

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

Part II	Basic Plan Information—enter all requested information
1a	Name of plan SHARPSAVER RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 01/01/1981
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) SHARP HEALTHCARE 8695 SPECTRUM CENTER BLVD. SAN DIEGO, CA 92123-1489
2b	Employer Identification Number (EIN) 95-6077327
2c	Plan Sponsor's telephone number 858-499-4541
2d	Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	SANDRA TOWNSEND
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	SUSAN GREEN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 18400
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) 13524 6a(2) 13999 6b 613 6c 4154 6d 18766 6e 45 6f 18811 6g(1) 6g(2) 6h 314
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:

1C 3H

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan SHARPSAVER RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SHARP HEALTHCARE	D Employer Identification Number (EIN) 95-6077327
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	675694134	
b	Actuarial value	2b	675694134	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	557	29844874	29844874
b	For terminated vested participants	4319	154256627	154256627
c	For active participants	13524	426981138	428572005
d	Total	18400	611082639	612673506
4	If the plan is in at-risk status, check the box and complete lines (a) and (b): ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.16 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	28632808	
b	Expected plan-related expenses	6b	1895000	
c	Target normal cost	6c	30527808	

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

SIGN HERE	Signature of actuary CHEUKMING KU Type or print name of actuary AON CONSULTING, INC. Firm name MSC# 17819, AON P.O. BOX 19640 IRVINE, CA 92623 Address of the firm	09/26/2025 Date 23-07059 Most recent enrollment number 949-725-4500 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	116839086
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	15147695
9 Amount remaining (line 7 minus line 8)	0	101691391
10 Interest on line 9 using prior year's actual return of <u>13.39</u> %	0	13616477
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.01</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	115307868

Part III Funding Percentages

14 Funding target attainment percentage	14	91.46 %
15 Adjusted funding target attainment percentage	15	110.28 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.05 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/18/2024	3000000		03/14/2025	3000000	
11/15/2024	3000000		04/15/2025	3000000	
12/16/2024	3000000		05/15/2025	3000000	
12/31/2024	0	13236260	06/13/2025	3000000	
01/16/2025	3000000		07/15/2025	3000000	
02/14/2025	3000000				
Totals ▶			18(b)	30000000	18(c) 13236260

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	28299121

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost
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21	Discount rate:				
	a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
	b Applicable month (enter code)				21b
22	Weighted average retirement age				22 64
23	Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

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

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

Part VIII	Minimum Required Contribution For Current Year
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31	Target normal cost and excess assets (see instructions):		
	a Target normal cost (line 6c)	31a	30527808
	b Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
	a Net shortfall amortization installment	52287240	5302791
	b Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		34 35830599
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement	0	32640000
36	Additional cash requirement (line 34 minus line 35)		36 3190599
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37 28299121
38	Present value of excess contributions for current year (see instructions)		
	a Total (excess, if any, of line 37 over line 36)	38a	25108522
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	25108522
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 0
40	Unpaid minimum required contributions for all years		40 0

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

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

A Name of plan SHARPSAVER RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 SHARP HEALTHCARE	D Employer Identification Number (EIN) 95-6077327

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

☒

No
- b

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

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

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

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

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

RUSSELL INVESTMENTS TRUST COMPANY

91-1116938

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 25 28 50 51 52 99	TRUST	2429988	Yes ☒ No ☐	Yes ☒ No ☐	131043	Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RUSSELL INVESTMENTS TRUST COMPANY	52	47437

(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.
EQUITY II FUND 91-1117282	MANAGEMENT FEES 8.24% OF FUND EXPENSES FOR CORE CLASSES EXCLUDING OTHER CLASSES, AUDIT AND MISC.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RUSSELL INVESTMENTS TRUST COMPANY	52	34740

(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.
EMERGING MARKETS FUND 91-1117282	MANAGEMENT FEES 6.72% OF FUND EXPENSES FOR CORE CLASSES EXCLUDING OTHER CLASSES, AUDIT AND MISC.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RUSSELL INVESTMENTS TRUST COMPANY	52	23123

(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.
INTERNATIONAL FUND 91-1117282	MANAGEMENT FEES 9.40% OF FUND EXPENSES FOR CORE CLASSES EXCLUDING OTHER CLASSES, AUDIT AND MISC.

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
RUSSELL INVESTMENTS TRUST COMPANY	52	8385
(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.	
14-YEAR LDI FIXED INCOME FUND 26-6609096	MANAGEMENT FEES 9.32% OF FUND EXPENSES FOR CORE CLASSES EXCLUDING OTHER CLASSES, AUDIT AND MISC.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RUSSELL INVESTMENTS TRUST COMPANY	52	4971
(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.	
15 TO 20 YR STRIPS FIXD INCOME FUND 26-6609096	MANAGEMENT FEES 9.32% OF FUND EXPENSES FOR CORE CLASSES EXCLUDING OTHER CLASSES, AUDIT AND MISC.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RUSSELL INVESTMENTS TRUST COMPANY	52	4163
(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.	
RITC RUSSELL 1000 INDEX FUND 26-6609096	MANAGEMENT FEES 10.96% OF FUND EXPENSES FOR CORE CLASSES EXCLUDING OTHER CLASSES, AUDIT AND MISC.	

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
RUSSELL INVESTMENTS TRUST COMPANY	52	5436

(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.
RITC 25 PLUS YEAR STRIPS FIXED 26-6609096	MANAGEMENT FEES 9.21% OF FUND EXPENSES FOR CORE CLASSES EXCLUDING OTHER CLASSES, AUDIT AND MISC.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RUSSELL INVESTMENTS TRUST COMPANY	52	2788

(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.
10 TO 15 YR STRIPS FIXED INCOME FUN 26-6609096	MANAGEMENT FEES 6.34% OF FUND EXPENSES FOR CORE CLASSES EXCLUDING OTHER CLASSES, AUDIT AND MISC.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan SHARPSAVER RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 003
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SHARP HEALTHCARE		D Employer Identification Number (EIN) 95-6077327

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL FUND			
b Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY			
c EIN-PN 91-1117282-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 117495776	
a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY II FUND			
b Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY			
c EIN-PN 91-1117282-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33188737	
a Name of MTIA, CCT, PSA, or 103-12 IE: 14-YEAR LDI FIXED INCOME FUND			
b Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY			
c EIN-PN 26-6609096-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 140783268	
a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS FUND			
b Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY			
c EIN-PN 91-1117282-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39101974	
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 INDEX FUND SR I			
b Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY			
c EIN-PN 91-1117282-033	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 139600684	
a Name of MTIA, CCT, PSA, or 103-12 IE: 25-PLUS YR STRIPS FIXD INCOME FUND			
b Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY			
c EIN-PN 26-6609096-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 112910056	
a Name of MTIA, CCT, PSA, or 103-12 IE: 15 TO 20-YR STRIPS FIXD INCOME FUND			
b Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY			
c EIN-PN 26-6609096-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50651197	

a Name of MTIA, CCT, PSA, or 103-12 IE: 10 TO 15-YR STRIPS FIXD INCOME FUND**b** Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY**c** EIN-PN 26-6609096-010**d** Entity
code C**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions) 31958420**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

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

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

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

A Name of plan SHARPSAVER RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 SHARP HEALTHCARE	D Employer Identification Number (EIN) 95-6077327

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	21000000	21000000
(2) Participant contributions.....	1b(2)	490586	0
(3) Other	1b(3)	901016	0
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)		
(9) Value of interest in common/collective trusts	1c(9)	656138905	665690111
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

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	678530507	686690111
Liabilities			
g Benefit claims payable	1g	1988109	1781267
h Operating payables	1h	556477	623961
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	2544586	2405228
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	675985921	684284883

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)	30000000	
(B) Participants	2a(1)(B)	13236260	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		43236260
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(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)		12688343
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		55924603

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	43337253	
(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)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	34644	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	2395344	
(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)	1858400	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		
j Total expenses. Add all expense amounts in column (b) and enter total	2j		47625641

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8298962
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: **BDO USA,PC**

(2) EIN: **13-5381590**

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.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 556091.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan SHARPSAVER RETIREMENT PLAN				B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 SHARP HEALTHCARE				D Employer Identification Number (EIN) 95-6077327	
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): 04-3581074					
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	1117
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 47.7 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 49.0 %

High-Yield Debt: 0.3 % Real Assets: 0.0 % Cash or Cash Equivalents: 3.0 % Other: 0.0 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Sharp\$aver Retirement Plan

Financial Statements
and ERISA-Required Supplemental Schedules
As of December 31, 2024 and 2023
and for the Year Ended December 31, 2024

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.



Sharp\$aver Retirement Plan

Financial Statements and ERISA-Required Supplemental Schedules
As of December 31, 2024 and 2023 and for the Year Ended December 31, 2024

SharpSaver Retirement Plan

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Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



Independent Auditor's Report

To the Plan Administrator
SharpSaver Retirement Plan
San Diego, California

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

We have performed audits of the financial statements of SharpSaver 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). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in accumulated plan 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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



Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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



In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL'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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agrees to or are 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 agrees to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

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

BDO USA, P.C.

October 13, 2025

Financial Statements

SharpSaver Retirement Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2024	2023
Assets		
Investments		
Collective investment funds	\$ 665,690,111	\$ 656,138,905
Receivables		
Due from broker for securities sold	-	901,016
Participant contributions	-	490,586
Employer contributions	21,000,000	21,000,000
Total Receivables	21,000,000	22,391,602
Total Assets	686,690,111	678,530,507
Liabilities		
Accrued expenses	623,961	556,477
Total Liabilities	623,961	556,477
Net Assets Available for Benefits	\$ 686,066,150	\$ 677,974,030

See accompanying notes to financial statements.

SharpSaver Retirement Plan

Statement of Changes in Net Assets Available for Benefits

<i>Year ended December 31,</i>	<i>2024</i>
Additions	
Investment income	
Net appreciation in fair value of investments	\$ 12,688,343
Investment expenses	(2,395,344)
Total Net Investment Income	10,292,999
Contributions	
Participant	13,236,260
Employer	30,000,000
Total Contributions	43,236,260
Total Additions	53,529,259
Deductions	
Benefits paid to participants	(43,544,095)
Administrative expenses	(1,893,044)
Total Deductions	(45,437,139)
Net Increase	8,092,120
Net Assets Available for Benefits, beginning of year	677,974,030
Net Assets Available for Benefits, end of year	\$ 686,066,150

See accompanying notes to financial statements.

SharpSaver Retirement Plan

Statements of Accumulated Plan Benefits

<i>December 31,</i>	2024	2023
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits		
Participants currently receiving payments	\$ 33,073,229	\$ 28,271,254
Other participants	552,611,984	534,522,851
Total Vested Benefits	585,685,213	562,794,105
Nonvested benefits	1,575,012	1,550,703
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 587,260,225	\$ 564,344,808

See accompanying notes to financial statements.

SharpSaver Retirement Plan

Statement of Changes in Accumulated Plan Benefits

<i>Year ended December 31,</i>	<i>2024</i>
Actuarial Present Value of Accumulated Plan Benefits, beginning of year	\$ 564,344,808
Interest accumulation	31,740,506
Benefits paid	(43,544,095)
Assumption changes	(5,622,117)
Other changes	40,341,123
Net Increase	22,915,417
Actuarial Present Value of Accumulated Plan Benefits, end of year	\$ 587,260,225

See accompanying notes to financial statements.

SharpSaver Retirement Plan

Notes to Financial Statements

1. Description of the Plan

The following description of the SharpSaver Retirement Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a contributory, defined benefit plan covering the employees of Sharp HealthCare (the Employer) and certain of its affiliated entities (the Affiliated Entities). Employees are eligible to participate on their hire date. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Affiliated Entities, each of which is owned or managed by the Employer, that also sponsor the Plan are as follows: Sharp Memorial Hospital, Sharp Chula Vista Medical Center, Sharp Health Plan, and Sharp Coronado Hospital and Healthcare Center.

Effective January 1, 2023, Grossmont Hospital Retirement Plan (the Grossmont Plan) merged into the Plan. The net assets of the Grossmont Plan totaling \$143,366,655 were transferred, and the actuarial present value of accumulated plan benefits of \$131,882,713 as determined by the Plan's actuary was assumed by the surviving plan as of that date.

Contributions

The Plan allows participants to contribute, on an after-tax basis, 1% of their eligible monthly compensation up to the statutory limit. The Employer matches 2% of participant eligible compensation for the first 1% of compensation contributed by the employee. The Plan directs the investments of the 1% participant contributions and the 2% Employer matching contributions. The Plan reserves the right to reduce or refund contributions as necessary for nondiscrimination purposes.

The Employer shall make contributions in amounts deemed necessary by an independent actuary to fund benefits provided by the Plan. Any actuarial gains will be used to reduce future Employer contributions.

Normal Retirement Benefits

Generally, retirement benefits become payable at the participant's normal retirement age (65). The Plan requires the establishment and maintenance of an "account" for each participant solely for use in determining accumulated benefits and benefit payments under the Plan. The balance in the participant's account equals the sum of:

- The actuarially determined present value as of April 30, 1994 of the accumulated plan benefits to be provided under the Plan, plus interest for periods thereafter computed annually at a guaranteed rate of 6%.
- The participant's contributions subsequent to May 1, 1994, plus interest computed annually on required contributions guaranteed by the Employer at the greater of 6% or 120% of the Federal mid-term rate in effect at the beginning of the plan year.

SharpSaver Retirement Plan

Notes to Financial Statements

- The Employer's required contributions subsequent to May 1, 1994, plus interest computed annually at a guaranteed rate of 6%.

Neither the maintenance of any account, nor the making of any credits thereto, is intended to be an allocation of assets of the Plan or the creation of the right of any person to receive specific assets of the Plan. Accumulated plan benefits are generally paid in a lump sum or monthly payment in the form of a life annuity or joint and survivor annuity (actuarially reduced), although other elections are available.

Early Retirement Benefits

Participants who have attained age 55 are eligible to receive early retirement benefits. The reduction from normal retirement benefits for early retirement is determined based on the participant's age and years of service as of the date of retirement.

Deferred Retirement Benefits

Participants who continue employment after the normal retirement date receive retirement benefits computed as of the deferred retirement date, as defined.

Disability and Death Benefits

Participants who become totally and permanently disabled while still active in the Plan are eligible to receive disability pension benefits which are equal to the actuarial equivalent of the participant's accrued normal retirement benefit. If the participant is not covered under a long-term disability (LTD) program maintained by the Employers, payments under the Plan may begin on the first day of the month following the date of disability. If the participant is covered under a LTD program maintained by the Employers, payments under the Plan may be deferred until the normal retirement date or the date benefits cease under such LTD plan, if earlier. If a participant dies prior to the retirement date, the beneficiary will receive the value of the participant's accumulated pension benefits as of the date of death.

Termination Benefits

In the event employment is terminated for any reason other than early retirement, normal retirement, deferred retirement, death or total and permanent disability, participants are entitled to the vested percentage of their accumulated pension benefits. Payment of such benefits begins at the normal or early retirement date unless immediate payment is elected. Vested benefit amounts with a lump sum present value of \$7,000 or less will be paid as soon as administratively feasible after termination. If a participant does not direct the Plan Administrator, distribution is made in a direct rollover to an individual retirement account (IRA) in the participant's name (outside of the plan).

Withdrawals

Active participants may withdraw all or a portion of their account balances attributable to their own contributions. Withdrawals are generally subject to the withholding of income taxes and penalties, as specified by the Internal Revenue Code (the Code). After making a withdrawal, a participant is prohibited from making contributions for at least six months and from making additional withdrawals for a 12-month period.

SharpSaver Retirement Plan

Notes to Financial Statements

As of January 1, 2010, the Plan was amended to take advantage of relief provided by the Pension Protection Act of 2006 (PPA) allowing cash balance plans to eliminate interest rate whipsaw. Interest rate whipsaw occurs when the interest crediting rate is greater than the discount rate used to convert the annuity benefit at age 65 to a cash lump sum benefit. The Plan was amended to eliminate the whipsaw effect for benefit payments made to Participants hired by the Employers on or after January 1, 2010. Specifically, lump sum benefits paid to Participants hired on or after January 1, 2010, will be equal to their balance. If the participant takes the benefit in the form of an annuity, the participant will receive an annuity that is the actuarial equivalent of the current cash balance. The methodology for calculating lump sum distributions and annuities to Participants hired prior to January 1, 2010 did not change.

Vesting

Participants are always fully vested in the portion of their accrued benefit attributable to their voluntary contributions to the Plan plus the actual earnings thereon. Vesting in the portion of their accrued benefit attributable to Employers' contributions and the earnings thereon is based on years of service. Years of service for vesting purposes is based upon the completion of 1,000 hours of service within the plan year. Participant vesting is as follows:

Years of Service	Vested Percentage (%)
Less than 1	-
1 but less than 2	25
2 but less than 3	50
3 or more	100

Additionally, participants shall be 100% vested without regard to years of service, upon attainment of age 55, or upon death or permanent disability while a participant in the Plan.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities, as well as the actuarial present value of accumulated plan benefits. Actual results could differ materially from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

SharpSaver Retirement Plan

Notes to Financial Statements

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 in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments under the Plan, including lump sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits under the Plan are based on the compensation earned by participants during their years of credited service. Benefits payable under all circumstances are included to the extent they are deemed attributable to employee service rendered to the valuation date. The actuarial present value of accumulated plan benefits was determined by an actuary from AON and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and the expected date of payment. The actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

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

The following are the significant assumptions underlying the January 1, 2025 and 2024 actuarial computations.

Mortality - For the plan years ended December 31, 2024 and 2023, the Pri-2012 mortality tables, amount-weighted, without collar adjustment, with generational mortality projection starting in 2012. Plan years ended December 31, 2024 and 2023 were based on scale MP-2021.

Assumed Retirement Rates - For the plan years ended December 31, 2024 and 2023, retirement is assumed to occur between ages 55 to 72.

Commencement Timing - For the plan year ending December 31, 2024, it is assumed that terminated vested participants will commence benefits as follows: 10% will commence immediately, 10% will commence one year after termination, 10% will commence two years after termination, 5% will commence within three to fifteen years, and 100% will commence after 15 years.

For the plan year ending December 31, 2023, it is assumed that terminated vested participants will commence benefits as follows: 10% will commence immediately, 10% will commence one year after termination, 10% will commence two years after termination, 5% will commence within three to 15 years, and 100% will commence after fifteen years.

Net Investment Rate of Return - The net investment return used in the valuation for plan year ended December 31, 2024 and 2023 was 5.95% and 5.85%, respectively.

SharpSaver Retirement Plan

Notes to Financial Statements

Lump Sum Value - For the purpose of determining lump sum value, the Plan defines actuarial equivalent factors as the greater of the factors as defined by (1) IRC Section 417(e)(3) applicable mortality table with look-back to the September preceding plan year, or (2) the 1994 Group Annuity Reserving Mortality Table (94GAR) projected to 2002, blended 50% male and 50% female and interest equal to the lesser of (i) 5% or (ii) the Pension Benefit Guaranty Corporation (PBGC) termination lump sum interest rate as of the beginning of the plan year. Effective January 1, 2021, PBGC termination lump sum interest rate is changed to the Section 417(e)(3) basis with look-back to the September preceding the plan year.

- For the plan year ended December 31, 2024, based on the current interest rate environment, the IRC Section 417(e) (i.e., segment rates and 417(e) mortality) produces the greater lump sum values between the two bases. The interest rates are the 417(e) segment rates in effect for September 2024 (First five years 4.17%; Next 15 years 4.76%, 20+ years 5.25%).
- For the plan year ended December 31, 2023, based on the current interest rate environment, the IRC Section 417(e) (i.e., segment rates and 417(e) mortality) produces the greater lump sum values between the two bases. The interest rates are the 417(e) segment rates in effect for September 2023 (First five years 5.58%; Next 15 years 5.66%, 20+ years 5.56%).

Payment of Benefits

Benefits are recorded when paid. At December 31, 2024 and 2023, there were \$1,781,267 and \$1,988,109, respectively, in distributions outstanding on accounts of participants who had elected to withdraw from participation in the Plan but had not yet been paid.

Funding

As a condition of participation, employees are required to contribute 1% of their eligible monthly earnings, as defined, to the Plan. Accumulated contributions of participants still employed by the Employers as of December 31, 2024 and 2023 were approximately \$182,308,946 and \$172,406,895, respectively, including interest credited at a guaranteed rate of 6%, or if greater than 6% at 120% of the federal mid-term rate, compounded annually.

The Plan is then funded by the Employers in such amounts as are deemed necessary by an independent actuary to provide for the benefits required by the Plan. Contributions are made by the Employers in amounts that are estimated to remain a constant percentage of employees' compensation each year such that, when combined with the employees' contributions, all employees' benefits will be fully provided for by the time they retire, in accordance with the funding requirements of ERISA. Any actuarial gains arising from actual experience under the Plan are used to reduce future contributions by the Employers and are not used to increase any benefits payable under the Plan. Employers' contributions for 2024 met the minimum funding requirements of ERISA.

3. Certified Investment Information

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedules, related to investments held as of December 31, 2024 and 2023, net investment income, and investment transactions for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Russell Investments Trust Company (RITC), a qualified institution.

SharpSaver Retirement Plan

Notes to Financial Statements

4. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits and participant account balances.

As of December 31, 2024 and 2023, there were four and five investments held, respectively, which individually accounted for more than 10% of total investments, respectively. See the supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) for a complete listing of investments held at December 31, 2024.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would-be material to the financial statements.

5. Fair Value Measurements

Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides for 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 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.

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

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

SharpSaver Retirement Plan

Notes to Financial Statements

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.

Collective investment funds (CIF) - Funds that are valued at the net asset value (NAV) of units held by the plan at year-end. The NAV as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This 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. Were the Plan to initiate a full redemption of the collective fund, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. These investments are direct filing entities.

The preceding method described may produce a fair value calculation which 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.

There were no investments measured at fair value requiring disclosure within the fair value hierarchy at December 31, 2024 and 2023.

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023.

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
December 31, 2024				
Collective investment funds	\$ 665,690,111	N/A	Daily	None
December 31, 2023				
Collective investment funds	\$ 656,138,905	N/A	Daily	None

6. Income Tax Status

The Plan received a favorable determination letter from the Internal Revenue Service (IRS) dated May 18, 2021 from the IRS informing the Employer that the form of the Plan and related trust are designed in accordance with applicable sections of the Code. The Plan Administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income tax has been included in the Plan's financial statements.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) 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 IRS examinations for any tax periods in progress.

7. Plan Termination

Although they have not expressed any intent to do so, the Employers have the right to terminate the Plan at any time. In the event the Plan terminates, the net assets of the Plan will be allocated,

SharpSaver Retirement Plan

Notes to Financial Statements

as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Benefits attributable to employee contributions.
- Annuity benefits former employees, or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- Other vested benefits insured by the PBGC up to the applicable limitations.
- All other vested benefits (that is, vested benefits not insured by the PBGC).
- All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan. In addition, the amount of benefit protection is subject to certain limitations. Whether all participants receive their benefits, should the Plan terminate at some future time, will depend on the sufficiency of the Plan's net assets to provide those benefits at that time and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

8. Related Party and Party-in-Interest Transactions

Certain Plan investments are invested in shares of funds managed by Russell Investments, the Trustee of the Plan. Therefore, these transactions qualify as party-in-interest transactions under ERISA.

9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying statements of net assets available for benefits to Form 5500:

<i>December 31,</i>	2024	2023
Net assets available for benefits per the financial statements	\$ 686,066,150	\$ 677,974,030
Participant distributions outstanding	(1,781,267)	(1,988,109)
Net Assets Available for Benefits, per Form 5500	\$ 684,284,883	\$ 675,985,921

Sharp\$aver Retirement Plan

Notes to Financial Statements

The following is a reconciliation of net increase in net assets per the financial statements to the net increase per Form 5500:

<i>Year ended December 31,</i>	<i>2024</i>
Net increase per the financial statements	\$ 8,092,120
Decrease in participant distributions outstanding	206,842
Net Increase, per Form 5500	\$ 8,298,962

10. Subsequent Events

The Plan has evaluated subsequent events from the date of the statements of net assets available for benefits through October 13, 2025, the date the financial statements were available to be issued.

ERISA-Required Supplemental Schedules

Schedule SB Attachment (Form 5500)—2024 Plan Year
 SharpSaver Hospital Retirement Plan
 EIN: 95-6077327 PN: 003

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2024

Attained Age	Number of Participants, Average Compensation, and Average Cash Balance Account									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	52 \$64,681 \$439	207 \$75,910 \$2,711	5							
25-29	83 \$72,084 \$581	790 \$84,975 \$4,789	218 \$87,214 \$11,799	3						
30-34	61 \$69,409 \$688	780 \$86,765 \$5,924	730 \$90,727 \$14,349	128 \$85,011 \$17,153	6					
35-39	45 \$61,329 \$1,819	547 \$89,701 \$5,988	787 \$94,657 \$16,160	416 \$100,085 \$27,712	134 \$93,051 \$30,270	3				
40-44	56 \$53,323 \$1,881	355 \$90,480 \$6,658	550 \$96,432 \$16,606	450 \$103,999 \$29,933	362 \$110,409 \$39,970	96 \$104,150 \$36,643	2			
45-49	31 \$43,325 \$3,219	232 \$95,264 \$6,869	384 \$100,835 \$18,523	360 \$107,103 \$30,615	392 \$113,994 \$47,856	248 \$115,307 \$57,540	46 \$111,462 \$60,334	1		
50-54	28 \$57,698 \$2,667	171 \$104,152 \$7,547	305 \$100,753 \$19,471	274 \$104,631 \$30,714	373 \$108,964 \$44,404	310 \$128,258 \$66,123	131 \$122,152 \$74,101	32 \$122,447 \$83,917		
55-59	19 \$100,129 \$8,597	121 \$100,129 \$8,597	207 \$99,589 \$18,135	197 \$104,680 \$31,115	264 \$107,362 \$47,502	234 \$120,546 \$63,770	154 \$117,261 \$80,403	115 \$137,067 \$103,637	42 \$119,342 \$119,716	1
60-64	21 \$38,285 \$3,193	71 \$106,739 \$8,008	136 \$102,239 \$18,986	144 \$95,908 \$33,388	162 \$104,836 \$48,412	206 \$110,549 \$64,417	147 \$120,341 \$89,546	153 \$117,113 \$105,109	83 \$137,101 \$144,095	27 \$113,363 \$123,647
65-69	5 \$83,423 \$7,776	26 \$83,423 \$7,776	60 \$122,384 \$25,585	78 \$111,532 \$35,764	88 \$104,806 \$48,622	106 \$101,065 \$65,074	72 \$95,934 \$80,005	93 \$117,178 \$105,604	45 \$138,906 \$131,870	42 \$119,605 \$153,085
70+	1 \$100,743 \$28,661	5 \$100,743 \$28,661	11 \$100,743 \$28,661	30 \$100,743 \$28,661	26 \$116,048 \$52,854	35 \$76,305 \$49,020	23 \$100,665 \$72,309	39 \$87,700 \$83,250	26 \$120,443 \$113,604	25 \$121,629 \$181,003

N-13,524

Schedule SB Attachment (Form 5500)—2024 Plan Year
Sharp\$aver Hospital Retirement Plan
EIN: 95-6077327 PN: 003

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes Based on corporate bond yield curve as defined in IRC §430(h)(2)(D) for January 2024, which reflects the average yields for the month of December 2023 (“full yield curve”).

Effective Interest Rate 5.16%.

Salary Increases See Table 1.

Retirement Rates See Table 2.

Withdrawal Rates See Table 3.

Disability Rates None assumed.

Commencement Timing for Terminated Vested Participants

Years Since Termination	Rate
0	10%
1	10%
2	10%
3-14	5%
15	100%

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Sharp\$aver Hospital Retirement Plan
 EIN: 95-6077327 PN: 003

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods (continued)

Optional Payment Form Election Percentage	95% lump sum, 5% single life annuity.
Optional Payment Form Conversion Interest Rate	Same as funding interest rates.
Optional Payment Form Conversion Mortality	Section 417(e) applicable mortality table in effect for 2024.
Mortality Rates	
Healthy	Base table: Amounts-weighted rates from the Pri-2012 mortality study, without collar adjustment. Projection: Mortality rates are projected generationally from 2012 using Scale MP-2021.
Contingent Survivor	Base table: Amounts-weighted contingent survivor rates from the Pri-2012 mortality study, without collar adjustment. Projection: Mortality rates are projected generationally from 2012 using Scale MP-2021.
Surviving Spouse Benefit	It is assumed that 100% of all participants have an eligible spouse, and that males are three years older than their spouses.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the 401(a)(17) compensation limit of \$345,000.
Valuation of Plan Assets	Fair market value.
Trust Expense Included in Target Normal Cost	105% of the prior year's administrative expenses (excluding the prior year's PBGC premiums), plus estimated PBGC premiums for the current year, rounded to the nearest \$5,000. The amount for 2024 is \$1,895,000.
Actuarial Method	Standard Unit Credit Cost Method.
Valuation Date	January 1, 2024.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Sharp\$aver Hospital Retirement Plan
EIN: 95-6077327 PN: 003

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods (continued)

Table 1

Sample Salary Increase Rates

Age	Rate
25	4.50%
30	4.00%
35	4.00%
40	4.00%
45	4.00%
50	3.50%
55	2.50%
60	2.00%
65	2.00%

Table 2

Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	6.00%
61	7.00%
62	10.00%
63	10.00%
64	13.00%
65	18.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70	20.00%
71	20.00%
72	100.00%

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Sharp\$aver Hospital Retirement Plan
 EIN: 95-6077327 PN: 003

Table 3
Sample Termination Rates

	Years of Service			
	0	1	2	3
20	19.00%	19.00%	17.00%	15.00%
25	19.00%	19.00%	17.00%	15.00%
30	16.00%	15.50%	12.00%	11.50%
35	15.00%	13.50%	9.50%	9.00%
40	14.00%	13.00%	7.00%	6.50%
45	13.50%	13.00%	5.50%	5.00%
50	17.00%	13.00%	5.00%	4.50%
55	0.00%	0.00%	0.00%	0.00%

SharpSaver Retirement Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 95-6077327

Plan Number: 003

Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transactions	Cost of Assets	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (i) - Single Transaction in Excess of the Current Value of 5% of Plan Assets								
* RITC	10 TO 15 YR STRIPS FIXED IN FD	\$ 34,598,645	\$ -	\$ -	\$ -	\$ 34,598,645	\$ 34,598,645	\$ -
* RITC	25 PLUS YR STRIPS FIXED INC FD	-	34,151,993	-	-	41,920,641	34,151,993	(7,768,648)
Total Category (i)		\$ 34,598,645	\$ 34,151,993	\$ -	\$ -	\$ 76,519,286	\$ 68,750,638	\$ (7,768,648)
Category (ii) - Series Transaction in Excess of the Current Value of 5% of Plan Assets								
* RITC	15 TO 20 YR STRIPS FIXED IN FD	\$ 14,636,460	\$ -	\$ -	\$ -	\$ 14,636,460	\$ 14,636,460	\$ -
* RITC	15 TO 20 YR STRIPS FIXED IN FD	-	28,939,003	-	-	33,297,218	28,939,003	(4,358,215)
* RITC	10 TO 15 YR STRIPS FIXED IN FD	34,903,368	-	-	-	34,903,368	34,903,368	-
* RITC	10 TO 15 YR STRIPS FIXED IN FD	-	433,588	-	-	444,089	433,588	(10,501)
* RITC	25 PLUS YR STRIPS FIXED INC FD	51,459,026	-	-	-	51,459,026	51,459,026	-
* RITC	25 PLUS YR STRIPS FIXED INC FD	-	41,894,223	-	-	51,839,570	41,894,223	(9,945,347)
Total Category (ii)		\$ 100,998,854	\$ 71,266,814	\$ -	\$ -	\$ 186,579,731	\$ 172,265,668	\$ (14,314,063)

Notes:

- (1) Transactions included herein represent transactions or a series of transactions in securities of the same issue or with respect to the same issuer in excess of 5% of the current value of Plan assets at the beginning of the year.
 - (2) This schedule incorporates all disclosures required by the Department of Labor for assets purchased and sold within the year.
- * Represents a party-in-interest to the Plan, as defined by ERISA.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
► Round off amounts to nearest dollar.	
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan SHARPSAVER RETIREMENT PLAN	B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SHARP HEALTHCARE	D Employer Identification Number (EIN) 95-6077327
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	675,694,134	
b	Actuarial value	2b	675,694,134	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	557	29,844,874	29,844,874
b	For terminated vested participants	4,319	154,256,627	154,256,627
c	For active participants	13,524	426,981,138	428,572,005
d	Total	18,400	611,082,639	612,673,506
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.16%	
6	Target normal cost			
a	Present value of current plan year accruals	6a	28,632,808	
b	Expected plan-related expenses	6b	1,895,000	
c	Target normal cost	6c	30,527,808	

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

SIGN HERE CHEUKMING KU CK Signature of actuary	09/26/2025 Date 2307059 Most recent enrollment number 949-725-4500 Telephone number (including area code)
CHEUKMING KU Type or print name of actuary AON CONSULTING, INC. Firm name MSC# 17819, AON P.O. BOX 19640 IRVINE CA 92623 Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	116,839,086
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	15,147,695
9 Amount remaining (line 7 minus line 8)	0	101,691,391
10 Interest on line 9 using prior year's actual return of <u>13.39</u> %	0	13,616,477
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.01</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	115,307,868

Part III Funding Percentages

14 Funding target attainment percentage	14	91.46 %
15 Adjusted funding target attainment percentage	15	110.28 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.05 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/18/2024	3,000,000				
11/15/2024	3,000,000				
12/16/2024	3,000,000				
12/31/2024	0	13,236,260			
01/16/2025	3,000,000				
02/14/2025	3,000,000				
03/14/2025	3,000,000				
04/15/2025	3,000,000				
05/15/2025	3,000,000				
06/13/2025	3,000,000				
07/15/2025	3,000,000				
Totals ►			18(b)	30,000,000	18(c) 13,236,260

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	28,299,121

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

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost					
21	Discount rate:					
a	Segment rates:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">1st segment: %</td> <td style="width: 33%; text-align: center;">2nd segment: %</td> <td style="width: 33%; text-align: center;">3rd segment: %</td> </tr> </table>	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
1st segment: %	2nd segment: %	3rd segment: %				
b	Applicable month (enter code).....		21b 64			
22	Weighted average retirement age		22 64			
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute					
Part VI	Miscellaneous Items					
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No					
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No					
26	Demographic and benefit information					
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No			
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☒ Yes ☐ No			
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....		27			
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years					
28	Unpaid minimum required contributions for all prior years		28 0			
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....		29 0			
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)		30 0			
Part VIII	Minimum Required Contribution For Current Year					
31	Target normal cost and excess assets (see instructions):					
a	Target normal cost (line 6c).....		31a 30,527,808			
b	Excess assets, if applicable, but not greater than line 31a		31b 0			
32	Amortization installments:					
a	Net shortfall amortization installment	Outstanding Balance 52,287,240	Installment 5,302,791			
b	Waiver amortization installment	0	0			
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33			
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		34 35,830,599			
35	Balances elected for use to offset funding requirement	Carryover balance 0	Prefunding balance 32,640,000			
36	Additional cash requirement (line 34 minus line 35).....		36 3,190,599			
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37 28,299,121			
38	Present value of excess contributions for current year (see instructions)					
a	Total (excess, if any, of line 37 over line 36)		38a 25,108,522			
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b 25,108,522			
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 0			
40	Unpaid minimum required contributions for all years		40 0			
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)					
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021					

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Sharp\$aver Hospital Retirement Plan
 EIN: 95-6077327 PN: 003

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Interest Rate	Days to Discount to 1/1/2024	Interest Adjusted Contribution
October 18, 2024	\$ 3,000,000	5.16%	291	\$ 2,882,360
November 15, 2024	3,000,000	5.16%	319	2,871,287
December 16, 2024	3,000,000	5.16%	350	2,859,077
January 16, 2025	3,000,000	5.16%	381	2,846,903
February 14, 2025	3,000,000	5.16%	410	2,835,546
March 14, 2025	3,000,000	5.16%	438	2,824,623
April 15, 2025	3,000,000	5.16%	470	2,812,191
May 15, 2025	3,000,000	5.16%	500	2,800,585
June 13, 2025	3,000,000	5.16%	529	2,789,413
July 15, 2025	3,000,000	5.16%	561	2,777,136
Total Contribution	<u>\$ 30,000,000</u>			<u>\$ 28,299,121</u>

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Sharp\$aver Hospital Retirement Plan
 EIN: 95-6077327 PN: 003

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

			(d)
(a)	(b)	(c)	Product
Age	Rate	Weight	(a) × (b) × (c)
55.5	5.00%	1	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	6.00%	0.7738	2.81
61.5	7.00%	0.7274	3.13
62.5	10.00%	0.6765	4.23
63.5	10.00%	0.6089	3.87
64.5	13.00%	0.5480	4.59
65.5	18.00%	0.4768	5.62
66.5	20.00%	0.3910	5.2
67.5	20.00%	0.3128	4.22
68.5	20.00%	0.2502	3.43
69.5	20.00%	0.2002	2.78
70.5	20.00%	0.1602	2.26
71.5	20.00%	0.1282	1.83
72.0	100.00%	0.1026	7.39
Weighted Average			64.34

Schedule SB Attachment (Form 5500)—2024 Plan Year
Sharp\$aver Hospital Retirement Plan
EIN: 95-6077327 PN: 003

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes Based on corporate bond yield curve as defined in IRC §430(h)(2)(D) for January 2024, which reflects the average yields for the month of December 2023 (“full yield curve”).

Effective Interest Rate 5.16%.

Salary Increases See Table 1.

Retirement Rates See Table 2.

Withdrawal Rates See Table 3.

Disability Rates None assumed.

Commencement Timing for Terminated Vested Participants

Years Since Termination	Rate
0	10%
1	10%
2	10%
3-14	5%
15	100%

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Sharp\$aver Hospital Retirement Plan
 EIN: 95-6077327 PN: 003

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods (continued)

Optional Payment Form Election Percentage	95% lump sum, 5% single life annuity.
Optional Payment Form Conversion Interest Rate	Same as funding interest rates.
Optional Payment Form Conversion Mortality	Section 417(e) applicable mortality table in effect for 2024.
Mortality Rates	
Healthy	Base table: Amounts-weighted rates from the Pri-2012 mortality study, without collar adjustment. Projection: Mortality rates are projected generationally from 2012 using Scale MP-2021.
Contingent Survivor	Base table: Amounts-weighted contingent survivor rates from the Pri-2012 mortality study, without collar adjustment. Projection: Mortality rates are projected generationally from 2012 using Scale MP-2021.
Surviving Spouse Benefit	It is assumed that 100% of all participants have an eligible spouse, and that males are three years older than their spouses.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the 401(a)(17) compensation limit of \$345,000.
Valuation of Plan Assets	Fair market value.
Trust Expense Included in Target Normal Cost	105% of the prior year's administrative expenses (excluding the prior year's PBGC premiums), plus estimated PBGC premiums for the current year, rounded to the nearest \$5,000. The amount for 2024 is \$1,895,000.
Actuarial Method	Standard Unit Credit Cost Method.
Valuation Date	January 1, 2024.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Sharp\$aver Hospital Retirement Plan
EIN: 95-6077327 PN: 003

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods (continued)

Table 1

Sample Salary Increase Rates

Age	Rate
25	4.50%
30	4.00%
35	4.00%
40	4.00%
45	4.00%
50	3.50%
55	2.50%
60	2.00%
65	2.00%

Table 2

Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	6.00%
61	7.00%
62	10.00%
63	10.00%
64	13.00%
65	18.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70	20.00%
71	20.00%
72	100.00%

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Sharp\$aver Hospital Retirement Plan
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Table 3
Sample Termination Rates

	Years of Service			
	0	1	2	3
20	19.00%	19.00%	17.00%	15.00%
25	19.00%	19.00%	17.00%	15.00%
30	16.00%	15.50%	12.00%	11.50%
35	15.00%	13.50%	9.50%	9.00%
40	14.00%	13.00%	7.00%	6.50%
45	13.50%	13.00%	5.50%	5.00%
50	17.00%	13.00%	5.00%	4.50%
55	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2024 Plan Year
Sharp\$aver Hospital Retirement Plan
EIN: 95-6077327 PN: 003

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	January 1, 1981, as amended through January 1, 2023. Effective January 1, 2023 the Grossmont Hospital Retirement Plan was merged into the Sharp\$aver Retirement Plan.
Plan Year	Calendar year.
Plan Participation	Since August 6, 2007, an Eligible Employee shall become eligible to participate on his date of hire.
Accrued Benefit	An employee elects to participate by means of a regular payroll deduction equal to one percent (1%) of Plan Compensation for which an additional two percent (2%) of Plan Compensation is credited to the Employer Matching Credits Account. For participants with hire dates on or after January 1, 2010, Accrued Benefit means the participant's Cash Balance Account, expressed as a lump-sum based benefit. For participants with hire dates prior to January 1, 2010, Accrued Benefit means the Cash Balance Account projected to age 65 at an interest rate of six percent (6%) multiplied by a life expectancy factor equal to one-thirteenth (1/13).
Normal Retirement	
Eligibility	Age 65.
Benefit	Accrued Benefit.
Early Retirement	
Eligibility	Age 55.
Benefit	Actuarial Equivalent of Accrued Benefit.

For a participant with a hire date before January 1, 2010 who elects to receive Early Retirement Benefit in the form of an annuity, the following reduction schedule applies in lieu of Actuarial Equivalent adjustment:

Retirement Age	Immediate Annuity as a Percentage of Accrued Benefit
65	100.00%
64	93.33%
63	86.67%
62	80.00%
61	73.33%
60	66.67%
59	63.33%
58	60.00%
57	56.67%
56	53.33%
55	50.00%

Schedule SB Attachment (Form 5500)—2024 Plan Year
Sharp\$aver Hospital Retirement Plan
EIN: 95-6077327 PN: 003

Schedule SB, Part V—Summary of Plan Provisions (continued)

Disability Retirement

Eligibility Total and permanent disability.

Benefit The Accrued Benefit as under Normal Retirement, adjusted in the same manner as in Early or Vested Retirement, if applicable.

In-Service Retirement

Eligibility Participant who attains age 65 on or after December 1, 2006, or age 62 on or after January 1, 2007, and is 100% vested in his Employer Matching Credits Account.

Benefit Entire vested Accrued Benefit earned as of In-Service Retirement date.

A participant continues to accrue benefits after commencing In-Service Retirement. Subsequent in-service distributions are limited to one per 12-month period.

Vested Retirement

Eligibility A participant shall be 100% vested in his Accrued Benefit upon attainment of age 55. A participant shall be 100% vested in the portion of his Accrued Benefit attributable to his Participant Accumulated Contributions Account at all times. A participant shall be vested in the portion of his Accrued Benefit attributable to his Employer Matching Credits Account according to the following schedule.

Years of Service	Vesting Percentage
Less than 1	0%
1	25%
2	50%
3 or more	100%

Benefit Actuarial Equivalent of vested Accrued Benefit.

Preretirement Surviving Spouse's Benefit

Eligibility None.

Benefit Actuarial Equivalent of vested Accrued Benefit.

Unreduced Form of Payment

Life annuity.

Normal Form of Payment

Married Participant 50% joint and survivor annuity actuarially equivalent to a life annuity.

Unmarried Participant Life annuity.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Sharp\$aver Hospital Retirement Plan
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Schedule SB, Part V—Summary of Plan Provisions (continued)

Optional Forms of Payment

- (1) Life annuity;
- (2) Lump sum;
- (3) Installment payments for a guaranteed period of 5, 10, or 15 years;
- (4) Life annuity with a guaranteed period of 5, 10, or 15 years;
- (5) Joint and survivor annuity with 50%, 75%, or 100% continuation to the survivor; and
- (6) Level income option which is reduced after Social Security payments begin to provide a level income throughout retirement.

Definitions

Actuarial Equivalent

Lump Sum, Installments, and
Social Security Level Income
Option

Based on the greater of (1) or (2) below:

- (1) Section 417(e)(3) applicable mortality table for the plan year and interest with look-back to the September preceding the plan year;¹ or
- (2) 1994 Group Annuity Reserving Mortality Table (94 GAR), projected to 2002, blended 50% male and 50% female and interest equal to the lesser of (i) 5% or (ii) PBGC termination lump sum interest rate as of the beginning of the plan year. Effective January 1, 2021, PBGC termination lump sum interest rate is changed to the Section 417(e)(3) basis with look-back to the September preceding the plan year.²

All Other Payment Forms

5% interest and the Section 417(e)(3) applicable mortality table as in effect for 2018.

Cash Balance Account

Sum of Participant Accumulated Contributions Account and Employer Matching Credits Account.

¹ Installments and Social Security level income option for participants with hire dates on or after January 1, 2010 use actuarial equivalent for all other payment forms.

² PBGC termination lump sum interest rate is applicable to the lump sum payment form only.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Sharp\$aver Hospital Retirement Plan
EIN: 95-6077327 PN: 003

Schedule SB, Part V—Summary of Plan Provisions (continued)

Definitions (continued)

Eligible Employee

An employee not in the following groups, which are excluded from plan participation:

- (1) Employees covered by collective bargaining agreement which does not provide for coverage under the plan;
- (2) Leased and temporary employees;
- (3) Non-resident aliens who receive no compensation from the employer which is classified as United States source taxable income; or
- (4) Effective January 1, 2006, traveling nurses.
- (5) Effective January 1, 2006, employees with titles of senior vice presidents, chief executive officer or higher.

Employer Matching
Credits Account

Sum of all employer contributions plus interest credited at 6% per annum.

Participant Accumulated
Contributions Account

Sum of all after-tax contributions made by a participant plus interest credited at the greater of (i) 6% per annum, or (ii) 120% of the federal mid-term rate in effect for the first month of the plan year.

Plan Compensation

W-2 pay, less bonuses, shift differential, automobile allowances, and similar pay, plus Sections 403(b) and 125 contributions.

Year of Service

A plan year in which an employee is credited with at least 1,000 hours of service.

Plan Changes Since the Prior Year

There have been no plan changes since the prior year.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Sharp\$aver Hospital Retirement Plan
EIN: 95-6077327 PN: 003

Schedule SB, Part V—Summary of Plan Provisions (continued)

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

The actuarial valuation was conducted on an ongoing (not termination) basis using personnel data furnished as of January 1, 2024 by Sharp HealthCare. Asset information and the dates and amounts of contributions are based on information supplied by Sharp HealthCare.

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Sharp\$aver Hospital Retirement Plan
EIN: 95-6077327 PN: 003

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes to better reflect anticipated future experience as the result of an assumption study:

- A change in salary increases
- Retirement rates and withdrawal rates
- Benefit commencement timing

On aggregate, the changes reduced the funding shortfall by less than \$50,000,000 and less than 5% of the funding target, and thus do not require IRS approval according to Code §430(h)(5)(B)(iii).

Schedule SB Attachment (Form 5500)—2024 Plan Year
 SharpSaver Hospital Retirement Plan
 EIN: 95-6077327 PN: 003

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2024

Attained Age	Number of Participants, Average Compensation, and Average Cash Balance Account									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	52 \$64,681 \$439	207 \$75,910 \$2,711	5							
25-29	83 \$72,084 \$581	790 \$84,975 \$4,789	218 \$87,214 \$11,799	3						
30-34	61 \$69,409 \$688	780 \$86,765 \$5,924	730 \$90,727 \$14,349	128 \$85,011 \$17,153	6					
35-39	45 \$61,329 \$1,819	547 \$89,701 \$5,988	787 \$94,657 \$16,160	416 \$100,085 \$27,712	134 \$93,051 \$30,270	3				
40-44	56 \$53,323 \$1,881	355 \$90,480 \$6,658	550 \$96,432 \$16,606	450 \$103,999 \$29,933	362 \$110,409 \$39,970	96 \$104,150 \$36,643	2			
45-49	31 \$43,325 \$3,219	232 \$95,264 \$6,869	384 \$100,835 \$18,523	360 \$107,103 \$30,615	392 \$113,994 \$47,856	248 \$115,307 \$57,540	46 \$111,462 \$60,334	1		
50-54	28 \$57,698 \$2,667	171 \$104,152 \$7,547	305 \$100,753 \$19,471	274 \$104,631 \$30,714	373 \$108,964 \$44,404	310 \$128,258 \$66,123	131 \$122,152 \$74,101	32 \$122,447 \$83,917		
55-59	19 \$100,129 \$8,597	121 \$100,129 \$8,597	207 \$99,589 \$18,135	197 \$104,680 \$31,115	264 \$107,362 \$47,502	234 \$120,546 \$63,770	154 \$117,261 \$80,403	115 \$137,067 \$103,637	42 \$119,342 \$119,716	1
60-64	21 \$38,285 \$3,193	71 \$106,739 \$8,008	136 \$102,239 \$18,986	144 \$95,908 \$33,388	162 \$104,836 \$48,412	206 \$110,549 \$64,417	147 \$120,341 \$89,546	153 \$117,113 \$105,109	83 \$137,101 \$144,095	27 \$113,363 \$123,647
65-69	5 \$83,423 \$7,776	26 \$83,423 \$7,776	60 \$122,384 \$25,585	78 \$111,532 \$35,764	88 \$104,806 \$48,622	106 \$101,065 \$65,074	72 \$95,934 \$80,005	93 \$117,178 \$105,604	45 \$138,906 \$131,870	42 \$119,605 \$153,085
70+	1 \$100,743 \$28,661	5 \$100,743 \$28,661	11 \$100,743 \$28,661	30 \$100,743 \$28,661	26 \$116,048 \$52,854	35 \$76,305 \$49,020	23 \$100,665 \$72,309	39 \$87,700 \$83,250	26 \$120,443 \$113,604	25 \$121,629 \$181,003

N-13,524

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Sharp\$aver Hospital Retirement Plan
 EIN: 95-6077327 PN: 003

Schedule SB, line 26b—Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	2,180,954	28,226,157	3,513,747	33,920,859
2025	4,245,369	14,410,144	3,358,676	22,014,189
2026	6,526,580	14,644,998	3,174,546	24,346,124
2027	8,301,177	13,334,999	2,995,011	24,631,186
2028	10,105,341	14,337,659	2,772,360	27,215,360
2029	12,202,245	12,409,215	2,603,453	27,214,913
2030	14,213,333	10,726,667	2,477,064	27,417,064
2031	16,254,087	11,716,482	2,314,389	30,284,958
2032	18,332,556	12,627,898	2,124,542	33,084,995
2033	20,447,851	11,249,085	1,948,673	33,645,609
2034	22,621,326	9,975,296	1,797,938	34,394,560
2035	24,788,147	10,730,834	1,697,096	37,216,077
2036	27,121,969	8,154,868	1,561,897	36,838,734
2037	29,510,286	10,670,406	1,424,821	41,605,513
2038	31,924,725	11,847,022	1,268,175	45,039,921
2039	35,452,760	9,029,038	1,155,923	45,637,720
2040	36,486,158	638,749	1,069,311	38,194,218
2041	37,431,649	549,548	982,739	38,963,936
2042	38,552,293	549,394	896,592	39,998,279
2043	39,789,813	533,413	811,393	41,134,618
2044	40,740,039	504,982	727,790	41,972,811
2045	41,483,823	488,560	646,525	42,618,909
2046	41,976,749	471,485	568,389	43,016,624
2047	42,513,606	453,858	494,174	43,461,639
2048	42,788,498	435,798	424,628	43,648,924
2049	42,901,458	417,438	360,410	43,679,305
2050	42,932,284	398,916	302,041	43,633,241
2051	42,549,845	380,374	249,866	43,180,085
2052	41,802,599	361,947	204,032	42,368,578
2053	40,687,886	343,761	164,481	41,196,127
2054	39,528,620	325,927	130,964	39,985,511
2055	38,167,261	308,540	103,077	38,578,878
2056	36,669,531	291,674	80,296	37,041,501

Schedule SB Attachment (Form 5500)—2024 Plan Year
Sharp\$aver Hospital Retirement Plan
EIN: 95-6077327 PN: 003

Schedule SB, line 26b—Schedule of Projection of Expected Benefit Payments
(continued)

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2057	35,137,407	275,381	62,025	35,474,814
2058	33,461,649	259,697	47,632	33,768,978
2059	31,715,701	244,634	36,488	31,996,822
2060	29,888,666	230,192	27,993	30,146,851
2061	28,085,532	216,357	21,602	28,323,492
2062	26,242,777	203,106	16,841	26,462,723
2063	24,342,664	190,410	13,307	24,546,381
2064	22,501,207	178,234	10,677	22,690,118
2065	20,650,517	166,546	8,701	20,825,764
2066	18,788,112	155,314	7,189	18,950,615
2067	16,987,395	144,509	6,007	17,137,911
2068	15,226,576	134,107	5,060	15,365,743
2069	13,552,174	124,090	4,281	13,680,545
2070	11,954,325	114,442	3,628	12,072,395
2071	10,437,208	105,157	3,071	10,545,436
2072	9,003,516	96,234	2,589	9,102,340
2073	7,695,436	87,676	2,169	7,785,281

Schedule SB Attachment (Form 5500)—2024 Plan Year
Sharp\$aver Hospital Retirement Plan
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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 113,738,081	January 1, 2023	14	\$ 10,954,871
Shortfall	\$ (61,450,841)	January 1, 2024	15	\$ (5,652,080)

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Sharp\$aver Hospital Retirement Plan
 EIN: 95-6077327 PN: 003

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Interest Rate	Days to Discount to 1/1/2024	Interest Adjusted Contribution
October 18, 2024	\$ 3,000,000	5.16%	291	\$ 2,882,360
November 15, 2024	3,000,000	5.16%	319	2,871,287
December 16, 2024	3,000,000	5.16%	350	2,859,077
January 16, 2025	3,000,000	5.16%	381	2,846,903
February 14, 2025	3,000,000	5.16%	410	2,835,546
March 14, 2025	3,000,000	5.16%	438	2,824,623
April 15, 2025	3,000,000	5.16%	470	2,812,191
May 15, 2025	3,000,000	5.16%	500	2,800,585
June 13, 2025	3,000,000	5.16%	529	2,789,413
July 15, 2025	3,000,000	5.16%	561	2,777,136
Total Contribution	<u>\$ 30,000,000</u>			<u>\$ 28,299,121</u>

Schedule SB Attachment (Form 5500)—2024 Plan Year
 SharpSaver Hospital Retirement Plan
 EIN: 95-6077327 PN: 003

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

			(d)
(a)	(b)	(c)	Product
Age	Rate	Weight	(a) × (b) × (c)
55.5	5.00%	1	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	6.00%	0.7738	2.81
61.5	7.00%	0.7274	3.13
62.5	10.00%	0.6765	4.23
63.5	10.00%	0.6089	3.87
64.5	13.00%	0.5480	4.59
65.5	18.00%	0.4768	5.62
66.5	20.00%	0.3910	5.2
67.5	20.00%	0.3128	4.22
68.5	20.00%	0.2502	3.43
69.5	20.00%	0.2002	2.78
70.5	20.00%	0.1602	2.26
71.5	20.00%	0.1282	1.83
72.0	100.00%	0.1026	7.39
Weighted Average			64.34

Schedule SB Attachment (Form 5500)—2024 Plan Year
Sharp\$aver Hospital Retirement Plan
EIN: 95-6077327 PN: 003

Schedule SB, line 26b—Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	2,180,954	28,226,157	3,513,747	33,920,859
2025	4,245,369	14,410,144	3,358,676	22,014,189
2026	6,526,580	14,644,998	3,174,546	24,346,124
2027	8,301,177	13,334,999	2,995,011	24,631,186
2028	10,105,341	14,337,659	2,772,360	27,215,360
2029	12,202,245	12,409,215	2,603,453	27,214,913
2030	14,213,333	10,726,667	2,477,064	27,417,064
2031	16,254,087	11,716,482	2,314,389	30,284,958
2032	18,332,556	12,627,898	2,124,542	33,084,995
2033	20,447,851	11,249,085	1,948,673	33,645,609
2034	22,621,326	9,975,296	1,797,938	34,394,560
2035	24,788,147	10,730,834	1,697,096	37,216,077
2036	27,121,969	8,154,868	1,561,897	36,838,734
2037	29,510,286	10,670,406	1,424,821	41,605,513
2038	31,924,725	11,847,022	1,268,175	45,039,921
2039	35,452,760	9,029,038	1,155,923	45,637,720
2040	36,486,158	638,749	1,069,311	38,194,218
2041	37,431,649	549,548	982,739	38,963,936
2042	38,552,293	549,394	896,592	39,998,279
2043	39,789,813	533,413	811,393	41,134,618
2044	40,740,039	504,982	727,790	41,972,811
2045	41,483,823	488,560	646,525	42,618,909
2046	41,976,749	471,485	568,389	43,016,624
2047	42,513,606	453,858	494,174	43,461,639
2048	42,788,498	435,798	424,628	43,648,924
2049	42,901,458	417,438	360,410	43,679,305
2050	42,932,284	398,916	302,041	43,633,241
2051	42,549,845	380,374	249,866	43,180,085
2052	41,802,599	361,947	204,032	42,368,578
2053	40,687,886	343,761	164,481	41,196,127
2054	39,528,620	325,927	130,964	39,985,511
2055	38,167,261	308,540	103,077	38,578,878
2056	36,669,531	291,674	80,296	37,041,501

Schedule SB Attachment (Form 5500)—2024 Plan Year
Sharp\$aver Hospital Retirement Plan
EIN: 95-6077327 PN: 003

Schedule SB, line 26b—Schedule of Projection of Expected Benefit Payments
(continued)

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2057	35,137,407	275,381	62,025	35,474,814
2058	33,461,649	259,697	47,632	33,768,978
2059	31,715,701	244,634	36,488	31,996,822
2060	29,888,666	230,192	27,993	30,146,851
2061	28,085,532	216,357	21,602	28,323,492
2062	26,242,777	203,106	16,841	26,462,723
2063	24,342,664	190,410	13,307	24,546,381
2064	22,501,207	178,234	10,677	22,690,118
2065	20,650,517	166,546	8,701	20,825,764
2066	18,788,112	155,314	7,189	18,950,615
2067	16,987,395	144,509	6,007	17,137,911
2068	15,226,576	134,107	5,060	15,365,743
2069	13,552,174	124,090	4,281	13,680,545
2070	11,954,325	114,442	3,628	12,072,395
2071	10,437,208	105,157	3,071	10,545,436
2072	9,003,516	96,234	2,589	9,102,340
2073	7,695,436	87,676	2,169	7,785,281

Schedule SB Attachment (Form 5500)—2024 Plan Year
Sharp\$aver Hospital Retirement Plan
EIN: 95-6077327 PN: 003

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	January 1, 1981, as amended through January 1, 2023. Effective January 1, 2023 the Grossmont Hospital Retirement Plan was merged into the Sharp\$aver Retirement Plan.
Plan Year	Calendar year.
Plan Participation	Since August 6, 2007, an Eligible Employee shall become eligible to participate on his date of hire.
Accrued Benefit	An employee elects to participate by means of a regular payroll deduction equal to one percent (1%) of Plan Compensation for which an additional two percent (2%) of Plan Compensation is credited to the Employer Matching Credits Account. For participants with hire dates on or after January 1, 2010, Accrued Benefit means the participant's Cash Balance Account, expressed as a lump-sum based benefit. For participants with hire dates prior to January 1, 2010, Accrued Benefit means the Cash Balance Account projected to age 65 at an interest rate of six percent (6%) multiplied by a life expectancy factor equal to one-thirteenth (1/13).
Normal Retirement	
Eligibility	Age 65.
Benefit	Accrued Benefit.
Early Retirement	
Eligibility	Age 55.
Benefit	Actuarial Equivalent of Accrued Benefit.

For a participant with a hire date before January 1, 2010 who elects to receive Early Retirement Benefit in the form of an annuity, the following reduction schedule applies in lieu of Actuarial Equivalent adjustment:

Retirement Age	Immediate Annuity as a Percentage of Accrued Benefit
65	100.00%
64	93.33%
63	86.67%
62	80.00%
61	73.33%
60	66.67%
59	63.33%
58	60.00%
57	56.67%
56	53.33%
55	50.00%

Schedule SB Attachment (Form 5500)—2024 Plan Year
Sharp\$aver Hospital Retirement Plan
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Schedule SB, Part V—Summary of Plan Provisions (continued)

Disability Retirement

Eligibility

Total and permanent disability.

Benefit

The Accrued Benefit as under Normal Retirement, adjusted in the same manner as in Early or Vested Retirement, if applicable.

In-Service Retirement

Eligibility

Participant who attains age 65 on or after December 1, 2006, or age 62 on or after January 1, 2007, and is 100% vested in his Employer Matching Credits Account.

Benefit

Entire vested Accrued Benefit earned as of In-Service Retirement date.

A participant continues to accrue benefits after commencing In-Service Retirement. Subsequent in-service distributions are limited to one per 12-month period.

Vested Retirement

Eligibility

A participant shall be 100% vested in his Accrued Benefit upon attainment of age 55. A participant shall be 100% vested in the portion of his Accrued Benefit attributable to his Participant Accumulated Contributions Account at all times. A participant shall be vested in the portion of his Accrued Benefit attributable to his Employer Matching Credits Account according to the following schedule.

Years of Service	Vesting Percentage
Less than 1	0%
1	25%
2	50%
3 or more	100%

Benefit

Actuarial Equivalent of vested Accrued Benefit.

**Preretirement Surviving
Spouse's Benefit**

Eligibility

None.

Benefit

Actuarial Equivalent of vested Accrued Benefit.

Unreduced Form of Payment

Life annuity.

Normal Form of Payment

Married Participant

50% joint and survivor annuity actuarially equivalent to a life annuity.

Unmarried Participant

Life annuity.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Sharp\$aver Hospital Retirement Plan
EIN: 95-6077327 PN: 003

Schedule SB, Part V—Summary of Plan Provisions (continued)

Optional Forms of Payment

- (1) Life annuity;
- (2) Lump sum;
- (3) Installment payments for a guaranteed period of 5, 10, or 15 years;
- (4) Life annuity with a guaranteed period of 5, 10, or 15 years;
- (5) Joint and survivor annuity with 50%, 75%, or 100% continuation to the survivor; and
- (6) Level income option which is reduced after Social Security payments begin to provide a level income throughout retirement.

Definitions

Actuarial Equivalent

Lump Sum, Installments, and
Social Security Level Income
Option

Based on the greater of (1) or (2) below:

- (1) Section 417(e)(3) applicable mortality table for the plan year and interest with look-back to the September preceding the plan year;¹ or
- (2) 1994 Group Annuity Reserving Mortality Table (94 GAR), projected to 2002, blended 50% male and 50% female and interest equal to the lesser of (i) 5% or (ii) PBGC termination lump sum interest rate as of the beginning of the plan year. Effective January 1, 2021, PBGC termination lump sum interest rate is changed to the Section 417(e)(3) basis with look-back to the September preceding the plan year.²

All Other Payment Forms

5% interest and the Section 417(e)(3) applicable mortality table as in effect for 2018.

Cash Balance Account

Sum of Participant Accumulated Contributions Account and Employer Matching Credits Account.

¹ Installments and Social Security level income option for participants with hire dates on or after January 1, 2010 use actuarial equivalent for all other payment forms.

² PBGC termination lump sum interest rate is applicable to the lump sum payment form only.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Sharp\$aver Hospital Retirement Plan
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Schedule SB, Part V—Summary of Plan Provisions (continued)

Definitions (continued)

Eligible Employee

An employee not in the following groups, which are excluded from plan participation:

- (1) Employees covered by collective bargaining agreement which does not provide for coverage under the plan;
- (2) Leased and temporary employees;
- (3) Non-resident aliens who receive no compensation from the employer which is classified as United States source taxable income; or
- (4) Effective January 1, 2006, traveling nurses.
- (5) Effective January 1, 2006, employees with titles of senior vice presidents, chief executive officer or higher.

Employer Matching
Credits Account

Sum of all employer contributions plus interest credited at 6% per annum.

Participant Accumulated
Contributions Account

Sum of all after-tax contributions made by a participant plus interest credited at the greater of (i) 6% per annum, or (ii) 120% of the federal mid-term rate in effect for the first month of the plan year.

Plan Compensation

W-2 pay, less bonuses, shift differential, automobile allowances, and similar pay, plus Sections 403(b) and 125 contributions.

Year of Service

A plan year in which an employee is credited with at least 1,000 hours of service.

Plan Changes Since the Prior Year

There have been no plan changes since the prior year.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Sharp\$aver Hospital Retirement Plan
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Schedule SB, Part V—Summary of Plan Provisions (continued)

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

The actuarial valuation was conducted on an ongoing (not termination) basis using personnel data furnished as of January 1, 2024 by Sharp HealthCare. Asset information and the dates and amounts of contributions are based on information supplied by Sharp HealthCare.

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

SharpSaver Retirement Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 95-6077327

Plan Number: 003

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
*	RITC	15 TO 20 YR STRIPS FIXED IN FD	\$ 59,425,333	\$ 50,651,197
*	RITC	10 TO 15 YR STRIPS FIXED IN FD	34,459,279	31,958,420
*	RITC	RUSS INV RUSS 1000 IND FD SR I	45,691,696	139,600,684
*	RITC	INTL FDINTL FD	76,067,871	117,495,776
*	RITC	EMERGING MKTS FD	32,033,026	39,101,973
*	RITC	EQUITY II FD	18,061,601	33,188,737
*	RITC	25 PLUS YR STRIPS FIXED INC FD	158,046,382	112,910,056
*	RITC	14 YR LDI FIXED INCOME FD	137,282,663	140,783,268
Total Investments, per Form 5500			\$ 561,067,851	\$ 665,690,111

* Represents a party-in-interest to the Plan as defined by ERISA.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Sharp\$aver Hospital Retirement Plan
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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 113,738,081	January 1, 2023	14	\$ 10,954,871
Shortfall	\$ (61,450,841)	January 1, 2024	15	\$ (5,652,080)

Schedule SB Attachment (Form 5500)—2024 Plan Year
Sharp\$aver Hospital Retirement Plan
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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes to better reflect anticipated future experience as the result of an assumption study:

- A change in salary increases
- Retirement rates and withdrawal rates
- Benefit commencement timing

On aggregate, the changes reduced the funding shortfall by less than \$50,000,000 and less than 5% of the funding target, and thus do not require IRS approval according to Code §430(h)(5)(B)(iii).