

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 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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
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1a Name of plan <u>NORTHBAY HEALTHCARE 403(B) RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>003</u>
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) <u>NORTHBAY HEALTHCARE CORPORATION</u> <u>4500 BUSINESS CENTER DRIVE</u> <u>FAIRFIELD, CA 94534-6888</u>	1c Effective date of plan <u>01/01/1989</u> 2b Employer Identification Number (EIN) <u>68-0046750</u> 2c Plan Sponsor's telephone number <u>707-646-3333</u> 2d Business code (see instructions) <u>622000</u>

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	JAMES ANDERSEN
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	3785
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)	2655
	6a(2)	2769
	6b	192
	6c	895
	6d	3856
	6e	0
	6f	3856
	6g(1)	3530
6g(2)	3587	
6h	123	
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:
 2F 2G 2L 2M 2T 2R 2S 3D

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

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

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

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 3
- (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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan NORTHBAY HEALTHCARE 403(B) RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶ 003</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 NORTHBAY HEALTHCARE CORPORATION</p>	<p>D Employer Identification Number (EIN) 68-0046750</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	CR02656 EX02656	106	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid 17264</p>	<p>(b) Total amount of fees paid 0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LINCOLN FINANCIAL ADVISORS **18700 N HAYDEN RD**
SCOTTSDALE, AZ 85255

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17264			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP VAR ANNUITY W/GUAR FUND		
b Balance at the end of the previous year	7b	3176356
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	0
	7c(3)	110033
	7c(4)	
	7c(5)	42940
(6) Total additions		152973
d Total of balance and additions (add lines 7b and 7c(6))	7d	3329329
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	352884
	7e(2)	530
	7e(3)	
	7e(4)	38925
(5) Total deductions		392339
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	2936990

▶ MAY INCLUDE LOAN REPAYMENTS, FORFEITURES, TAKEOVERS AND/OR ADJUSTMENTS.

▶ MAY INCLUDE LOANS ISSUED, FORFEITURES, FEES, CORRECTIVES AND/OR ADJUSTMENTS.

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)			
	(2) Increase (decrease) in amount due but unpaid	9a(2)			
	(3) Increase (decrease) in unearned premium reserve	9a(3)			
	(4) Earned ((1) + (2) - (3))		9a(4)		0
b	Benefit charges (1) Claims paid	9b(1)			
	(2) Increase (decrease) in claim reserves	9b(2)			
	(3) Incurred claims (add (1) and (2))		9b(3)		0
	(4) Claims charged		9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions	9c(1)(A)			
	(B) Administrative service or other fees	9c(1)(B)			
	(C) Other specific acquisition costs	9c(1)(C)			
	(D) Other expenses	9c(1)(D)			
	(E) Taxes	9c(1)(E)			
	(F) Charges for risks or other contingencies	9c(1)(F)			
	(G) Other retention charges	9c(1)(G)			
	(H) Total retention		9c(1)(H)		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)		
	(2) Claim reserves		9d(2)		
	(3) Other reserves		9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e		

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan NORTHBAY HEALTHCARE 403(B) RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶ 003</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 NORTHBAY HEALTHCARE CORPORATION</p>	<p>D Employer Identification Number (EIN) 68-0046750</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	892975-007	1577	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid 54392</p>	<p>(b) Total amount of fees paid 0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LINCOLN FINANCIAL ADVISORS **1300 SOUTH CLINTON STREET**
FORT WAYNE, IN 46835

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
54392			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ STABLE VALUE FUND

b Balance at the end of the previous year	7b	84426333	
c Additions: (1) Contributions deposited during the year	7c(1)	4678554	
	7c(2)	0	
	7c(3)	3149100	
	7c(4)	11242694	
	7c(5)	594730	
	▶ MAY INCLUDE LOAN REPAYMENTS, FORFEITURES, TAKEOVERS AND/OR ADJUSTMENTS.		
(6) Total additions	7c(6)	19665078	
d Total of balance and additions (add lines 7b and 7c(6))	7d	104091411	
e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	12151615
	(2) Administration charge made by carrier.....	7e(2)	256374
	(3) Transferred to separate account	7e(3)	814714
	(4) Other (specify below).....	7e(4)	968003
▶ MAY INCLUDE LOANS ISSUED, FORFEITURES, FEES, CORRECTIVES AND/OR ADJUSTMENTS.			
(5) Total deductions	7e(5)	14190706	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	89900705	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan NORTHBAY HEALTHCARE 403(B) RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>003</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 NORTHBAY HEALTHCARE CORPORATION</p>	<p>D Employer Identification Number (EIN) 68-0046750</p>	

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1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	NBY-001/897208	467	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ STABLE VALUE

b Balance at the end of the previous year	7b	2540424
c Additions: (1) Contributions deposited during the year	7c(1)	269530
	7c(2)	0
	7c(3)	62990
	7c(4)	707175
	7c(5)	29941
▶ MAY INCLUDE LOAN REPAYMENTS, FORFEITURES, TAKEOVERS AND/OR ADJUSTMENTS.		
(6) Total additions	7c(6)	1069636
d Total of balance and additions (add lines 7b and 7c(6))	7d	3610060
e Deductions:		
	7e(1)	163215
	7e(2)	4025
	7e(3)	317223
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(4)	31733
(2) Administration charge made by carrier.....		
(3) Transferred to separate account		
(4) Other (specify below).....		
▶ MAY INCLUDE LOANS ISSUED, FORFEITURES, FEES, CORRECTIVES AND/OR ADJUSTMENTS.		
(5) Total deductions	7e(5)	516196
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	3093864

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

A Name of plan NORTHBAY HEALTHCARE 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHBAY HEALTHCARE CORPORATION	D Employer Identification Number (EIN) 68-0046750	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

LINCOLN NATIONAL CORPORATION

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	759866	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MORNINGSTAR

36-3297908

(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?
26	ADVISORY	337027	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SAGEVIEW ADVISORY GROUP, LLC

33-0818667

(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?
26	ADVISORY	213803	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

FABER HASS HURLEY LLP

20-4207759

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	18805	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan NORTHBAY HEALTHCARE 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHBAY HEALTHCARE CORPORATION	D Employer Identification Number (EIN) 68-0046750

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	366099	0
(2) Participant contributions	1b(2)	731023	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	6345345	6975454
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	353490447	393247178
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	90143114	95931559
(15) Other.....	1c(15)	3398187	4600760

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	454474215	500754951
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	454474215	500754951

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)	11012129	
(B) Participants.....	2a(1)(B)	24967312	
(C) Others (including rollovers).....	2a(1)(C)	1116470	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		37095911
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)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	463043	
(F) Other.....	2b(1)(F)	3322123	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3785166
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	16573703	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		16573703
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		32428689
c Other income	2c		856354
d Total income. Add all income amounts in column (b) and enter total	2d		90739823

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	42743786	
(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)		42743786
f Corrective distributions (see instructions)	2f		15181
g Certain deemed distributions of participant loans (see instructions)	2g		370619
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	759866	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	18805	
(5) Investment advisory and investment management fees	2i(5)	550830	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1329501
j Total expenses. Add all expense amounts in column (b) and enter total	2j		44459087

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		46280736
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: FARBER HASS HURLEY LLP

(2) EIN: 20-4207759

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8297816
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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 _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

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

A Name of plan <u>NORTHBAY HEALTHCARE 403(B) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NORTHBAY HEALTHCARE CORPORATION</u>	D Employer Identification Number (EIN) <u>68-0046750</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 04-2456637 35-1140070

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		333
---	--	-----

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500796A.

FINANCIAL STATEMENTS

NORTHBAY HEALTHCARE 403(b) RETIREMENT PLAN

DECEMBER 31, 2024 AND 2023

**FARBER HASS HURLEY LLP
CERTIFIED PUBLIC ACCOUNTANTS**

INDEX

INDEPENDENT AUDITORS' REPORT	1 - 4
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits - December 31, 2024 and 2023	5
Statement of Changes in Net Assets Available for Benefits - Year Ended December 31, 2024	6
NOTES TO FINANCIAL STATEMENTS	7 - 16
SUPPLEMENTAL SCHEDULES FURNISHED PURSUANT TO DOL REGULATIONS UNDER ERISA - DECEMBER 31, 2024	
Schedule H, line 4i - Schedule of Assets (Held at End of Year)	18 - 20
Schedule H, line 4a - Schedule of Delinquent Participant Contributions	21



INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
NorthBay Healthcare 403(b) Retirement Plan

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

We have performed audits of the financial statements of NorthBay Healthcare 403(b) Retirement Plan (the "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 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 qualified institutions 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 C 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 Auditors' 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.
- 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of NorthBay Healthcare 403(b) Retirement Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Auditors' 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 auditors' 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 NorthBay Healthcare 403(b) Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about NorthBay Healthcare 403(b) Retirement 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 accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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: (1) Schedule H, line 4i - Schedule of Assets (Held at End of Year) and (2) Schedule H, line 4a - Schedule of Delinquent Participant Contributions as of or 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 auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule 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).



Farber Hass Hurley LLP

Chatsworth, California
October 13, 2025

NORTHBAY HEALTHCARE 403(b) RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS:		
Investments at fair value	\$ 400,941,802	\$ 359,429,059
Investments at contract value	92,837,695	87,602,689
Receivables:		
Participant deferrals	-	731,023
Employer matching contributions	-	366,099
Notes receivable from participants	6,975,454	6,345,345
Total receivables	6,975,454	7,442,467
Net assets available for benefits	\$ 500,754,951	\$ 454,474,215

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

NORTHBAY HEALTHCARE 403(b) RETIREMENT 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	\$ 33,285,035
Interest and dividend income	<u>19,895,834</u>
	53,180,869
Interest income on notes receivable from participants	463,043
Contributions:	
Participant deferrals	24,967,312
Employer matching	11,012,129
Participant rollovers	<u>1,116,470</u>
	<u>37,095,911</u>
Total additions	90,739,823

Deductions from net assets attributed to:

Benefits paid to participants	43,129,586
Administrative expenses	<u>1,329,501</u>
Total deductions	<u>44,459,087</u>
Net increase	46,280,736

Net assets available for benefits:

Beginning of year	<u>454,474,215</u>
End of year	<u>\$ 500,754,951</u>

The accompanying notes are an integral part of this financial statement.

NORTHBAY HEALTHCARE 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE A - DESCRIPTION OF THE PLAN

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

1. General

The Plan is a 403(b) employer contributory plan which was established for the benefit of all employees of NorthBay Healthcare Corporation (the "Employer") and meets all requirements for plan qualification under Section 403(b) of the Internal Revenue Code (IRC).

2. Eligibility

All employees are eligible to participate in the Plan on the first day of the payroll period coinciding with or following date of hire for purposes of making participant deferral contributions. All employees, except for temporary and on-call employees hired on or after January 1, 2019, are immediately eligible for the basic matching contribution and eligible for the enhanced matching contribution upon completion of 12 months of service. Temporary employees hired on or after January 1, 2019 must complete one year of service to be eligible for either the basic or enhanced matching contributions. On call employees hired on or after January 1, 2019 are not eligible for the basic or enhanced matching contributions.

3. Contributions

Participants may elect to contribute, on a tax-deferred basis, up to the maximum deferral limit per Section 402(g)(1) of the IRC. Additional "catch-up" contributions can be made beginning in the plan year in which a participant will be at least age 50 by the end of the plan year. Special additional catch-up contributions may be allowed for individuals with at least 15 years of service if certain criteria are met.

The Plan includes an automatic enrollment provision whereby employees who do not affirmatively elect a deferral rate are automatically enrolled into the Plan at a default elective deferral rate of 2%. Additionally, there is an automatic increase provision for certain participants based on the participant's years of service, as defined in the Plan. On-call and temporary employees hired on or after January 1, 2019 are not subject to the automatic enrollment and increase provisions.

The Employer makes a basic matching contribution equal to 50% of deferrals for participants who defer a minimum of 2% of their compensation. In addition, participants who meet the required eligibility, as defined in the Plan, receive an Employer enhanced matching contribution in an amount equal to 100% of deferrals up to a percentage of compensation based on years of service as follows:

NORTHBAY HEALTHCARE 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE A - DESCRIPTION OF THE PLAN (Continued)

3. Contributions (Continued)

<u>Eligibility Years of Service</u>	<u>Percentage of Compensation</u>
1 but less than 2	2%
2 but less than 3	3%
3 but less than 8	4%
8 but less than 12	5.5%
12 or more	7.5%

4. Investment Options

Participants may elect to invest their accounts in any of the investment options offered by The Lincoln National Life Insurance Company (“Lincoln Life”) and Lincoln Financial Group Trust Company, Inc. (“Lincoln Group Trust”), as approved by the plan sponsor.

5. Participant Accounts

Each participant’s account is credited with the participant’s contributions and Employer matching contributions, as well as an allocation of plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances or specific participant transactions as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

6. Notes Receivable from Participants

The Plan has established a loan policy whereby participants with account balances in the *Lincoln Alliance* platform, offered by Lincoln Group Trust, may borrow from their account a minimum of \$1,000 up to 50% of their vested account balance not to exceed \$50,000 (reduced by the highest outstanding loan balance during the previous twelve months). Participants may have two loans outstanding at a time. Loans are charged a rate of interest of prime plus 1%. Loans are repaid by the participant directly to the custodian and must be repaid within five years of the date of issuance or within twenty years if for the purchase of a primary residence.

7. Contract Loans to Participants

The Plan has established a loan policy whereby participants with account balances in the *Lincoln Multi-Fund* platform, offered by Lincoln Life, may borrow a minimum of \$1,000 up to 50% of the vested portion of the participant’s annuity account value, not to exceed \$50,000 (reduced by the highest outstanding loan balance during the previous twelve months). Participants may have two loans outstanding at a time. The loan is a contract between Lincoln Life and the participant and is funded from the general account of Lincoln Life. Collateral in an amount equal to the loan principal is transferred to the participant’s Fixed Account to serve as a loan reserve. Access to these funds is not allowed.

NORTHBAY HEALTHCARE 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE A - DESCRIPTION OF THE PLAN (Continued)

7. Contract Loans to Participants (Continued)

During the contract loan period, the loan reserve account will continue to earn interest at a rate of 4.5%. The contract loan is charged a rate of interest of 7.0%. Loans are repaid by the participant directly to Lincoln Life and must be repaid within five years of the date of issuance or within twenty years if for the purchase of a primary residence. At December 31, 2024 and 2023, the amounts held in the Fixed Account as collateral for contract loans to participants was \$188,220 and \$307,303, respectively. These amounts are included in investments at contract value in the accompanying Statements of Net Assets Available for Benefits. As of December 31, 2024, approximately \$111,800 of contract loans to participants were in default in accordance with the terms of the contract.

8. Benefit Payments

Benefits become distributable upon reaching retirement age, total disability, death or termination of service. Benefits are payable in the form of a lump sum, installment payments, or an annuity. In-service and hardship distributions are permitted if certain criteria are met.

9. Vesting

Participant deferral contributions, rollover contributions, Employer matching contributions, and earnings on all such contributions are fully vested at all times, except for Employer matching contributions of employees hired on or after January 1, 2019, which are subject to a 3-year cliff vesting schedule.

10. Plan Termination

While the Employer has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Upon termination, any unallocated assets of the Plan shall be allocated to participant accounts and distributed in accordance with the provisions of the Plan.

11. Forfeitures

Forfeitures may be used to pay plan expenses or reduce Employer matching contributions under the Plan. As of December 31, 2024 and 2023, the outstanding forfeiture balance was \$220,226 and \$430,557, respectively. During the plan year ended December 31, 2024, forfeitures were used to pay Employer matching contributions in the amount of \$303,918.

NORTHBAY HEALTHCARE 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Basis of Presentation

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting.

2. Plan Administration

The Employer is the plan sponsor and the plan administrator. The administrator of the Plan is responsible for carrying out the duties imposed under ERISA. The Plan's custodians and recordkeepers are Lincoln Life and Lincoln Group Trust.

3. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits, changes in net assets available for benefits and disclosures during the reporting period. Accordingly, actual results may differ from those estimates.

4. Investment Valuation and Income Recognition

The Plan's investments are reported at fair value (except for fully benefit-responsive investment contracts which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment adviser and custodians. See Note D for further discussion of fair value measurements.

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

5. Payment of Benefits

Benefits are recorded when paid.

6. Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation/depreciation in fair value of investments.

NORTHBAY HEALTHCARE 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

7. Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

8. Contributions

Contributions from Plan participants and the matching contributions from the Employer are recorded in the year in which the employee contributions are withheld from compensation.

NOTE C - CERTIFIED INFORMATION

Certain information in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Lincoln Life and Lincoln Group Trust (the custodians of the Plan).

NOTE D - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value 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 under FASB ASC 820 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;
 - 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.

NORTHBAY HEALTHCARE 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE D - FAIR VALUE MEASUREMENTS (Continued)

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 used need to maximize the use of 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.

Annuity Contracts: Valued at the net asset value (NAV) of participation units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying mutual funds, minus its liabilities, which are the contract charges imposed by Lincoln Life, divided by the number of participation units outstanding. Some annuity contracts may have a surrender charge ("Surrender Charge") equal to a percentage of the withdrawal amount based on contract year, participation year, or contract anniversary. If a contract has an applicable Surrender Charge, the Surrender Charge schedule is included in the contract.

Target-Date Unitized Portfolios: The target-date portfolios hold underlying investments which primarily consist of iShares index mutual funds and the Lincoln Stable Value Account. The NAV of the target-date portfolios is based on the fair value of the underlying investments and is used as a practical expedient. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

Mutual Funds: Valued at the daily closing price as reported by the fund. These funds are required to publish their daily NAV and to transact at that price. The NAV for mutual funds is a publicly available quoted price in an active market.

Self-directed Brokerage Accounts: Accounts consist primarily of interest bearing cash and mutual funds that are valued on the basis of publicly available quoted prices in an active market.

The preceding methods described 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.

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

NORTHBAY HEALTHCARE 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE D - FAIR VALUE MEASUREMENTS (Continued)

Assets at Fair Value as of December 31, 2024

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets in the fair value hierarchy:				
Mutual funds	\$285,956,854	\$ -	\$ -	\$ 285,956,854
Self-directed brokerage accounts	4,600,760	-	-	4,600,760
	<u>\$290,557,614</u>	<u>\$ -</u>	<u>\$ -</u>	290,557,614
Investments measured at net asset value ^(a)				110,384,188
Investments at fair value				<u>\$ 400,941,802</u>

Assets at Fair Value as of December 31, 2023

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets in the fair value hierarchy:				
Mutual funds	\$262,314,048	\$ -	\$ -	\$ 262,314,048
Self-directed brokerage accounts	3,398,187	\$ -	\$ -	3,398,187
	<u>\$265,712,235</u>	<u>\$ -</u>	<u>\$ -</u>	265,712,235
Investments measured at net asset value ^(a)				93,716,824
Investments at fair value				<u>\$ 359,429,059</u>

^(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2024 and 2023. There are no participant redemption notice restrictions for these investments. The redemption notice periods, if any, are applicable only to the Plan.

<u>December 31, 2024</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
Annuity contracts	\$ 3,603,401	None	Daily	None
Target Date Unitized Portfolios	\$106,780,787	None	Daily	None

NORTHBAY HEALTHCARE 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE D - FAIR VALUE MEASUREMENTS (Continued)

<u>December 31, 2023</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (If Currently Eligible)</u>	<u>Redemption Notice Period</u>
Annuity contracts	\$ 3,737,863	None	Daily	None
Target Date Unitized Portfolios	\$ 89,978,961	None	Daily	None

NOTE E - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS

The Plan holds investments in group annuity contracts that meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

The following represents the traditional investment contracts held by the Plan:

	December 31,	
	<u>2024</u>	<u>2023</u>
Fixed Account	\$ 2,936,990	\$ 3,176,356
Lincoln Financial Group Stable Value Account	89,900,705	84,426,333
Total traditional investment contracts	<u>\$ 92,837,695</u>	<u>\$ 87,602,689</u>

The traditional investment contracts held by the Plan are guaranteed investment contracts. The contract issuers are contractually obligated to repay the principal and interest at specified interest rates that are guaranteed to the Plan. The crediting rates are based on formulas established by the contract issuers.

The guaranteed minimum interest rate credited to participants was 3.5% for the Fixed Account in 2024 and 2023. The crediting rates are reviewed quarterly for resetting. The guaranteed minimum interest rate for the Lincoln Financial Group Stable Value contract was 3.0% in 2024 and 2023 based on the specific contract. Certain withdrawals may be restricted for the Lincoln Financial Group Stable Value contract. The contracts cannot be terminated before the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuers' ability to meet their financial obligations. The issuers' ability to meet their contractual obligations may be affected by future economic and regulatory developments.

NORTHBAY HEALTHCARE 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE E - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACTS (Continued)

Certain events might limit the ability of the Plan to transact at contract value with the contract issuers. These events may be different under each contract. Examples of such events include the following:

1. The Plan's failure to qualify under Section 403(b) of the IRC
2. Premature termination of the contract
3. Plan termination or merger
4. Changes to the Plan's prohibition on competing investment options
5. Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allows the issuers to terminate contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract
3. A material misrepresentation
4. A material amendment to the agreement without consent to the issuer.

NOTE F - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Lincoln Life and Lincoln Group Trust are custodians and recordkeepers with respect to the Plan. All investments are held with Lincoln Life and Lincoln Group Trust and therefore, these transactions qualify as party-in-interest transactions. Notes receivable from participants, contract loans between Lincoln Life and participants, and the related interest income are also considered party-in-interest transactions.

The Employer failed to remit employee contributions totaling \$15,921 to the Plan on a timely basis in accordance with Department of Labor regulations for the year ended December 31, 2023. As a result, lost earnings totaling \$837 were allocated to participant accounts during 2024. In addition, see Note H regarding Department of Labor audit review results relating to untimely deposits from plan years 2018 to 2022.

NOTE G - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

NORTHBAY HEALTHCARE 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE H - TAX STATUS

The Employer is a tax-exempt organization under IRC Section 501(c)(3), and adopted a 403(b) Volume Submitter Plan (VSP). The VSP received a favorable opinion letter from the Internal Revenue Service (IRS) dated March 31, 2017, which stated that the VSP, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the opinion letter.

In January 2022, the DOL initiated a review of the Plan for compliance with Title I of ERISA for the period of January 1, 2019 through January 2022 in which the DOL identified several Fiduciary violations. The violations primarily related to prohibited transactions of failure to timely deposit participant funds during the period of January 5, 2018 through December 28, 2022 totaling \$8,281,895 resulting in an additional deposit in the amount of \$3,099 remitted to the Plan on July 12, 2024. Because corrective action was taken, the DOL closed its review on this matter on September 4, 2024. In addition, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC. Administration errors, if any, which are insignificant or operational in nature, are handled by the plan administrator in accordance with applicable IRS correction programs. Therefore, the plan administrator believes that the Plan was qualified and no provision for income taxes has been reflected in the accompanying financial statements.

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

NOTE I - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events through October 13, 2025, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES FURNISHED
PURSUANT TO DOL REGULATIONS UNDER ERISA
DECEMBER 31, 2024

NORTHBAY HEALTHCARE 403(b) RETIREMENT PLAN
 PLAN NUMBER: 003 EIN: 68-0046750
 SCHEDULE H, LINE 4i- SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 DECEMBER 31, 2024

(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	
Investments -				
* Lincoln National Life Ins. Co.	Alliancebernstein VPS Global Thematic Growth	**	\$	2,099
* Lincoln National Life Ins. Co.	American Funds Growth	**		118,203
* Lincoln National Life Ins. Co.	American Funds International	**		30,495
* Lincoln National Life Ins. Co.	Lvip Macquarie Diversified Income	**		10,163
* Lincoln National Life Ins. Co.	Lvip Macquarie U.S. REIT	**		2,902
* Lincoln National Life Ins. Co.	Macquarie VIP Small Cap Value	**		9,629
* Lincoln National Life Ins. Co.	Lvip Macquarie SMID Cap Core Series	**		316,744
* Lincoln National Life Ins. Co.	Lvip Macquarie Value Series	**		4,600
* Lincoln National Life Ins. Co.	Fidelity VIP Contrafund	**		15,663
* Lincoln National Life Ins. Co.	Lvip Baron Growth Opportunities	**		35,605
* Lincoln National Life Ins. Co.	Lvip Blackrock Dividend Value Mngd Voltlty	**		109,436
* Lincoln National Life Ins. Co.	Lvip Blended Large Cap Growth Mngd Voltlty	**		327,306
* Lincoln National Life Ins. Co.	Lvip Macquarie Bond	**		135,661
* Lincoln National Life Ins. Co.	Lvip Macquarie Social Awareness	**		228,560
* Lincoln National Life Ins. Co.	Lvip Macquarie Mid Cap Value Fund	**		259,399
* Lincoln National Life Ins. Co.	Lvip Macquarie Wealth Builder Fund	**		67,523
* Lincoln National Life Ins. Co.	Lvip Dimensional U.S. Core Equity 1	**		1,089,028
* Lincoln National Life Ins. Co.	Lvip Global Moderate Allocation Mgd Risk	**		85,315
* Lincoln National Life Ins. Co.	Lvip Mondrian International Value	**		233,599
* Lincoln National Life Ins. Co.	Lvip JP Morgan Retirement Income Fund	**		54,285
* Lincoln National Life Ins. Co.	Lvip SSGA S&P 500 Index	**		316,660
* Lincoln National Life Ins. Co.	Lvip SSGA Small-Cap Index	**		25,443
* Lincoln National Life Ins. Co.	Lvip T. Rowe Price Struct Mid-Cap	**		110,416
* Lincoln National Life Ins. Co.	MFS Utilities	**		14,667
* Lincoln Fin. Group Trust Co., Inc.	DFA US Targeted Value Institutional Class	**		3,830,905
* Lincoln Fin. Group Trust Co., Inc.	Parnassus Core Equity Inst Shares	**		11,029,633
* Lincoln Fin. Group Trust Co., Inc.	American Funds EuroPacific Growth Fund	**		16,858,327
* Lincoln Fin. Group Trust Co., Inc.	American Funds Washington Mutual Investors	**		494
* Lincoln Fin. Group Trust Co., Inc.	Vanguard Mid Cap Growth Investor Shares	**		122
* Lincoln Fin. Group Trust Co., Inc.	T. Rowe Price Growth Stock I Class	**		33,720,131
* Lincoln Fin. Group Trust Co., Inc.	PGIM Total Return Bond	**		29,398,996
* Lincoln Fin. Group Trust Co., Inc.	Vanguard Small Cap Growth Index Adm	**		4,032,091
* Lincoln Fin. Group Trust Co., Inc.	Fidelity 500 Index	**		34,756,154
* Lincoln Fin. Group Trust Co., Inc.	Fidelity Mid Cap Index	**		4,168,712
* Lincoln Fin. Group Trust Co., Inc.	Fidelity Small Cap Index	**		7,205,161

NORTHBAY HEALTHCARE 403(b) RETIREMENT PLAN
 PLAN NUMBER: 003 EIN: 68-0046750
 SCHEDULE H, LINE 4i– SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 DECEMBER 31, 2024

(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
*	Lincoln Fin. Group Trust Co., Inc.	Fidelity US Bond Index	**	21,940,580
*	Lincoln Fin. Group Trust Co., Inc.	American Funds American Balanced	**	2,574,073
*	Lincoln Fin. Group Trust Co., Inc.	Diversified Income	**	8,370,901
*	Lincoln Fin. Group Trust Co., Inc.	Invesco Global	**	18,182,924
*	Lincoln Fin. Group Trust Co., Inc.	Vanguard Developed Markets Index Adm Shar	**	14,292,183
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2010 Conservative	**	7,394
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2025 Conservative	**	554,856
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2030 Conservative	**	47,211
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2040 Conservative	**	18,181
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2060 Conservative	**	161,397
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares Income Moderate	**	505,317
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2020 Moderate	**	23
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2025 Moderate	**	1,043,800
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2030 Moderate	**	2,454,800
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2035 Moderate	**	1,180,425
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2040 Moderate	**	13,490,075
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2045 Moderate	**	35,486,347
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2050 Moderate	**	24,338,335
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2055 Moderate	**	18,584,822
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2060 Moderate	**	5,136,383
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2065 Moderate	**	1,075,760
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares Income Growth	**	30,252
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2020 Growth	**	108,631
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2030 Growth	**	60,258
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2040 Growth	**	192,223
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2045 Growth	**	794,448
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2050 Growth	**	631,154
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2055 Growth	**	433,839
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2060 Growth	**	62,116
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2065 Growth	**	382,740
*	Lincoln Fin. Group Trust Co., Inc.	Principal Diversified Real Asset Inst	**	14,694,597
*	Lincoln Fin. Group Trust Co., Inc.	JP Morgan Mid Cap Growth Class R6	**	15,161,410
*	Lincoln Fin. Group Trust Co., Inc.	Putnam Large Cap Value	**	32,952,983
*	Lincoln Fin. Group Trust Co., Inc.	T. Rowe Price Mid Cap Value	**	12,786,477
*	Lincoln Fin. Group Trust Co., Inc.	Schwab Self Directed Brokerage Accounts	**	4,600,760
				400,941,802

NORTHBAY HEALTHCARE 403(b) RETIREMENT PLAN
 PLAN NUMBER: 003 EIN: 68-0046750
 SCHEDULE H, LINE 4i- SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
		Description of investment including		
Identity of issue, borrower, lessor, or similar party	maturity date, rate of interest, collateral, par or maturity value		Cost	Current value
Fully benefit-responsive investment contracts -				
* Lincoln National Life Ins. Co.		Fixed Account - \$188,220 collateralized as contract loan reserves	**	2,936,990
* Lincoln Fin. Group Trust Co., Inc.		Lincoln Stable Value Account	**	89,900,705
				<u>92,837,695</u>
Total Investments				493,779,497
* Participant Loans - Lincoln Fin. Group Trust Co., Inc.		4.25% - 9.50%	-0-	6,975,454
Total				<u><u>\$ 500,754,951</u></u>

* A party-in-interest as defined by ERISA

** Cost omitted for participant directed investments

NORTHBAY HEALTHCARE 403(b) RETIREMENT PLAN

PLAN NUMBER: 003 EIN: 68-0046750

SCHEDULE H, LINE 4a– SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
YEAR ENDED DECEMBER 31, 2024

<u>Total that Constitute Nonexempt Prohibited Transactions***</u>					
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP*	Contributions Pending Correction in VFCP*	Fully Corrected Under VFCP* and PTE** 2002-51	
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
(1) \$ 8,281,895	\$ -	\$ 3,099	\$ -	\$ -	\$ -
(2) <u>15,921</u>	<u>-</u>	<u>837</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>\$ 8,297,816</u>	<u>\$ -</u>	<u>\$ 3,936</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

* Voluntary Fiduciary Correction Program

** Prohibited Transaction Exemption

*** Nonexempt Prohibited Transactions represent lost earnings relating to delinquent contributions

(1) Contributions transferred late during the 2018 through 2022 plan years; lost earnings were paid to the Plan in 2024.

(2) Contributions transferred late during the 2023 plan year; lost earnings were paid to the Plan in 2024.

SUPPLEMENTAL SCHEDULES FURNISHED
PURSUANT TO DOL REGULATIONS UNDER ERISA
DECEMBER 31, 2024

NORTHBAY HEALTHCARE 403(b) RETIREMENT PLAN
 PLAN NUMBER: 003 EIN: 68-0046750
 SCHEDULE H, LINE 4i– SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 DECEMBER 31, 2024

(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	
Investments -				
* Lincoln National Life Ins. Co.	Alliancebernstein VPS Global Thematic Growt	**	\$	2,099
* Lincoln National Life Ins. Co.	American Funds Growth	**		118,203
* Lincoln National Life Ins. Co.	American Funds International	**		30,495
* Lincoln National Life Ins. Co.	Lvip Macquarie Diversified Income	**		10,163
* Lincoln National Life Ins. Co.	Lvip Macquarie U.S. REIT	**		2,902
* Lincoln National Life Ins. Co.	Macquarie VIP Small Cap Value	**		9,629
* Lincoln National Life Ins. Co.	Lvip Macquarie SMID Cap Core Series	**		316,744
* Lincoln National Life Ins. Co.	Lvip Macquarie Value Series	**		4,600
* Lincoln National Life Ins. Co.	Fidelity VIP Contrafund	**		15,663
* Lincoln National Life Ins. Co.	Lvip Baron Growth Opportunities	**		35,605
* Lincoln National Life Ins. Co.	Lvip Blackrock Dividend Value Mngd Voltlty	**		109,436
* Lincoln National Life Ins. Co.	Lvip Blended Large Cap Growth Mngd Voltlty	**		327,306
* Lincoln National Life Ins. Co.	Lvip Macquarie Bond	**		135,661
* Lincoln National Life Ins. Co.	Lvip Macquarie Social Awareness	**		228,560
* Lincoln National Life Ins. Co.	Lvip Macquarie Mid Cap Value Fund	**		259,399
* Lincoln National Life Ins. Co.	Lvip Macquarie Wealth Builder Fund	**		67,523
* Lincoln National Life Ins. Co.	Lvip Dimensional U.S. Core Equity 1	**		1,089,028
* Lincoln National Life Ins. Co.	Lvip Global Moderate Allocation Mgd Risk	**		85,315
* Lincoln National Life Ins. Co.	Lvip Mondrian International Value	**		233,599
* Lincoln National Life Ins. Co.	Lvip JP Morgan Retirement Income Fund	**		54,285
* Lincoln National Life Ins. Co.	Lvip SSGA S&P 500 Index	**		316,660
* Lincoln National Life Ins. Co.	Lvip SSGA Small-Cap Index	**		25,443
* Lincoln National Life Ins. Co.	Lvip T. Rowe Price Struct Mid-Cap	**		110,416
* Lincoln National Life Ins. Co.	MFS Utilities	**		14,667
* Lincoln Fin. Group Trust Co., Inc.	DFA US Targeted Value Institutional Class	**		3,830,905
* Lincoln Fin. Group Trust Co., Inc.	Parnassus Core Equity Inst Shares	**		11,029,633
* Lincoln Fin. Group Trust Co., Inc.	American Funds EuroPacific Growth Fund	**		16,858,327
* Lincoln Fin. Group Trust Co., Inc.	American Funds Washington Mutual Investors	**		494
* Lincoln Fin. Group Trust Co., Inc.	Vanguard Mid Cap Growth Investor Shares	**		122
* Lincoln Fin. Group Trust Co., Inc.	T. Rowe Price Growth Stock I Class	**		33,720,131
* Lincoln Fin. Group Trust Co., Inc.	PGIM Total Return Bond	**		29,398,996
* Lincoln Fin. Group Trust Co., Inc.	Vanguard Small Cap Growth Index Adm	**		4,032,091
* Lincoln Fin. Group Trust Co., Inc.	Fidelity 500 Index	**		34,756,154
* Lincoln Fin. Group Trust Co., Inc.	Fidelity Mid Cap Index	**		4,168,712
* Lincoln Fin. Group Trust Co., Inc.	Fidelity Small Cap Index	**		7,205,161

NORTHBAY HEALTHCARE 403(b) RETIREMENT PLAN
 PLAN NUMBER: 003 EIN: 68-0046750
 SCHEDULE H, LINE 4i— SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 DECEMBER 31, 2024

(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
*	Lincoln Fin. Group Trust Co., Inc.	Fidelity US Bond Index	**	21,940,580
*	Lincoln Fin. Group Trust Co., Inc.	American Funds American Balanced	**	2,574,073
*	Lincoln Fin. Group Trust Co., Inc.	Diversified Income	**	8,370,901
*	Lincoln Fin. Group Trust Co., Inc.	Invesco Global	**	18,182,924
*	Lincoln Fin. Group Trust Co., Inc.	Vanguard Developed Markets Index Adm Shar	**	14,292,183
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2010 Conservative	**	7,394
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2025 Conservative	**	554,856
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2030 Conservative	**	47,211
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2040 Conservative	**	18,181
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2060 Conservative	**	161,397
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares Income Moderate	**	505,317
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2020 Moderate	**	23
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2025 Moderate	**	1,043,800
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2030 Moderate	**	2,454,800
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2035 Moderate	**	1,180,425
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2040 Moderate	**	13,490,075
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2045 Moderate	**	35,486,347
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2050 Moderate	**	24,338,335
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2055 Moderate	**	18,584,822
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2060 Moderate	**	5,136,383
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2065 Moderate	**	1,075,760
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares Income Growth	**	30,252
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2020 Growth	**	108,631
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2030 Growth	**	60,258
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2040 Growth	**	192,223
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2045 Growth	**	794,448
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2050 Growth	**	631,154
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2055 Growth	**	433,839
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2060 Growth	**	62,116
*	Lincoln Fin. Group Trust Co., Inc.	YourPath Ishares 2065 Growth	**	382,740
*	Lincoln Fin. Group Trust Co., Inc.	Principal Diversified Real Asset Inst	**	14,694,597
*	Lincoln Fin. Group Trust Co., Inc.	JP Morgan Mid Cap Growth Class R6	**	15,161,410
*	Lincoln Fin. Group Trust Co., Inc.	Putnam Large Cap Value	**	32,952,983
*	Lincoln Fin. Group Trust Co., Inc.	T. Rowe Price Mid Cap Value	**	12,786,477
*	Lincoln Fin. Group Trust Co., Inc.	Schwab Self Directed Brokerage Accounts	**	4,600,760
				400,941,802

NORTHBAY HEALTHCARE 403(b) RETIREMENT PLAN
 PLAN NUMBER: 003 EIN: 68-0046750
 SCHEDULE H, LINE 4i- SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
		Description of investment including		
Identity of issue, borrower, lessor, or similar party	maturity date, rate of interest, collateral, par or maturity value		Cost	Current value
Fully benefit-responsive investment contracts -				
* Lincoln National Life Ins. Co.		Fixed Account - \$188,220 collateralized as contract loan reserves	**	2,936,990
* Lincoln Fin. Group Trust Co., Inc.		Lincoln Stable Value Account	**	89,900,705
				<u>92,837,695</u>
Total Investments				493,779,497
* Participant Loans - Lincoln Fin. Group Trust Co., Inc.		4.25% - 9.50%	-0-	6,975,454
Total				<u><u>\$ 500,754,951</u></u>

* A party-in-interest as defined by ERISA

** Cost omitted for participant directed investments

NORTHBAY HEALTHCARE 403(b) RETIREMENT PLAN

PLAN NUMBER: 003 EIN: 68-0046750

SCHEDULE H, LINE 4a– SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
YEAR ENDED DECEMBER 31, 2024

<u>Total that Constitute Nonexempt Prohibited Transactions***</u>					
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP*	Contributions Pending Correction in VFCP*	Fully Corrected Under VFCP* and PTE** 2002-51	
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
(1) \$ 8,281,895	\$ -	\$ 3,099	\$ -	\$ -	
(2) 15,921	-	837	-	-	
<u>\$ 8,297,816</u>	<u>\$ -</u>	<u>\$ 3,936</u>	<u>\$ -</u>	<u>\$ -</u>	

* Voluntary Fiduciary Correction Program

** Prohibited Transaction Exemption

*** Nonexempt Prohibited Transactions represent lost earnings relating to delinquent contributions

(1) Contributions transferred late during the 2018 through 2022 plan years; lost earnings were paid to the Plan in 2024.

(2) Contributions transferred late during the 2023 plan year; lost earnings were paid to the Plan in 2024.