653,355	
b	Expected plan-related expenses	6b	87,304	
c	Target normal cost	6c	10,740,659	

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 Jay A. Sorensen JAS Signature of actuary	10/9/2025 Date 2307298 Most recent enrollment number 949-253-5250 Telephone number (including area code)
Willis Towers Watson US LLC Firm name 2010 Main Street Irvine Concourse - Suite 1050 Irvine CA 92614 Address of the firm	

Part II	Beginning of Year Carryover and Prefunding Balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	43,203,809
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	11,594,284
9 Amount remaining (line 7 minus line 8)	0	31,609,525
10 Interest on line 9 using prior year's actual return of <u>13.42</u> %	0	4,241,998
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.27</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	35,851,523

Part III	Funding Percentages	
14 Funding target attainment percentage	14	84.18 %
15 Adjusted funding target attainment percentage	15	84.18 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.04 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV	Contributions and Liquidity Shortfalls				
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0	
b Contributions made to avoid restrictions adjusted to valuation date	19b	0	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0	
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No			
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No			
c If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.75 % 2nd segment: 4.96 % 3rd segment: 5.59 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	0
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	10,740,659
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	44,638,567	4,188,860
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
			14,929,519
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	14,929,519
36	Additional cash requirement (line 34 minus line 35).....		36
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39
40	Unpaid minimum required contributions for all years		40
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021		

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Community Hospitals of Central California
EIN/PN	94-2864615/001
Plan Name	Community Hospitals of Central California Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Jay A. Sorensen
Enrollment Number	23-07298

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

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

SCHEDULE SB ATTACHMENTS

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

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

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.05	1,000,000	1.000000	0.050000	2.750000
56	0.05	950,000	0.950000	0.047500	2.660000
57	0.05	902,500	0.902500	0.045125	2.572125
58	0.05	857,375	0.857375	0.042869	2.486388
59	0.05	814,506	0.814506	0.040725	2.402793
60	0.05	773,781	0.773781	0.038689	2.321343
61	0.09	735,092	0.735092	0.066158	4.035654
62	0.09	668,934	0.668934	0.060204	3.732650
63	0.09	608,730	0.608730	0.054786	3.451497
64	0.15	553,944	0.553944	0.083092	5.317862
65	0.25	470,852	0.470852	0.117713	7.651351
66	0.25	353,139	0.353139	0.088285	5.826798
67	0.25	264,854	0.264854	0.066214	4.436312
68	0.19	198,641	0.198641	0.037742	2.566440
69	0.19	160,899	0.160899	0.030571	2.109387
70	0.19	130,328	0.130328	0.024762	1.733366
71	0.19	105,566	0.105566	0.020058	1.424084
72	0.19	85,508	0.085508	0.016247	1.169754
73	1.00	69,262	0.069262	0.069262	5.056110

Average age at retirement 63.703911

Rounded for Schedule SB line 22 64

Plan Name: Community Hospitals of Central California Pension Plan
 EIN / PN: 94-2864615/001
 Plan Sponsor: Community Hospitals of Central California
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
• First segment rate	4.75%	4.37%
• Second segment rate	4.96%	4.96%
• Third segment rate	5.59%	4.95%
• Effective interest rate	5.21%	4.92%

Cash balance interest crediting rate 4.68%

Salary Scale 4.00%

Price Inflation 3.00%

Plan-related expenses \$87,304

Demographic Assumptions

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

New or rehired employees It was assumed there will be no new or rehired employees.

Plan Name: Community Hospitals of Central California Pension Plan
EIN / PN: 94-2864615/001
Plan Sponsor: Community Hospitals of Central California
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Mortality

- **Healthy** Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
- **Disabled** Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.

Termination

Rates varying by vesting service for all participants.

Representative Termination Rates

Percentage assumed to leave during the year				
Attained Age	Years of Vesting Service			
	0-4	5-9	10-14	15+
	All Ages	14.0%	9.0%	6.0%

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage assumed to retire during the year	
Age	Percentage
55-60	5.0%
61-63	9.0%
64	15.0%
65-67	25.0%
68-72	19.0%
73+	100.0%

Benefit commencement date:

- **Preretirement death benefit** The later of the death of the active participant or the date the participant would have attained age 55
- **Deferred vested benefit** The later of age 55 or termination of employment

Plan Name: Community Hospitals of Central California Pension Plan
EIN / PN: 94-2864615/001
Plan Sponsor: Community Hospitals of Central California
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

- Disability benefit Upon disablement
- Retirement benefit Upon termination of employment

Form of payment Benefits are assumed to be paid under the single sum option.

1. Active Retirement Form: 40% of participants are assumed to take an immediate lump sum benefit upon retirement. 10% of participants are assumed to take an immediate annuity upon retirement. 40% of participants are assumed to take a lump sum benefit payable at age 65. 10% of participants are assumed to take an annuity at age 65.
2. Active Withdrawal Form: 50% of participants are assumed to take an immediate lump sum benefit upon withdrawal. 50% of participants are assumed to take a lump sum benefit payable at age 65.
3. Vested Terminated Form: 12% of participants are assumed to take an immediate lump sum benefit. 3% of participants are assumed to take an immediate annuity. 68% of participants are assumed to take a lump sum benefit payable at age 65. 17% of participants are assumed to take an annuity payable at age 65.

Percent married For purposes of valuing the pre-retirement surviving spouse's benefit, 100% of eligible male participants are assumed to be married and 100% of eligible female participants are assumed to be married.

Spouse age Wife three years younger than husband

Covered pay Pensionable compensation is all forms of compensation, excluding shift differentials, premium pay, bonuses and all other forms of additional compensation including amounts paid in excess of the straight-time rate, as limited under Revenue Code 401(a)(17) as indexed.

Plan Name: Community Hospitals of Central California Pension Plan
EIN / PN: 94-2864615/001
Plan Sponsor: Community Hospitals of Central California
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

At-risk assumptions

For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the lump sum form of payment.

Methods

Valuation date

First day of plan year

Funding target

Present value of accrued benefits as required by regulations under IRC §430.

Target normal cost

Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Actuarial value of assets

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2023 plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

We believe that we have reflected all significant plan provisions in this valuation.

Plan Name: Community Hospitals of Central California Pension Plan
EIN / PN: 94-2864615/001
Plan Sponsor: Community Hospitals of Central California
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Sources of Data and other Information

The plan sponsor furnished participant data as of 1/1/2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. There were no significant issues found with missing or inconsistent data. We are aware of no adjustments made by the data provider.

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

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Cash Balance Interest crediting rate	The plan credits interest to cash balance accounts using 90% of the 30-year Treasury rate for the previous November. Based on an analysis of historical relationships between the 30-year Treasury rates for the previous November and the discount rate used for accounting, we have set the assumed interest credit rate to be the discount rate used for accounting for the prior fiscal year-end less 1%.
Lump sum conversion rate	As required by IRC 430, lump sum benefits are valued using "annuity substitution", so that the interest rates assumed are effectively the same as described above for the discount rate.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).
Rates of increase in Compensation	Assumed compensation increases are based on future anticipated experience and were provided by the Company.

Plan Name:	Community Hospitals of Central California Pension Plan
EIN / PN:	94-2864615/001
Plan Sponsor:	Community Hospitals of Central California
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on an experience study conducted in 2021, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Retirement	Retirement rates were based on an experience study conducted in 2021, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Form of payment	The percentage of retiring participants assumed to take lump sums is based on observed experience over the period 2018-2020 based on an experience study conducted in 2021.

Source of Prescribed Methods

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

Plan Name:	Community Hospitals of Central California Pension Plan
EIN / PN:	94-2864615/001
Plan Sponsor:	Community Hospitals of Central California
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

The segment interest rates used to calculate the funding target were updated to the current valuation date as required by IRC §430.

The mortality table used to calculate the funding target and target normal cost was updated to the IRS-prescribed fully generational mortality table based on the Pri-2012 Society of Actuaries study and subsequent updates (including, for 2024, the use of the IRS-adjusted MP-2021 mortality improvement scale), as required by guidance issued by IRS under IRC §430.

The annuity conversion rate basis was updated from 3.99% to 4.66%.

The cash balance interest crediting rate was updated from 3.99% to 4.68%.

The assumed plan-related expenses added to the target normal cost were changed from \$85,044 for the prior valuation to \$87,304 for the current valuation.

Plan Name: Community Hospitals of Central California Pension Plan
EIN / PN: 94-2864615/001
Plan Sponsor: Community Hospitals of Central California
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

- The annuity conversion basis rate was updated from 3.99% to 4.66%.
- The cash balance interest crediting rate assumption was updated from 3.99% to 4.68%.
- The assumed plan-related expenses added to the target normal cost were changed from \$85,044 for the prior valuation to \$87,304 for the current valuation

Plan Name: Community Hospitals of Central California Pension Plan
EIN / PN: 94-2864615/001
Plan Sponsor: Community Hospitals of Central California
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted effective January 1, 2020.

Coverage and Participation

All non-union employees are eligible to begin contributions and become participants of the plan following completion of one year of service in which the employee works at least 1,000 hours. Due to amendment effective January 1, 2017, some current participants opted to no longer accrue additional pay credits in the plan, and after January 1, 2017 no new participants will be eligible to join the plan. Contributions of 2.0% of base salary are required as a condition of plan participation. Former UMC employees were eligible immediately upon hire with Community Medical Centers, if hired between October 6, 1996 and April 7, 1997.

Definitions

Vesting service

A participant is credited with 1 year of vesting service if they earn at least 1,000 hours of service during a plan year. No vesting service is credited for periods prior to January 1, 1963. No vesting service is credited for periods when an employee is eligible to participate but declined to contribute.

Credited service

A participant is credited with 1 year of benefit service for each plan year with at least 1,000 hours.

Annual Pensionable Compensation

All amounts paid to an Eligible Employee excluding overtime, bonus, shift differentials, premium pays and all other forms of additional compensation.

Final Average Compensation/Salary

For participants who were active on December 31, 1988, average annual compensation is based on the highest five consecutive years out of the final ten years of participation. For other participants, average annual compensation is not applicable.

Normal retirement date (NRD)

The first of the month coincident with or next following age 65.

Plan Name: Community Hospitals of Central California Pension Plan
EIN / PN: 94-2864615/001
Plan Sponsor: Community Hospitals of Central California
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Accrued Benefits

The accrued benefit for each participant is the monthly annuity at Normal Retirement Date that is the actuarial equivalent of the sum of the participant's account balance and employee contributions with interest. The account balance is based on the following provisions:

- a. The initial account balance determined as of December 31, 1988.
- b. An annual pay credit applied to pensionable compensation, graded on vesting service under the following schedule:

Years of Service	Pay Credit
less than 5	4.00%
5 to 9	5.00%
10 to 14	6.00%
15 to 19	7.00%
20 and up	8.00%

- c. Interest credits based on the Guaranteed Interest Rate applied to all amounts in the account.

The Guaranteed Interest Rate is based on 90% of the annual return on 30-Year Treasury securities for the month of November preceding the plan year for which the rate is determined.

Active participants on December 31, 1988, receive additional interest credits on the initial account balance, based on the sum of their age and service as of December 31, 1988. Participants whose age plus service was at least 67 on December 31, 1988, receive an additional 3% in interest credits applied to the initial account balance, participants whose age plus service was at least 62 but less than 67 receive additional 2% interest credits and all others receive an additional 1%.

Active participants on December 1988, are also eligible for the benefit structure in effect on December 31, 1988. These participants receive the greater of the benefit based on the account balance and the final average pay formula in effect on December 31, 1988. The final average pay formula is as follows:

Plan Name:	Community Hospitals of Central California Pension Plan
EIN / PN:	94-2864615/001
Plan Sponsor:	Community Hospitals of Central California
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

1.4% of final average pay multiplied by projected benefit service up to 25 years, plus 1.00% of final average pay multiplied by projected service in excess of 25 years. This result is prorated for current benefit service over projected benefit service.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	An employee who retires before his Normal Retirement Date. For active participants on December 31, 1988, early retirement benefits under the plan may be available after attainment of age 55 and completing of 15 years of vesting service.
Postponed retirement	Retirement after NRD
Vested termination	A participant is always 100% vested in the accumulated value of his employee contributions. Participants are 100% vested in employer contributions after completion of 3 years of vesting service.
Disability	A participant who retires due to disability under the new employer's long-term disability plan.

Benefits Paid Upon the Following Events

Normal retirement	The monthly annuity payable for life is equal to the actuarial equivalent of the Accrued Benefit as of the normal retirement date.
Early retirement	Actuarial equivalent of his Normal Retirement Benefit at this time.
Postponed retirement	An employee who works beyond his normal retirement date is entitled to his Accrued Benefit determined on his Late Retirement date.

Plan Name:	Community Hospitals of Central California Pension Plan
EIN / PN:	94-2864615/001
Plan Sponsor:	Community Hospitals of Central California
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Vested termination

The termination benefit is equal to the vested accrued benefit commencing at Normal Retirement Date or actuarial equivalent of his normal retirement benefit prior to this time, commencing on the first day of any month following the Participant's termination of service.

Disablement

Benefit After Normal Retirement: Beginning on the Normal Retirement Date, and equal to the Vested Accrued Benefit as of the disability date, with interest accruing at the Guaranteed Interest Rate.

Death of Disabled Participant Prior to Normal Retirement: A benefit equal to the actuarial equivalent of the participant's accrued benefit is payable to the participants spouse or other designated beneficiary with spousal consent, if applicable.

Other Plan Provisions

Normal Form of payment

Life annuity for single participants and 100% joint and survivor annuity for married participants.

Optional Forms of Retirement Income in Lieu of Normal Form

The plan provides optional payment forms, including a lump sum, life annuity, 10 year certain and life, 50% and 100% joint and survivor annuities on an actuarial equivalent basis (GATT assumptions (30-year treasury rate and revenue ruling 2001-62 mortality)).

Plan participants' contributions

The employee contribution rate for those who elect to participate in the plan is 2.0% of annual pensionable compensation.

Future Plan Changes

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

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: Community Hospitals of Central California Pension Plan
EIN / PN: 94-2864615/001
Plan Sponsor: Community Hospitals of Central California
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2024

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

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	2	5	0	0	0	0	0	0	0	7
	-	-	-	-	-	-	-	-	-	-	-
30-34	0	35	62	36	0	0	0	0	0	0	133
	-	39,799	46,510	44,992	-	-	-	-	-	-	44,333
35-39	0	63	145	190	36	2	0	0	0	0	436
	-	39,069	48,020	51,412	60,053	-	-	-	-	-	49,421
40-44	0	48	121	237	138	43	1	0	0	0	588
	-	45,538	45,906	56,096	62,986	71,357	-	-	-	-	55,901
45-49	0	24	66	153	111	70	12	0	0	0	436
	-	67,384	40,540	57,543	57,939	76,298	-	-	-	-	58,584
50-54	0	12	58	149	135	107	39	7	0	0	507
	-	-	39,224	46,757	71,967	72,992	79,041	-	-	-	60,808
55-59	0	19	30	90	74	85	41	22	1	0	362
	-	-	55,447	55,031	57,806	70,128	90,012	92,685	-	-	65,295
60-64	0	6	26	96	80	82	43	44	19	4	400
	-	-	42,053	58,404	74,882	88,199	81,647	95,192	-	-	74,065
65-69	0	1	7	26	29	31	31	31	12	9	177
	-	-	-	50,578	90,938	88,611	92,933	97,580	-	-	85,468
70 & over	0	1	3	8	9	9	6	11	7	5	59
	-	-	-	-	-	-	-	-	-	-	72,363
Total	0	211	523	985	612	429	173	115	39	18	3,105
	-	45,044	44,947	53,526	65,871	76,721	82,930	94,225	95,276	-	61,078

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

Plan Name: Community Hospitals of Central California Pension Plan
 EIN / PN: 94-2864615/001
 Plan Sponsor: Community Hospitals of Central California
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2023

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

Attained Age	Attained Years of Credited Service ²										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	2	5	0	0	0	0	0	0	0	7
	-	-	-	-	-	-	-	-	-	-	-
30-34	0	35	62	36	0	0	0	0	0	0	133
	-	5,354	21,049	27,706	-	-	-	-	-	-	18,721
35-39	0	63	145	190	36	2	0	0	0	0	436
	-	7,048	22,360	38,955	57,090	-	-	-	-	-	30,589
40-44	0	48	121	237	138	43	1	0	0	0	588
	-	7,874	26,415	42,925	72,687	98,473	-	-	-	-	47,831
45-49	0	24	66	153	111	70	12	0	0	0	436
	-	10,696	25,104	46,004	71,139	112,168	-	-	-	-	59,882
50-54	0	12	58	149	135	107	39	7	0	0	507
	-	-	22,769	41,240	83,934	125,190	167,633	-	-	-	79,601
55-59	0	19	30	90	74	85	41	22	1	0	362
	-	-	29,657	45,005	72,256	114,427	182,165	220,653	-	-	90,545
60-64	0	6	26	96	80	82	43	44	19	4	400
	-	-	22,028	47,951	91,261	140,501	188,886	238,860	-	-	123,373
65-69	0	1	7	26	29	31	31	31	12	9	177
	-	-	-	43,304	105,811	132,363	171,452	225,383	-	-	151,111
70 & over	0	1	3	8	9	9	6	11	7	5	59
	-	-	-	-	-	-	-	-	-	-	143,071
Total	0	211	523	985	612	429	173	115	39	18	3,105
	-	7,935	23,794	42,524	77,953	121,094	173,519	230,076	293,924	-	73,368

² Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Community Hospitals of Central California Pension Plan
 EIN / PN: 94-2864615/001
 Plan Sponsor: Community Hospitals of Central California
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	17,793,378	5,583,144	3,528,123	26,904,645
2025	15,033,800	754,634	3,455,740	19,244,174
2026	15,434,414	1,393,797	3,385,152	20,213,363
2027	15,726,369	646,558	3,309,470	19,682,397
2028	16,561,422	1,324,566	3,226,287	21,112,275
2029	14,444,452	1,202,255	3,130,205	18,776,912
2030	13,727,618	901,472	3,021,361	17,650,451
2031	13,817,182	452,402	2,907,967	17,177,551
2032	12,807,614	844,019	2,793,634	16,445,267
2033	12,731,728	816,085	2,668,526	16,216,339
2034	13,992,275	1,963,480	2,537,328	18,493,083
2035	14,340,454	1,153,704	2,407,293	17,901,451
2036	14,347,594	1,169,277	2,272,523	17,789,394
2037	13,018,424	1,008,154	2,133,717	16,160,295
2038	12,742,533	1,093,512	1,991,721	15,827,766
2039	12,691,791	1,297,065	1,847,529	15,836,385
2040	11,790,204	1,282,919	1,702,255	14,775,378
2041	11,459,055	1,494,115	1,557,130	14,510,300
2042	12,659,784	1,382,102	1,413,445	15,455,331
2043	11,848,328	2,443,480	1,272,541	15,564,349
2044	14,417,864	1,916,945	1,135,783	17,470,592
2045	12,085,937	1,955,824	1,004,488	15,046,249
2046	14,376,502	1,335,833	879,875	16,592,210
2047	10,929,427	2,188,566	763,000	13,880,993
2048	11,565,422	2,314,441	654,745	14,534,608
2049	11,181,033	2,182,308	555,794	13,919,135
2050	10,283,617	2,063,878	466,585	12,814,080
2051	9,006,886	1,349,607	387,304	10,743,797
2052	8,555,147	1,748,510	317,862	10,621,519
2053	7,927,445	1,485,990	257,938	9,671,373
2054	6,691,202	1,255,444	207,010	8,153,656
2055	6,020,950	930,560	164,391	7,115,901
2056	5,097,360	692,038	129,274	5,918,672
2057	4,403,278	539,237	100,776	5,043,291
2058	3,773,998	478,326	77,996	4,330,320
2059	3,439,723	459,449	60,050	3,959,222
2060	3,148,609	440,248	46,107	3,634,964
2061	2,866,326	420,777	35,410	3,322,513
2062	2,585,418	401,091	27,289	3,013,798
2063	2,402,961	381,243	21,171	2,805,375

Plan Name: Community Hospitals of Central California Pension Plan
 EIN / PN: 94-2864615/001
 Plan Sponsor: Community Hospitals of Central California
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2064	2,189,302	361,282	16,578	2,567,162
2065	2,010,524	341,255	13,127	2,364,906
2066	1,845,674	321,206	10,520	2,177,400
2067	1,700,026	301,176	8,529	2,009,731
2068	1,557,848	281,207	6,984	1,846,039
2069	1,419,956	261,351	5,761	1,687,068
2070	1,289,705	241,668	4,772	1,536,145
2071	1,164,944	222,229	3,957	1,391,130
2072	1,045,958	203,105	3,274	1,252,337
2073	933,047	184,379	2,695	1,120,121

Plan Name: Community Hospitals of Central California Pension Plan
EIN / PN: 94-2864615/001
Plan Sponsor: Community Hospitals of Central California
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	20,116,156	15.00000	20,116,156	1,838,536
2. Shortfall	01/01/2023	25,663,959	14.00000	24,522,411	2,350,324
Total				44,638,567	4,188,860

Plan Name: Community Hospitals of Central California Pension Plan
EIN / PN: 94-2864615/001
Plan Sponsor: Community Hospitals of Central California
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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

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

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.05	1,000,000	1.000000	0.050000	2.750000
56	0.05	950,000	0.950000	0.047500	2.660000
57	0.05	902,500	0.902500	0.045125	2.572125
58	0.05	857,375	0.857375	0.042869	2.486388
59	0.05	814,506	0.814506	0.040725	2.402793
60	0.05	773,781	0.773781	0.038689	2.321343
61	0.09	735,092	0.735092	0.066158	4.035654
62	0.09	668,934	0.668934	0.060204	3.732650
63	0.09	608,730	0.608730	0.054786	3.451497
64	0.15	553,944	0.553944	0.083092	5.317862
65	0.25	470,852	0.470852	0.117713	7.651351
66	0.25	353,139	0.353139	0.088285	5.826798
67	0.25	264,854	0.264854	0.066214	4.436312
68	0.19	198,641	0.198641	0.037742	2.566440
69	0.19	160,899	0.160899	0.030571	2.109387
70	0.19	130,328	0.130328	0.024762	1.733366
71	0.19	105,566	0.105566	0.020058	1.424084
72	0.19	85,508	0.085508	0.016247	1.169754
73	1.00	69,262	0.069262	0.069262	5.056110

Average age at retirement 63.703911

Rounded for Schedule SB line 22 64

Plan Name: Community Hospitals of Central California Pension Plan
 EIN / PN: 94-2864615/001
 Plan Sponsor: Community Hospitals of Central California
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	17,793,378	5,583,144	3,528,123	26,904,645
2025	15,033,800	754,634	3,455,740	19,244,174
2026	15,434,414	1,393,797	3,385,152	20,213,363
2027	15,726,369	646,558	3,309,470	19,682,397
2028	16,561,422	1,324,566	3,226,287	21,112,275
2029	14,444,452	1,202,255	3,130,205	18,776,912
2030	13,727,618	901,472	3,021,361	17,650,451
2031	13,817,182	452,402	2,907,967	17,177,551
2032	12,807,614	844,019	2,793,634	16,445,267
2033	12,731,728	816,085	2,668,526	16,216,339
2034	13,992,275	1,963,480	2,537,328	18,493,083
2035	14,340,454	1,153,704	2,407,293	17,901,451
2036	14,347,594	1,169,277	2,272,523	17,789,394
2037	13,018,424	1,008,154	2,133,717	16,160,295
2038	12,742,533	1,093,512	1,991,721	15,827,766
2039	12,691,791	1,297,065	1,847,529	15,836,385
2040	11,790,204	1,282,919	1,702,255	14,775,378
2041	11,459,055	1,494,115	1,557,130	14,510,300
2042	12,659,784	1,382,102	1,413,445	15,455,331
2043	11,848,328	2,443,480	1,272,541	15,564,349
2044	14,417,864	1,916,945	1,135,783	17,470,592
2045	12,085,937	1,955,824	1,004,488	15,046,249
2046	14,376,502	1,335,833	879,875	16,592,210
2047	10,929,427	2,188,566	763,000	13,880,993
2048	11,565,422	2,314,441	654,745	14,534,608
2049	11,181,033	2,182,308	555,794	13,919,135
2050	10,283,617	2,063,878	466,585	12,814,080
2051	9,006,886	1,349,607	387,304	10,743,797
2052	8,555,147	1,748,510	317,862	10,621,519
2053	7,927,445	1,485,990	257,938	9,671,373
2054	6,691,202	1,255,444	207,010	8,153,656
2055	6,020,950	930,560	164,391	7,115,901
2056	5,097,360	692,038	129,274	5,918,672
2057	4,403,278	539,237	100,776	5,043,291
2058	3,773,998	478,326	77,996	4,330,320
2059	3,439,723	459,449	60,050	3,959,222
2060	3,148,609	440,248	46,107	3,634,964
2061	2,866,326	420,777	35,410	3,322,513
2062	2,585,418	401,091	27,289	3,013,798
2063	2,402,961	381,243	21,171	2,805,375

Plan Name: Community Hospitals of Central California Pension Plan
 EIN / PN: 94-2864615/001
 Plan Sponsor: Community Hospitals of Central California
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2064	2,189,302	361,282	16,578	2,567,162
2065	2,010,524	341,255	13,127	2,364,906
2066	1,845,674	321,206	10,520	2,177,400
2067	1,700,026	301,176	8,529	2,009,731
2068	1,557,848	281,207	6,984	1,846,039
2069	1,419,956	261,351	5,761	1,687,068
2070	1,289,705	241,668	4,772	1,536,145
2071	1,164,944	222,229	3,957	1,391,130
2072	1,045,958	203,105	3,274	1,252,337
2073	933,047	184,379	2,695	1,120,121

Plan Name: Community Hospitals of Central California Pension Plan
EIN / PN: 94-2864615/001
Plan Sponsor: Community Hospitals of Central California
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Community Hospitals of Central California
EIN/PN	94-2864615/001
Plan Name	Community Hospitals of Central California Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Jay A. Sorensen
Enrollment Number	23-07298

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted effective January 1, 2020.

Coverage and Participation

All non-union employees are eligible to begin contributions and become participants of the plan following completion of one year of service in which the employee works at least 1,000 hours. Due to amendment effective January 1, 2017, some current participants opted to no longer accrue additional pay credits in the plan, and after January 1, 2017 no new participants will be eligible to join the plan. Contributions of 2.0% of base salary are required as a condition of plan participation. Former UMC employees were eligible immediately upon hire with Community Medical Centers, if hired between October 6, 1996 and April 7, 1997.

Definitions

Vesting service

A participant is credited with 1 year of vesting service if they earn at least 1,000 hours of service during a plan year. No vesting service is credited for periods prior to January 1, 1963. No vesting service is credited for periods when an employee is eligible to participate but declined to contribute.

Credited service

A participant is credited with 1 year of benefit service for each plan year with at least 1,000 hours.

Annual Pensionable Compensation

All amounts paid to an Eligible Employee excluding overtime, bonus, shift differentials, premium pays and all other forms of additional compensation.

Final Average Compensation/Salary

For participants who were active on December 31, 1988, average annual compensation is based on the highest five consecutive years out of the final ten years of participation. For other participants, average annual compensation is not applicable.

Normal retirement date (NRD)

The first of the month coincident with or next following age 65.

Plan Name: Community Hospitals of Central California Pension Plan
EIN / PN: 94-2864615/001
Plan Sponsor: Community Hospitals of Central California
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Accrued Benefits

The accrued benefit for each participant is the monthly annuity at Normal Retirement Date that is the actuarial equivalent of the sum of the participant's account balance and employee contributions with interest. The account balance is based on the following provisions:

- a. The initial account balance determined as of December 31, 1988.
- b. An annual pay credit applied to pensionable compensation, graded on vesting service under the following schedule:

Years of Service	Pay Credit
less than 5	4.00%
5 to 9	5.00%
10 to 14	6.00%
15 to 19	7.00%
20 and up	8.00%

- c. Interest credits based on the Guaranteed Interest Rate applied to all amounts in the account.

The Guaranteed Interest Rate is based on 90% of the annual return on 30-Year Treasury securities for the month of November preceding the plan year for which the rate is determined.

Active participants on December 31, 1988, receive additional interest credits on the initial account balance, based on the sum of their age and service as of December 31, 1988. Participants whose age plus service was at least 67 on December 31, 1988, receive an additional 3% in interest credits applied to the initial account balance, participants whose age plus service was at least 62 but less than 67 receive additional 2% interest credits and all others receive an additional 1%.

Active participants on December 1988, are also eligible for the benefit structure in effect on December 31, 1988. These participants receive the greater of the benefit based on the account balance and the final average pay formula in effect on December 31, 1988. The final average pay formula is as follows:

Plan Name:	Community Hospitals of Central California Pension Plan
EIN / PN:	94-2864615/001
Plan Sponsor:	Community Hospitals of Central California
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

1.4% of final average pay multiplied by projected benefit service up to 25 years, plus 1.00% of final average pay multiplied by projected service in excess of 25 years. This result is prorated for current benefit service over projected benefit service.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	An employee who retires before his Normal Retirement Date. For active participants on December 31, 1988, early retirement benefits under the plan may be available after attainment of age 55 and completing of 15 years of vesting service.
Postponed retirement	Retirement after NRD
Vested termination	A participant is always 100% vested in the accumulated value of his employee contributions. Participants are 100% vested in employer contributions after completion of 3 years of vesting service.
Disability	A participant who retires due to disability under the new employer's long-term disability plan.

Benefits Paid Upon the Following Events

Normal retirement	The monthly annuity payable for life is equal to the actuarial equivalent of the Accrued Benefit as of the normal retirement date.
Early retirement	Actuarial equivalent of his Normal Retirement Benefit at this time.
Postponed retirement	An employee who works beyond his normal retirement date is entitled to his Accrued Benefit determined on his Late Retirement date.

Plan Name:	Community Hospitals of Central California Pension Plan
EIN / PN:	94-2864615/001
Plan Sponsor:	Community Hospitals of Central California
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Vested termination

The termination benefit is equal to the vested accrued benefit commencing at Normal Retirement Date or actuarial equivalent of his normal retirement benefit prior to this time, commencing on the first day of any month following the Participant's termination of service.

Disablement

Benefit After Normal Retirement: Beginning on the Normal Retirement Date, and equal to the Vested Accrued Benefit as of the disability date, with interest accruing at the Guaranteed Interest Rate.

Death of Disabled Participant Prior to Normal Retirement: A benefit equal to the actuarial equivalent of the participant's accrued benefit is payable to the participants spouse or other designated beneficiary with spousal consent, if applicable.

Other Plan Provisions

Normal Form of payment

Life annuity for single participants and 100% joint and survivor annuity for married participants.

Optional Forms of Retirement Income in Lieu of Normal Form

The plan provides optional payment forms, including a lump sum, life annuity, 10 year certain and life, 50% and 100% joint and survivor annuities on an actuarial equivalent basis (GATT assumptions (30-year treasury rate and revenue ruling 2001-62 mortality)).

Plan participants' contributions

The employee contribution rate for those who elect to participate in the plan is 2.0% of annual pensionable compensation.

Future Plan Changes

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

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: Community Hospitals of Central California Pension Plan
EIN / PN: 94-2864615/001
Plan Sponsor: Community Hospitals of Central California
Valuation Date: January 1, 2024

Plan Name	Community Hospitals of Central California Pension Plan
Plan Sponsor EIN	94-2864615
ERISA Plan #	001
Plan Year Ending	December 31, 2024

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	20,116,156	15.00000	20,116,156	1,838,536
2. Shortfall	01/01/2023	25,663,959	14.00000	24,522,411	2,350,324
Total				44,638,567	4,188,860

Plan Name: Community Hospitals of Central California Pension Plan
EIN / PN: 94-2864615/001
Plan Sponsor: Community Hospitals of Central California
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

- The annuity conversion basis rate was updated from 3.99% to 4.66%.
- The cash balance interest crediting rate assumption was updated from 3.99% to 4.68%.
- The assumed plan-related expenses added to the target normal cost were changed from \$85,044 for the prior valuation to \$87,304 for the current valuation

Plan Name: Community Hospitals of Central California Pension Plan
EIN / PN: 94-2864615/001
Plan Sponsor: Community Hospitals of Central California
Valuation Date: January 1, 2024