

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>TORRANCE HEALTH ASSOCIATION 403(B) PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>005</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TORRANCE HEALTH ASSOCIATION</u></p> <p><u>3330 LOMITA BLVD</u> <u>TORRANCE, CA 90505-5073</u></p>	<p>1c Effective date of plan <u>01/01/1982</u></p> <p>2b Employer Identification Number (EIN) <u>33-0073515</u></p> <p>2c Plan Sponsor's telephone number <u>310-517-4792</u></p> <p>2d Business code (see instructions) <u>622000</u></p>

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.	10/15/2025	INGRID COBB
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	6090
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)	4811
	6a(2)	5025
	6b	29
	6c	1307
	6d	6361
	6e	14
	6f	6375
	6g(1)	5695
6g(2)	5998	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2F 2G 2L 2M 2T 3H 2R 3D 2S

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>9</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan TORRANCE HEALTH ASSOCIATION 403(B) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>005</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TORRANCE HEALTH ASSOCIATION</p>	<p>D Employer Identification Number (EIN) 33-0073515</p>	

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	893010-007	4928	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="color: blue;">24335</p>	<p>(b) Total amount of fees paid</p> <p style="color: blue;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

OSAIC FA 18700 N HAYDEN RD
SCOTTSDALE, AZ 85255

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24335			4

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	34338874	
c Additions: (1) Contributions deposited during the year	7c(1)	2869364	
	7c(2)	0	
	7c(3)	809894	
	7c(4)	3307222	
	7c(5)	642225	
	▶ MAY INCLUDE LOAN REPAYMENTS, FORFEITURES, TAKEOVERS AND/OR ADJUSTMENTS		
(6) Total additions	7c(6)	7628705	
d Total of balance and additions (add lines 7b and 7c(6))	7d	41967579	
e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4539465
	(2) Administration charge made by carrier.....	7e(2)	63291
	(3) Transferred to separate account	7e(3)	1278382
	(4) Other (specify below).....	7e(4)	488280
▶ MAY INCLUDE LOANS ISSUED, FORFEITURES, FEES, CORRECTIVES AND/OR ADJUSTMENTS			
(5) Total deductions	7e(5)	6369418	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	35598161	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan TORRANCE HEALTH ASSOCIATION 403(B) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>005</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TORRANCE HEALTH ASSOCIATION</p>	<p>D Employer Identification Number (EIN) 33-0073515</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	666035	750	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid 60000</p>	<p>(b) Total amount of fees paid 0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
PACHOT DARLENE PO BOX 10368
MARINA DEL REY, CA 90295

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
60000	0	ALLOCATED NON-CASH COMP	3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ **UNALLOCATED ANNUITY ACCOUNT**

b Balance at the end of the previous year	7b	17001125	
c Additions: (1) Contributions deposited during the year	7c(1)		
	7c(2)		
	7c(3)	563396	
	7c(4)		
	7c(5)	2451388	
	▶ CAN CONSIST OF LOAN REPAYMENTS, POSITIVE VALUE ADJUSTMENTS, COLLATERAL INTEREST EARNED AND TRANSFERS		
(6) Total additions	7c(6)	3014784	
d Total of balance and additions (add lines 7b and 7c(6))	7d	20015909	
e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1651414
	(2) Administration charge made by carrier.....	7e(2)	1457
	(3) Transferred to separate account	7e(3)	119790
	(4) Other (specify below)	7e(4)	2805374
▶ FMV ADJUSTMENTS			
(5) Total deductions	7e(5)	4578035	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	15437874	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan TORRANCE HEALTH ASSOCIATION 403(B) PLAN</p>	<p>B Three-digit plan number (PN) ▶ 005</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TORRANCE HEALTH ASSOCIATION</p>	<p>D Employer Identification Number (EIN) 33-0073515</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VE1008	9	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid 2117</p>	<p>(b) Total amount of fees paid 68</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

BAHRAMIAN JASON D **236 HERMOSA AVE**
HERMOSA BEACH, CA 90254

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1167	44	ALLOCATED NON-CASH COMP	3

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

MATTINGLY CATHERINE **1030 NEVADA ST STE 203**
REDLANDS, CA 92374

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
843	24	ALLOCATED NON-CASH COMP	3

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

GOWER GREGORY

1030 NEVADA ST STE 203
REDLANDS, CA 92374

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
107			3

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ **UNALLOCATED ANNUITY ACCOUNT**

b Balance at the end of the previous year	7b	938584
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	34982
	7c(4)	62
	7c(5)	
(6) Total additions	7c(6)	35044
d Total of balance and additions (add lines 7b and 7c(6))	7d	973628
e Deductions:		
	7e(1)	464650
	7e(2)	97
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	464747
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	508881

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan TORRANCE HEALTH ASSOCIATION 403(B) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>005</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TORRANCE HEALTH ASSOCIATION</p>	<p>D Employer Identification Number (EIN) 33-0073515</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
BRIGHTHOUSE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0566090	87726	929762 928536	67	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">28</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
---	---

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

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

OSAIC INSTITUTIONS INC **538 PRESTON AVENUE**
MERIDEN, CT 64504

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
28			3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ **GROUP ANNUITY CONTRACT FIXED FUND**

b Balance at the end of the previous year	7b	1187219
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	32516
	7c(4)	512
	7c(5)	60
▶ MAY INCLUDE FORFEITURES, CONVERTED VALUE, LOAN REPAYMENTS, ADJUSTMENTS AND/OR TRANSFER		
(6) Total additions	7c(6)	33088
d Total of balance and additions (add lines 7b and 7c(6))	7d	1220307
e Deductions:		
	7e(1)	353476
	7e(2)	
	7e(3)	635
7e(4)		
(5) Total deductions	7e(5)	354111
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	866196

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan TORRANCE HEALTH ASSOCIATION 403(B) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>005</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TORRANCE HEALTH ASSOCIATION</p>	<p>D Employer Identification Number (EIN) 33-0073515</p>	

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	CR02668 04285	89	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid 24483</p>	<p>(b) Total amount of fees paid 0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

OSAIC FA INC **18700 N HAYDEN RD**
SCOTTSDALE, AZ 85255

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24483			4

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ GROUP VARIABLE ANNUITY W/ GUAR FUND

b Balance at the end of the previous year	7b	9226683	
c Additions: (1) Contributions deposited during the year	7c(1)	12925	
	7c(2)	0	
	7c(3)	286419	
	7c(4)	585549	
	7c(5)	40302	
	▶ MAY INCLUDE LOAN REPAYMENTS, FORFEITURES, TAKEOVERS AND/OR ADJUSTMENTS		
(6) Total additions	7c(6)	925195	
d Total of balance and additions (add lines 7b and 7c(6))	7d	10151878	
e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2570683
	(2) Administration charge made by carrier	7e(2)	477
	(3) Transferred to separate account	7e(3)	123398
	(4) Other (specify below)	7e(4)	0
▶ MAY INCLUDE LOANS ISSUED, FORFEITURES, FEES, CORRECTIVES AND/OR ADJUSTMENTS			
(5) Total deductions	7e(5)	2694558	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	7457320	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan TORRANCE HEALTH ASSOCIATION 403(B) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>005</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TORRANCE HEALTH ASSOCIATION</p>	<p>D Employer Identification Number (EIN) 33-0073515</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	COPE0101CB39	19	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	1075218
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	34576
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	34576
d Total of balance and additions (add lines 7b and 7c(6))	7d	1109794
e Deductions:		
	7e(1)	167388
	7e(2)	72
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	167460
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	942334

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan TORRANCE HEALTH ASSOCIATION 403(B) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>005</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TORRANCE HEALTH ASSOCIATION</p>	<p>D Employer Identification Number (EIN) 33-0073515</p>	

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	PENFACTS 1838	15	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ GROUP VARIABLE ANNUITY W/GUAR FUND

b Balance at the end of the previous year	7b	77162
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	2571
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	79733
e Deductions:		
	7e(1)	3997
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	3997
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	75736

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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 TORRANCE HEALTH ASSOCIATION 403(B) PLAN		B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 TORRANCE HEALTH ASSOCIATION		D Employer Identification Number (EIN) 33-0073515

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

1 Coverage Information:

(a) Name of insurance carrier
BRIGHTHOUSE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0566090	87726	915319	103	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	984499
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	30948
	7c(4)	337
	7c(5)	
(6) Total additions	7c(6)	31285
d Total of balance and additions (add lines 7b and 7c(6))	7d	1015784
e Deductions:		
	7e(1)	242688
	7e(2)	384
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	243072
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	772712

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan TORRANCE HEALTH ASSOCIATION 403(B) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>005</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TORRANCE HEALTH ASSOCIATION</p>	<p>D Employer Identification Number (EIN) 33-0073515</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
BRIGHTHOUSE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0566090	87726	917196	18	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

- a** Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ GROUP ANNUITY CONTRACT

b Balance at the end of the previous year	7b	32467
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	1139
	7c(4)	298
	7c(5)	
(6) Total additions	7c(6)	1437
d Total of balance and additions (add lines 7b and 7c(6))	7d	33904
e Deductions:	7e(1)	
	7e(2)	
	7e(3)	352
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	33552

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan TORRANCE HEALTH ASSOCIATION 403(B) PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 TORRANCE HEALTH ASSOCIATION	D Employer Identification Number (EIN) 33-0073515	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

VOYA RETIREMENT INSURANCE AND ANNUI

71-0294708

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

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

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

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

LINCOLN NATIONAL CORPORATION

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	435260	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

FIDELITY INVESTMENTS

04-2647786

(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?
64 65	RECORDKEEPER	12568	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

COMMERCIAL SUPPORT SERVICES

94-1606517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	12000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

METLIFE LIFE INSURANCE COMPANY

11225 NORTH COMMUNITY HOUSE ROAD
CHARLOTTE, NC 28277

(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?
64	RECORDKEEPER	8692	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

VOYA RETIREMENT INSURANCE AND ANNUI

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVEST ADVISORY	7993	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan TORRANCE HEALTH ASSOCIATION 403(B) PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 TORRANCE HEALTH ASSOCIATION	D Employer Identification Number (EIN) 33-0073515

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

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)	
(2) Participant contributions	1b(2)	914935
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6544670
(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)	5411823
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	328505597
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	61692765
(15) Other.....	1c(15)	2998229

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	368427490	406068019
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	368427490	406068019

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	0	
(B) Participants.....	2a(1)(B)	26852990	
(C) Others (including rollovers).....	2a(1)(C)	1484530	
(2) Noncash contributions.....	2a(2)		28337520
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	240968	
(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)	346360	
(F) Other.....	2b(1)(F)	1796406	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2383734
(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)	13837728	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		13837728
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		26726269
c Other income	2c		363972
d Total income. Add all income amounts in column (b) and enter total.....	2d		71649223

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	33141537	
(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)		33141537
f Corrective distributions (see instructions)	2f		7199
g Certain deemed distributions of participant loans (see instructions).....	2g		383181
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	464209	
(3) Recordkeeping fees	2i(3)	2595	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	9973	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		476777
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		34008694

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		37640529
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: **ERNST & YOUNG LLP**

(2) EIN: **34-6565596**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		100000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>TORRANCE HEALTH ASSOCIATION 403(B) PLAN</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TORRANCE HEALTH ASSOCIATION</u>	D Employer Identification Number (EIN) <u>33-0073515</u>	

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

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

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

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

EIN(s): 04-2456637 04-2647786

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	<u>480</u>
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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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

Torrance Health Association 403(b) Plan
Years Ended December 31, 2024 and 2023
With Report of Independent Auditors



The better the question.
The better the answer.
The better the world works.



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Torrance Health Association 403(b) Plan
Financial Statements and Supplemental Schedule
Years Ended December 31, 2024 and 2023

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Report of Independent Auditors

The Board of Trustees
Torrance Health Association. Inc. 403(b)

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

We were engaged to perform audits of the financial statements of Torrance Health Association, Inc. 403(b) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes (collectively referred to as the “financial statements”).

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

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the years then-ended, stating that the certified investment information, as described in Note 2 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.



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Basis for Disclaimer of Opinion

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the financial statements may have been affected by these conditions.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matter described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate evidence to provide a basis for an audit opinion on these financial statements.

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 audit.



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Other Matters

Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024, (referred to as the “supplemental schedule”), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule.

Ernst + Young LLP

October 14, 2025

Torrance Health Association 403(b) Plan

Statements of Net Assets Available for Benefits

	December 31	
	2024	2023
Assets		
Investments at fair value	\$ 363,422,910	\$ 326,874,765
Fully benefit-responsive investment contracts at contract value	36,318,351	35,272,636
Notes receivable from participants	5,411,823	5,332,753
Participant contribution receivable	914,935	947,336
Total assets	406,068,019	368,427,490
Net assets available for benefits	\$ 406,068,019	\$ 368,427,490

See accompanying notes.

Torrance Health Association 403(b) Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2024	2023
Additions to (deductions from) net assets attributed to:		
Contributions:		
Participant deferral contributions	\$ 26,852,990	\$ 25,717,094
Rollover contributions	1,484,530	3,252,717
Employer contributions	–	443
Total contributions	<u>28,337,520</u>	<u>28,970,254</u>
Investment income:		
Net appreciation in fair value of investments	26,726,269	33,661,515
Interest and dividends	16,221,462	11,882,322
Other income	363,972	276,108
Net investment income	<u>43,311,703</u>	<u>45,819,945</u>
Benefits paid to participants	(33,531,917)	(22,545,920)
Administrative expenses	(476,777)	(425,577)
Net increase	<u>37,640,529</u>	<u>51,818,702</u>
Net assets available for benefits:		
Beginning of year	368,427,490	316,608,788
End of year	<u>\$ 406,068,019</u>	<u>\$ 368,427,490</u>

See accompanying notes.

Torrance Health Association 403(b) Plan

Notes to Financial Statements

December 31, 2024

1. Description of Plan

The following description of the Torrance Health Association 403(b) Plan (the Plan) provides general information about the Plan's provisions. Torrance Health Association (the Company, THA, or the Plan Administrator) is the plan sponsor. Participants should refer to the plan document and summary plan description for a more complete description of the Plan's provisions, copies of which may be obtained from the plan sponsor.

General

The Plan was adopted and became effective in January 1982 and allowed participants to contribute to various vendors. As of December 31, 2024 and 2023, participants hold balances in Lincoln Financial Group Trust (Lincoln), Fidelity Management Trust Company (Fidelity), Brighthouse Financial (Brighthouse) Nationwide Life Insurance Company (Nationwide) and VOYA Financial (VOYA). As of December 31, 2024 and 2023, participants were able to direct contributions to Lincoln and Fidelity.

The Torrance Health Association Pension Committee is responsible for the general administration of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

An employee must complete a salary reduction agreement in accordance with procedures established by the Plan Administrator. Eligible participants can enroll in the Plan on the first day of each payroll period.

Effective April 1, 2009, participants were entitled to receive a matching contribution from the employer when they had completed two years of service with a minimum of 1,000 hours worked in each year, and part-time employees who normally worked less than 20 hours per week were excluded from employer matching contributions unless the employee completed 1,000 hours of service during the plan year. The company discontinued employer matching contributions effective June 30, 2020.

Contributions

Each year, a participant elects how much of eligible compensation to contribute, subject to statutory limitations and Company policy. Participants who have attained age 50 before the end of the year are eligible to make catch-up contributions. All contributions are subject to certain limitations of the Internal Revenue Code (the Code).

Torrance Health Association 403(b) Plan

Notes to Financial Statements (continued)

1. Description of Plan (continued)

There is no minimum deferral rate for the Plan. Upon being eligible for the Plan, the participant will be automatically enrolled into a salary deferral election of 1% of total compensation unless designated otherwise by the participant.

Participants direct their elective contributions into various investment options offered by the Plan and can change their investment options on a daily basis. Participants may only increase or decrease their contribution deferrals once a quarter, but may discontinue contributions at any time.

Participant Accounts

Each participant's account is credited with the participant's contributions, interest, dividends, and earnings or losses, and is charged with vendor fees. Interest, dividends, and earnings or losses are based on the participant's investment elections. Vendor expenses are based on the participant's account balances and/or investment elections. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in all contributions plus actual earnings thereon.

Participant Loans

Participants may borrow a minimum of \$1,000 from their accounts up to the lesser of \$50,000 reduced by the excess (if any) of the highest outstanding loan balance in the last 12 months or 50% of their vested account balance. Participants may have no more than two outstanding loans. The interest rate is fixed at the time of borrowing and shall be a reasonable rate of interest as determined by the plan administrator (prime rate +1% as defined by the Plan's loan procedures). Loans shall be repaid within five years or as determined by the Plan Administrator if the loan is used to acquire a primary residence, in which case it may not extend beyond 15 years.

Payment of Benefits

Upon separation from service with the Company due to death, disability, retirement, or termination, a participant may receive a lump sum with an option to elect installment payments on a monthly, quarterly, semiannual, or annual basis.

Torrance Health Association 403(b) Plan

Notes to Financial Statements (continued)

1. Description of Plan (continued)

In-service withdrawals are available in certain limited circumstances, as defined by the Plan. Hardship withdrawals are allowed for participants incurring an immediate and heavy financial need, as defined by the Plan. Hardship withdrawals are strictly regulated by the Internal Revenue Service (IRS), and a participant must exhaust all available loan options and available distributions prior to requesting a hardship withdrawal.

Administrative Expenses

All expenses, exclusive of investment expenses and related fees that are netted against net appreciation (depreciation) in fair value of mutual fund investments, incurred in the administration of the Plan, including legal, accounting, and trustee fees and expenses, are paid by THA. Administrative expenses associated with the Plan for the years ended December 31, 2024 and 2023, were \$476,777 and \$425,577, respectively.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Should the Plan terminate, participant accounts, all of which are 100% vested, would be disbursed to participants in accordance with the Plan's provisions.

2. Information Certified by Custodians

All investment information disclosed in the accompanying financial statements, footnotes, and supplemental schedule, including investments and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the years then ended, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by VOYA, Fidelity, Nationwide, Lincoln, and MetLife, the Plan's custodians. Contract values of the annuity contracts were certified as complete and accurate by Lincoln and Brighthouse.

Torrance Health Association 403(b) Plan

Notes to Financial Statements (continued)

3. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States (U.S. GAAP).

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates that affect the amounts reported in the financial statements, accompanying notes, and supplemental schedule. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments held by the Plan (except for fully benefit-responsive investment contracts) are stated at fair value. Fair value is defined as 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 (an exit price). See Note 4 for further discussion and disclosures related to fair value measurements.

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

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

Torrance Health Association 403(b) Plan

Notes to Financial Statements (continued)

3. Summary of Significant Accounting Policies (continued)

Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the Vendor deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

4. Fair Value Measurements

The fair value framework establishes 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 and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below.

Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets or liabilities.

Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

- Quoted prices for similar assets and liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in markets that are not active
- Observable inputs other than quoted prices that are used in the valuation of the assets or liabilities (i.e., interest rate and yield curve quotes at commonly quoted intervals)
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

Torrance Health Association 403(b) Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

Financial assets and liabilities measured at fair value are based on one or more of the following three valuation techniques:

- (a) Market approach – Prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities.
- (b) Cost approach – Amount that would be required to replace the service capacity of an asset (replacement cost).
- (c) Income approach – Techniques to convert future amounts to a single present amount based on market expectations (including present value techniques, option-pricing, and excess earnings models).

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level of input that is significant to the fair value measurement in its entirety.

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

- *Mutual funds and money market funds* – Valued at the closing price reported on the active market for which the individual securities are traded. Mutual funds and money market funds not reported on an active market are valued at their net asset value based on the fair value of the underlying securities.
- *Non-benefit responsive annuity contracts* – Valued based on the fair value of the underlying investment contracts as determined by the issuer. The fair value approximates contract value, as current crediting interest rates approximate market rates.

Torrance Health Association 403(b) Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets carried at fair value:

Description	Assets at Fair Value as of December 31, 2024				Valuation Techniques (a, b, c)
	Level 1	Level 2	Level 3	Total	
Money market	\$ 6,544,670	\$ –	\$ –	\$ 6,544,670	(a)
Mutual funds	328,505,597	–	–	328,505,597	(a)
Self-directed	2,998,229	–	–	2,998,229	(a)
Annuity contracts	–	–	25,374,414	25,374,414	(c)
Total investments at fair value	<u>\$ 338,048,496</u>	<u>\$ –</u>	<u>\$ 25,374,414</u>	<u>\$ 363,422,910</u>	

Description	Assets at Fair Value as of December 31, 2023				Valuation Techniques (a, b, c)
	Level 1	Level 2	Level 3	Total	
Money market	\$ 4,970,289	\$ –	\$ –	\$ 4,970,289	(a)
Mutual funds	289,735,218	–	–	289,735,218	(a)
Self-Directed	2,580,063	–	–	2,580,063	
Annuity contracts	–	–	29,589,195	29,589,195	(c)
Total investments at fair value	<u>\$ 297,285,570</u>	<u>\$ –</u>	<u>\$ 29,589,195</u>	<u>\$ 326,874,765</u>	

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 non-benefit responsive annuity contracts for the years ended December 31, 2024 and 2023:

	2024	2023
Balance at beginning of year	\$ 29,589,195	\$ 31,276,396
Contributions	12,925	20,482
Internal transfers and other	388,149	203,028
Interest earned	595,751	1,754,977
Distributions/withdrawals	(5,211,609)	(3,665,687)
Balance at end of year	<u>\$ 25,374,411</u>	<u>\$ 29,589,195</u>

Torrance Health Association 403(b) Plan

Notes to Financial Statements (continued)

5. Investment Contracts with Insurance Companies

The Plan has entered into investment contracts, which are both fully benefit-responsive and not fully benefit-responsive, and annuity contracts which are not fully benefit-responsive. The accounts are credited with participant contributions plus earnings and charged for participant withdrawals and administrative expenses. The issuers are contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuers and may be changed quarterly. Such rates are set annually, and the interest rates are reviewed quarterly and may be reset if a higher rate is justified. The credited interest rate is impacted by net deposits, withdrawals, expense charge deductions, and the net effective yield on underlying investments during each calculation period.

Subject to ERISA regulations, participant-directed redemptions from the fully benefit-responsive contracts have no restrictions. Although the contract values under these investment contracts are guaranteed, certain events limit the timing of withdrawals or transfers under the investment contract. Such events include (1) spin-offs, sales; or divestitures; (2) mergers or consolidations; (3) corporate relocation or facility closings; (4) layoffs or retirement incentive programs; (5) establishment of a competing investment option; (6) partial or total plan termination; (7) liberalization of plan withdrawal or transfer rules; or (8) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that the occurrence of any such events that would limit the Plan's ability to transact at contract value with participants is probable.

6. Risks and Uncertainties

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

7. Party-in-Interest Transactions

The Plan holds mutual funds and annuities managed by the Vendors and their affiliates. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

Torrance Health Association 403(b) Plan

Notes to Financial Statements (continued)

8. Tax Status

The underlying volume submitter specimen plan has received an advisory letter from the IRS dated March 31, 2017, stating that the written form of the underlying specimen plan is qualified under Section 403(b) of the Code. Any employer adopting this form of the plan will be considered to have a plan qualified under Section 403(b) of the Code and, therefore, the related custodial accounts and tax-deferred annuities are tax-exempt. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator has indicated that it will take the necessary steps, if any, to bring the Plan's operations into compliance with the Code.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. Subsequent Events

The Plan has evaluated subsequent events through October 14, 2025, the date at which the financial statements were available to be issued.

Supplemental Schedule

Torrance Health Association 403(b) Plan

EIN #33-0073515 Plan #005

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

December 31, 2024

Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par, or Maturity Value **	Current Value
* Fid Gov Cash Reserve	Money Market	\$ 2,115,662
* Fid Govt Mmkt	Money Market	2,160,262
* Fid Govt Mmkt Prm	Money Market	1,794,463
* Fid Treasury Only MM	Money Market	340,654
Blackrock Mm Port-CI A	Money Market	99,015
* LVIP Money Market	Money Market	18,704
* NW NVIT Mny Mkt I	Money Market	14,190
Vanguard Federal Money Market Inv	Money Market	1,718
Vanguard Prime Money Market Inv	Money Market	2
Total money market		6,544,670
* Lincoln Financial Group Stable Value	Benefit Responsive Investment Contracts	35,598,161
* Brighthouse Life Insurance Company	Benefit Responsive Investment Contracts	720,190
Total benefit responsive investment contracts		36,318,351
* Brighthouse Life Insurance Company	Annuity	952,269
* Lincoln Fixed Account	Annuity	7,533,056
* Nationwide Fixed Account	Annuity	942,334
* Voya Fixed Account	Annuity	15,946,755
Total annuities		25,374,414
Alliancebernstein Global Thematic Growth	Mutual Fund	3,514
Am Fds Europacific Gr R3	Mutual Fund	679,899
Am Fds Grth Fund Of Amer R3	Mutual Fund	5,412,072
Am Fds Grth Fund Of Amer R6	Mutual Fund	33,773,407
Am Fds NPF R3	Mutual Fund	1,812,852
American Funds Global Growth	Mutual Fund	28,002
American Funds Growth	Mutual Fund	371,301
American Funds Growth- Income	Mutual Fund	132,078
American Funds Income Fnd R3	Mutual Fund	1,310,289
American Funds International	Mutual Fund	45,700
Baron Growth Port	Mutual Fund	1,617,960
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Blackrock High Yield	Mutual Fund	6,612
Blackrock High Yield	Mutual Fund	753
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Bnymel Sustnbl Us Eq Initl	Mutual Fund	18,772
Bnymel Vif Asst Strat Ii	Mutual Fund	3,181

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* Brighthouse Asset All 100	Mutual Fund	1,914
* Brighthouse Asset All 60	Mutual Fund	1,085,000
* Brighthouse Asset All 80	Mutual Fund	1,608,773
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Cb Var Lg Cap Val Prt	Mutual Fund	37,553
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De Ivy VIP Asst Stratii	Mutual Fund	350
Delaware VIP Diversified Income	Mutual Fund	45,090
Delaware VIP Reit	Mutual Fund	10,738
Delaware VIP Small Cap Value	Mutual Fund	24,215
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* Fid Contrafund	Mutual Fund	2,879,599
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* Fid Dividend Gr	Mutual Fund	352,590
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* Fid Emerging Mkts	Mutual Fund	157,349

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* Fid Env Alt Energy	Mutual Fund	\$ 12,504
* Fid Eq Div Income	Mutual Fund	1,220
* Fid Equity Income	Mutual Fund	484,040
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* Fid Extd Mkt Idx	Mutual Fund	190,761
* Fid Fdm Idx 2030 Ipr	Mutual Fund	1,090,599
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* Fid Fidelity Fund	Mutual Fund	44,618
* Fid Float Rt Hi Inc	Mutual Fund	266
* Fid Focused Stock	Mutual Fund	136,002
* Fid Freedom 2010	Mutual Fund	433,074
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* Fid Freedom 2020	Mutual Fund	2,681,803
* Fid Freedom 2025	Mutual Fund	33,341
* Fid Freedom 2030	Mutual Fund	1,322,672
* Fid Freedom 2035	Mutual Fund	1,108,512
* Fid Freedom 2040	Mutual Fund	1,387,026
* Fid Freedom 2045	Mutual Fund	415,166
* Fid Freedom 2050	Mutual Fund	57,398
* Fid Freedom Income	Mutual Fund	110,033
* Fid Glb Comdty Stk	Mutual Fund	1,293
* Fid Gnma	Mutual Fund	230,012
* Fid Growth & Inc	Mutual Fund	60,980
* Fid Growth Company	Mutual Fund	5,760,279
* Fid Growth Strat	Mutual Fund	311,200
* Fid Inflat Prot Bond	Mutual Fund	6,256
* Fid Intermed Bond	Mutual Fund	71,304
* Fid Intl Cap Apprec	Mutual Fund	111,033
* Fid Intl Discovery	Mutual Fund	191,492
* Fid Intl Growth	Mutual Fund	73,847
* Fid Intl Index	Mutual Fund	71,526
* Fid Intl Small Cap	Mutual Fund	54,408
* Fid Intl Value	Mutual Fund	71,092
* Fid Intm Govt Income	Mutual Fund	286,773
* Fid Intm Tr Bd Idx	Mutual Fund	12,843
* Fid Invst Gr Bd	Mutual Fund	106,752
* Fid Japan	Mutual Fund	14,565
* Fid Large Cap Stock	Mutual Fund	235,969
* Fid Levergd Co Stk	Mutual Fund	362,924

Torrance Health Association 403(b) Plan

EIN #33-0073515 Plan #005

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

December 31, 2024

Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par, or Maturity Value **	Current Value
* Fid Low Priced Stk	Mutual Fund	\$ 520,804
* Fid Ltd Term Govt	Mutual Fund	55,229
* Fid Magellan	Mutual Fund	172,743
* Fid Mega Cap Stock	Mutual Fund	111,943
* Fid Mid Cap Idx Pr	Mutual Fund	11,679
* Fid Mid Cap Stock	Mutual Fund	8,544
* Fid Mid Cap Value	Mutual Fund	68,070
* Fid Nasdaq Comp Indx	Mutual Fund	1,077,898
* Fid New Markets Inc	Mutual Fund	12,411
* Fid New Millen	Mutual Fund	447,104
* Fid Nordic	Mutual Fund	19,191
* Fid Otc Portfolio	Mutual Fund	1,026,928
* Fid Overseas	Mutual Fund	12,191
* Fid Puritan	Mutual Fund	601,259
* Fid Real Estate Idx	Mutual Fund	12,262
* Fid Real Estate Invs	Mutual Fund	118,664
* Fid Sel Automotive	Mutual Fund	21,361
* Fid Sel Banking	Mutual Fund	130,284
* Fid Sel Biotech	Mutual Fund	627,579
* Fid Sel Brokerage	Mutual Fund	74,094
* Fid Sel Chemicals	Mutual Fund	12,704
* Fid Sel Comm Serv	Mutual Fund	29,517
* Fid Sel Cons Discr	Mutual Fund	57,367
* Fid Sel Cons Staples	Mutual Fund	25,960
* Fid Sel Constr/House	Mutual Fund	76,490
* Fid Sel Defense	Mutual Fund	124,215
* Fid Sel Energy	Mutual Fund	61,253
* Fid Sel Ent Tech Svc	Mutual Fund	7,378
* Fid Sel Financial	Mutual Fund	200,329
* Fid Sel Fintech	Mutual Fund	50,534
* Fid Sel Gold	Mutual Fund	111,057
* Fid Sel Health Care Services	Mutual Fund	47,576
* Fid Sel Healthcare	Mutual Fund	213,012
* Fid Sel Leisure	Mutual Fund	76,429
* Fid Sel Materials	Mutual Fund	9,755
* Fid Sel Med Tech&Dv	Mutual Fund	9,963
* Fid Sel Pharmaceutcl	Mutual Fund	1,473,420
* Fid Sel Semiconduct	Mutual Fund	1,690,091
* Fid Sel Software	Mutual Fund	284,124

Torrance Health Association 403(b) Plan

EIN #33-0073515 Plan #005

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

December 31, 2024

Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par, or Maturity Value **	Current Value
* Fid Sel Tec Hardware	Mutual Fund	\$ 6,761
* Fid Sel Technology	Mutual Fund	1,301,312
* Fid Sel Telecomm	Mutual Fund	852
* Fid Sel Transport	Mutual Fund	6,314
* Fid Sel Utilities	Mutual Fund	45,984
* Fid Sel Wireless	Mutual Fund	158
* Fid Short Term Bond	Mutual Fund	26,356
* Fid Sm Cap Discovery	Mutual Fund	300,202
* Fid Small Cap Growth	Mutual Fund	143,702
* Fid Small Cap Value	Mutual Fund	1,041,365
* Fid St Tr Bd Idx	Mutual Fund	297,466
* Fid Stk Sel Mid Cap	Mutual Fund	12,669
* Fid Stk Sel Sm Cap	Mutual Fund	79,775
* Fid Strategic Income	Mutual Fund	218,003
* Fid Tot Mkt Idx Adv	Mutual Fund	2,559,746
* Fid Total Bond	Mutual Fund	285,363
* Fid Trend	Mutual Fund	156,935
* Fid Us Bond Idx	Mutual Fund	267,635
* Fid Value	Mutual Fund	107,207
* Fid Value Strategies	Mutual Fund	111,561
* Fid VIP Mid Cap Port Sc 2	Mutual Fund	939
* Fid Worldwide	Mutual Fund	17,326
* Fidelity Contrafund Sc2	Mutual Fund	1,406
* Fidelity Emerging Markets Index	Mutual Fund	10,001,013
* Fidelity Govt Income	Mutual Fund	52,319
* Fidelity High Inc Port Ic	Mutual Fund	25,080
* Fidelity VIP Contrafund	Mutual Fund	50,671
* Fidelity VIP Eqty Income	Mutual Fund	232,513
* Fidelity VIP Growth Portfolio I	Mutual Fund	572,729
* FIDVIP Asst Mgr Initia	Mutual Fund	374,596
* FIDVIP Eq Inc Initial	Mutual Fund	2,217
* FIDVIP Gr Initial	Mutual Fund	1,064,118
* FIDVIP Hi Inc Initial	Mutual Fund	3,963
* FIDVIP Invmt Grd Bd Sv	Mutual Fund	11,905
* FIDVIP Mdcap Svc	Mutual Fund	138
* FIDVIP Ovrseas Initial	Mutual Fund	23,306
* FIDVIP Val Strat Svc	Mutual Fund	26,928
Franklin Small Cap Value VIP	Mutual Fund	1,027
Frontier Mid Cap Grw	Mutual Fund	26,051

Torrance Health Association 403(b) Plan

EIN #33-0073515 Plan #005

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

December 31, 2024

Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par, or Maturity Value **	Current Value
Harris Oakmark Inter	Mutual Fund	\$ 10,544
Invesco Cmstock Portfolio	Mutual Fund	1,016
Invesco Global Equity	Mutual Fund	3,643
Invesco Global Equity Portfolio	Mutual Fund	145,847
Invesco High Yield Investor	Mutual Fund	148
Invesco International Growth Fund	Mutual Fund	2,646
Invsco Opp Disc Mdcap Gr Va N	Mutual Fund	46,826
Invsco Opp Glbl Va Nss	Mutual Fund	30,684
Janus Balanced Fund	Mutual Fund	317,415
Janus Forty	Mutual Fund	389,838
Janus Hendrson Overseas Portolio	Mutual Fund	775
Jennison Growth Portfolio	Mutual Fund	431,509
Jnsasp Frty Svc	Mutual Fund	640
Jnsasp Glbl Tech Svc	Mutual Fund	704
Jnsasp Ovrseas Svc	Mutual Fund	99
JP Morgan Small Cap Value	Mutual Fund	838
JP Morgan Smcap Core Eq Prt Srv	Mutual Fund	1,427,818
JP Morgan Midcap Value Port Srv	Mutual Fund	508,810
Loan Collateral	Mutual Fund	73,709
Loomis Sayles Agg Gr Port	Mutual Fund	7,208
Loomis Sayles Global Mkts	Mutual Fund	6,507
Loomissayles Growth Portfolio	Mutual Fund	213,697
Lord Abbett Developing Growth	Mutual Fund	2,610
* LVIP Del Foundation Aggressive Alloc	Mutual Fund	17,375
* LVIP Del Foundation Conservative Alloc	Mutual Fund	264,195
* LVIP Delaware Bond	Mutual Fund	26,935
* LVIP Delaware Growth & Income	Mutual Fund	200,694
* LVIP Delaware Social Awareness	Mutual Fund	81,208
* LVIP Delaware Special Opportunities	Mutual Fund	57,391
* LVIP Global Income	Mutual Fund	5,092
* LVIP Mondrian International Value	Mutual Fund	38,804
* LVIP SSGA S&P 500 Index	Mutual Fund	85,567
* LVIP Ubs Large Cap Growth Rpm	Mutual Fund	66,951
* Metlife Agg Bd Index	Mutual Fund	148,706
* Metlife MSCI EAFE(R) Index	Mutual Fund	229,955
* Metlife Russell 2000 (R) Index	Mutual Fund	415,921
* Metlife Stock Index Portfolio	Mutual Fund	835,402
* MFS Emerging Mkts Equ	Mutual Fund	4,144
* MFS Research International	Mutual Fund	33,111

Torrance Health Association 403(b) Plan

EIN #33-0073515 Plan #005

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

December 31, 2024

Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par, or Maturity Value **	Current Value
* MFS Total Return	Mutual Fund	\$ 9,299
* MFS Value Portfolio	Mutual Fund	217,085
Mtr West Total Return Bond I	Mutual Fund	2,960,090
* NW Amcent Nvitmultcapv	Mutual Fund	52,941
* NW Neubernvitmultcapop	Mutual Fund	56,521
* NW Nvit Col Ovrseas Val X	Mutual Fund	5,748
* NW Nvit Intl Eq I	Mutual Fund	15,724
* NW Nvit Lgcap Gr I	Mutual Fund	103,661
* NW Nvit Mult Mgr Sm Co	Mutual Fund	25,435
* NW Nvit Mult Sctr Bd I	Mutual Fund	5,402
Oppenheimer Capital Appreciation Fund	Mutual Fund	53,250
Oppenheimer Glob Port(Svc)	Mutual Fund	968,693
Pimco Real Long Term Real Return Asset Institutional Class	Mutual Fund	3,544,988
Pioneer Fund Portfolio	Mutual Fund	2,462,050
T Rowe Price Lg Cap Gro Port	Mutual Fund	4,992
T Rowe Price Lg Cap Val	Mutual Fund	20,816
T Rowe Price Small C	Mutual Fund	47,007
T Rowe Price Lg Cap Value Class B	Mutual Fund	289,684
T Rowe Price Lg Cap Value Class E	Mutual Fund	3,546
T Rowe Price Grwth Eqty Port Srv	Mutual Fund	3,874,637
Templeton Dev Mrkt VIP	Mutual Fund	603
Templeton Foreign VIP	Mutual Fund	585
VaneckVIPglbhrdastini	Mutual Fund	5,104
Vanguard 500 Index Admiral	Mutual Fund	62,804
Vanguard Developed Markets Index	Mutual Fund	27,801,567
Vanguard Growth Index Admiral Shares	Mutual Fund	26,203,333
Vanguard Intermediated Term Bond Index	Mutual Fund	27,842,543
Vanguard Mid Cap Growth Index	Mutual Fund	11,177,140
Vanguard Mid Cap Value Index	Mutual Fund	1,120,238
Vanguard Real Estate Index Admiral	Mutual Fund	5,493,645
Vanguard Short Term Inflation Protected Securities	Mutual Fund	8,702,537
Vanguard Small Cap Growth Index	Mutual Fund	7,160,203
Vanguard Small Cap Value Index	Mutual Fund	15,571,080
Vanguard Total Bond Market Index Adm	Mutual Fund	24
Vanguard Value Index	Mutual Fund	28,331,134
Victory Sycamore Established Value Cl R6	Mutual Fund	4,350,972
Virtus Kar Small Cap Growth Class I	Mutual Fund	1,176,719
* Voya Balanced Portfolio I	Mutual Fund	57,429
* Voya Growth And Income Port I	Mutual Fund	339,525

Torrance Health Association 403(b) Plan

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

December 31, 2024

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* Voya High Yield Port	Mutual Fund	\$ 650,458
* Voya Intermediate Bond Portfolio	Mutual Fund	1,817,011
* Voya Large Cap Growth Port Srv	Mutual Fund	805,680
* Voya Mid Cap Opport Port S	Mutual Fund	2,277,465
* Voya Small Company Portfolio S	Mutual Fund	129,664
* Voya Solution 2025 Portfolio Srv	Mutual Fund	1,033,810
* Voya Solution 2030 Portfolio Srv	Mutual Fund	178,832
* Voya Solution 2035 Portfolio Srv	Mutual Fund	532,304
* Voya Solution 2040 Portfolio Srv	Mutual Fund	12,428
* Voya Solution 2045 Portfolio Srv	Mutual Fund	2,432,960
* Voya Solution 2050 Portfolio Srv	Mutual Fund	78,485
* Voya Solution 2065 Portfolio Srv	Mutual Fund	18,966
* Voya Solution Income	Mutual Fund	12,216
* Voya Us Stock Index Port Inst	Mutual Fund	2,943,431
* Vy Troweprice Divr Mdcg Gr Pt I	Mutual Fund	249,405
Washington Mutual Investors Fund (R3)	Mutual Fund	2,236,380
West As Mgt Strat Bnd Opp	Mutual Fund	621
West As Mgt U.S. Govt Por	Mutual Fund	2,674
Westernasset Varhiinc	Mutual Fund	53,994
Total mutual funds		<u>328,505,597</u>
Schwab Self Directed Brokerage Account		<u>2,998,229</u>
Total Self Directed		<u>2,998,229</u>
Total investments		<u>399,741,261</u>
* Participant loans	Varying maturity dates and interest rates ranging from 4.25% to 9.50%	<u>5,411,823</u>
Total		<u><u>\$ 405,153,084</u></u>

*Party-in-interest

**Participant-directed investment, cost not required.

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* Fid Corporate Bond	Mutual Fund	1,702
* Fid Diversifd Intl	Mutual Fund	657,082
* Fid Dividend Gr	Mutual Fund	352,590
* Fid Emerging Asia	Mutual Fund	68
* Fid Emerging Mkts	Mutual Fund	157,349

Torrance Health Association 403(b) Plan

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* Fid Freedom 2030	Mutual Fund	1,322,672
* Fid Freedom 2035	Mutual Fund	1,108,512
* Fid Freedom 2040	Mutual Fund	1,387,026
* Fid Freedom 2045	Mutual Fund	415,166
* Fid Freedom 2050	Mutual Fund	57,398
* Fid Freedom Income	Mutual Fund	110,033
* Fid Glb Comdty Stk	Mutual Fund	1,293
* Fid Gnma	Mutual Fund	230,012
* Fid Growth & Inc	Mutual Fund	60,980
* Fid Growth Company	Mutual Fund	5,760,279
* Fid Growth Strat	Mutual Fund	311,200
* Fid Inflat Prot Bond	Mutual Fund	6,256
* Fid Intermed Bond	Mutual Fund	71,304
* Fid Intl Cap Apprec	Mutual Fund	111,033
* Fid Intl Discovery	Mutual Fund	191,492
* Fid Intl Growth	Mutual Fund	73,847
* Fid Intl Index	Mutual Fund	71,526
* Fid Intl Small Cap	Mutual Fund	54,408
* Fid Intl Value	Mutual Fund	71,092
* Fid Intm Govt Income	Mutual Fund	286,773
* Fid Intm Tr Bd Idx	Mutual Fund	12,843
* Fid Invst Gr Bd	Mutual Fund	106,752
* Fid Japan	Mutual Fund	14,565
* Fid Large Cap Stock	Mutual Fund	235,969
* Fid Levergd Co Stk	Mutual Fund	362,924

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

December 31, 2024

Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par, or Maturity Value **	Current Value
* Fid Low Priced Stk	Mutual Fund	\$ 520,804
* Fid Ltd Term Govt	Mutual Fund	55,229
* Fid Magellan	Mutual Fund	172,743
* Fid Mega Cap Stock	Mutual Fund	111,943
* Fid Mid Cap Idx Pr	Mutual Fund	11,679
* Fid Mid Cap Stock	Mutual Fund	8,544
* Fid Mid Cap Value	Mutual Fund	68,070
* Fid Nasdaq Comp Indx	Mutual Fund	1,077,898
* Fid New Markets Inc	Mutual Fund	12,411
* Fid New Millen	Mutual Fund	447,104
* Fid Nordic	Mutual Fund	19,191
* Fid Otc Portfolio	Mutual Fund	1,026,928
* Fid Overseas	Mutual Fund	12,191
* Fid Puritan	Mutual Fund	601,259
* Fid Real Estate Idx	Mutual Fund	12,262
* Fid Real Estate Invs	Mutual Fund	118,664
* Fid Sel Automotive	Mutual Fund	21,361
* Fid Sel Banking	Mutual Fund	130,284
* Fid Sel Biotech	Mutual Fund	627,579
* Fid Sel Brokerage	Mutual Fund	74,094
* Fid Sel Chemicals	Mutual Fund	12,704
* Fid Sel Comm Serv	Mutual Fund	29,517
* Fid Sel Cons Discr	Mutual Fund	57,367
* Fid Sel Cons Staples	Mutual Fund	25,960
* Fid Sel Constr/House	Mutual Fund	76,490
* Fid Sel Defense	Mutual Fund	124,215
* Fid Sel Energy	Mutual Fund	61,253
* Fid Sel Ent Tech Svc	Mutual Fund	7,378
* Fid Sel Financial	Mutual Fund	200,329
* Fid Sel Fintech	Mutual Fund	50,534
* Fid Sel Gold	Mutual Fund	111,057
* Fid Sel Health Care Services	Mutual Fund	47,576
* Fid Sel Healthcare	Mutual Fund	213,012
* Fid Sel Leisure	Mutual Fund	76,429
* Fid Sel Materials	Mutual Fund	9,755
* Fid Sel Med Tech&Dv	Mutual Fund	9,963
* Fid Sel Pharmaceutcl	Mutual Fund	1,473,420
* Fid Sel Semiconduct	Mutual Fund	1,690,091
* Fid Sel Software	Mutual Fund	284,124

Torrance Health Association 403(b) Plan

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

December 31, 2024

Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par, or Maturity Value **	Current Value
* Fid Sel Tec Hardware	Mutual Fund	\$ 6,761
* Fid Sel Technology	Mutual Fund	1,301,312
* Fid Sel Telecomm	Mutual Fund	852
* Fid Sel Transport	Mutual Fund	6,314
* Fid Sel Utilities	Mutual Fund	45,984
* Fid Sel Wireless	Mutual Fund	158
* Fid Short Term Bond	Mutual Fund	26,356
* Fid Sm Cap Discovery	Mutual Fund	300,202
* Fid Small Cap Growth	Mutual Fund	143,702
* Fid Small Cap Value	Mutual Fund	1,041,365
* Fid St Tr Bd Idx	Mutual Fund	297,466
* Fid Stk Sel Mid Cap	Mutual Fund	12,669
* Fid Stk Sel Sm Cap	Mutual Fund	79,775
* Fid Strategic Income	Mutual Fund	218,003
* Fid Tot Mkt Idx Adv	Mutual Fund	2,559,746
* Fid Total Bond	Mutual Fund	285,363
* Fid Trend	Mutual Fund	156,935
* Fid Us Bond Idx	Mutual Fund	267,635
* Fid Value	Mutual Fund	107,207
* Fid Value Strategies	Mutual Fund	111,561
* Fid VIP Mid Cap Port Sc 2	Mutual Fund	939
* Fid Worldwide	Mutual Fund	17,326
* Fidelity Contrafund Sc2	Mutual Fund	1,406
* Fidelity Emerging Markets Index	Mutual Fund	10,001,013
* Fidelity Govt Income	Mutual Fund	52,319
* Fidelity High Inc Port Ic	Mutual Fund	25,080
* Fidelity VIP Contrafund	Mutual Fund	50,671
* Fidelity VIP Eqty Income	Mutual Fund	232,513
* Fidelity VIP Growth Portfolio I	Mutual Fund	572,729
* FIDVIP Asst Mgr Initia	Mutual Fund	374,596
* FIDVIP Eq Inc Initial	Mutual Fund	2,217
* FIDVIP Gr Initial	Mutual Fund	1,064,118
* FIDVIP Hi Inc Initial	Mutual Fund	3,963
* FIDVIP Invmt Grd Bd Sv	Mutual Fund	11,905
* FIDVIP Mdcap Svc	Mutual Fund	138
* FIDVIP Ovrseas Initial	Mutual Fund	23,306
* FIDVIP Val Strat Svc	Mutual Fund	26,928
Franklin Small Cap Value VIP	Mutual Fund	1,027
Frontier Mid Cap Grw	Mutual Fund	26,051

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

December 31, 2024

Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par, or Maturity Value **	Current Value
Harris Oakmark Inter	Mutual Fund	\$ 10,544
Invesco Cmstock Portfolio	Mutual Fund	1,016
Invesco Global Equity	Mutual Fund	3,643
Invesco Global Equity Portfolio	Mutual Fund	145,847
Invesco High Yield Investor	Mutual Fund	148
Invesco International Growth Fund	Mutual Fund	2,646
Invsco Opp Disc Mdcap Gr Va N	Mutual Fund	46,826
Invsco Opp Glbl Va Nss	Mutual Fund	30,684
Janus Balanced Fund	Mutual Fund	317,415
Janus Forty	Mutual Fund	389,838
Janus Hendrson Overseas Portolio	Mutual Fund	775
Jennison Growth Portfolio	Mutual Fund	431,509
Jnsasp Frty Svc	Mutual Fund	640
Jnsasp Glbl Tech Svc	Mutual Fund	704
Jnsasp Ovrseas Svc	Mutual Fund	99
JP Morgan Small Cap Value	Mutual Fund	838
JP Morgan Sncap Core Eq Prt Srv	Mutual Fund	1,427,818
JP Morgan Midcap Value Port Srv	Mutual Fund	508,810
Loan Collateral	Mutual Fund	73,709
Loomis Sayles Agg Gr Port	Mutual Fund	7,208
Loomis Sayles Global Mkts	Mutual Fund	6,507
Loomissayles Growth Portfolio	Mutual Fund	213,697
Lord Abbett Developing Growth	Mutual Fund	2,610
* LVIP Del Foundation Aggressive Alloc	Mutual Fund	17,375
* LVIP Del Foundation Conservative Alloc	Mutual Fund	264,195
* LVIP Delaware Bond	Mutual Fund	26,935
* LVIP Delaware Growth & Income	Mutual Fund	200,694
* LVIP Delaware Social Awareness	Mutual Fund	81,208
* LVIP Delaware Special Opportunities	Mutual Fund	57,391
* LVIP Global Income	Mutual Fund	5,092
* LVIP Mondrian International Value	Mutual Fund	38,804
* LVIP SSGA S&P 500 Index	Mutual Fund	85,567
* LVIP Ubs Large Cap Growth Rpm	Mutual Fund	66,951
* Metlife Agg Bd Index	Mutual Fund	148,706
* Metlife MSCI EAFE(R) Index	Mutual Fund	229,955
* Metlife Russell 2000 (R) Index	Mutual Fund	415,921
* Metlife Stock Index Portfolio	Mutual Fund	835,402
* MFS Emerging Mkts Equ	Mutual Fund	4,144
* MFS Research International	Mutual Fund	33,111

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

December 31, 2024

Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par, or Maturity Value **	Current Value
* MFS Total Return	Mutual Fund	\$ 9,299
* MFS Value Portfolio	Mutual Fund	217,085
Mtr West Total Return Bond I	Mutual Fund	2,960,090
* NW Amcent Nvitmultcapv	Mutual Fund	52,941
* NW Neubernvitmultcapop	Mutual Fund	56,521
* NW Nvit Col Ovrseas Val X	Mutual Fund	5,748
* NW Nvit Intl Eq I	Mutual Fund	15,724
* NW Nvit Lgcap Gr I	Mutual Fund	103,661
* NW Nvit Mult Mgr Sm Co	Mutual Fund	25,435
* NW Nvit Mult Sctr Bd I	Mutual Fund	5,402
Oppenheimer Capital Appreciation Fund	Mutual Fund	53,250
Oppenheimer Glob Port(Svc)	Mutual Fund	968,693
Pimco Real Long Term Real Return Asset Institutional Class	Mutual Fund	3,544,988
Pioneer Fund Portfolio	Mutual Fund	2,462,050
T Rowe Price Lg Cap Gro Port	Mutual Fund	4,992
T Rowe Price Lg Cap Val	Mutual Fund	20,816
T Rowe Price Small C	Mutual Fund	47,007
T Rowe Price Lg Cap Value Class B	Mutual Fund	289,684
T Rowe Price Lg Cap Value Class E	Mutual Fund	3,546
T Rowe Price Grwth Eqty Port Srv	Mutual Fund	3,874,637
Templeton Dev Mrkt VIP	Mutual Fund	603
Templeton Foreign VIP	Mutual Fund	585
VaneckVIPglbhrdasstini	Mutual Fund	5,104
Vanguard 500 Index Admiral	Mutual Fund	62,804
Vanguard Developed Markets Index	Mutual Fund	27,801,567
Vanguard Growth Index Admiral Shares	Mutual Fund	26,203,333
Vanguard Intermediated Term Bond Index	Mutual Fund	27,842,543
Vanguard Mid Cap Growth Index	Mutual Fund	11,177,140
Vanguard Mid Cap Value Index	Mutual Fund	1,120,238
Vanguard Real Estate Index Admiral	Mutual Fund	5,493,645
Vanguard Short Term Inflation Protected Securities	Mutual Fund	8,702,537
Vanguard Small Cap Growth Index	Mutual Fund	7,160,203
Vanguard Small Cap Value Index	Mutual Fund	15,571,080
Vanguard Total Bond Market Index Adm	Mutual Fund	24
Vanguard Value Index	Mutual Fund	28,331,134
Victory Sycamore Established Value Cl R6	Mutual Fund	4,350,972
Virtus Kar Small Cap Growth Class I	Mutual Fund	1,176,719
* Voya Balanced Portfolio I	Mutual Fund	57,429
* Voya Growth And Income Port I	Mutual Fund	339,525

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

December 31, 2024

Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par, or Maturity Value **	Current Value
* Voya High Yield Port	Mutual Fund	\$ 650,458
* Voya Intermediate Bond Portfolio	Mutual Fund	1,817,011
* Voya Large Cap Growth Port Srv	Mutual Fund	805,680
* Voya Mid Cap Opport Port S	Mutual Fund	2,277,465
* Voya Small Company Portfolio S	Mutual Fund	129,664
* Voya Solution 2025 Portfolio Srv	Mutual Fund	1,033,810
* Voya Solution 2030 Portfolio Srv	Mutual Fund	178,832
* Voya Solution 2035 Portfolio Srv	Mutual Fund	532,304
* Voya Solution 2040 Portfolio Srv	Mutual Fund	12,428
* Voya Solution 2045 Portfolio Srv	Mutual Fund	2,432,960
* Voya Solution 2050 Portfolio Srv	Mutual Fund	78,485
* Voya Solution 2065 Portfolio Srv	Mutual Fund	18,966
* Voya Solution Income	Mutual Fund	12,216
* Voya Us Stock Index Port Inst	Mutual Fund	2,943,431
* Vy Troweprice Divr Mdcg Gr Pt I	Mutual Fund	249,405
Washington Mutual Investors Fund (R3)	Mutual Fund	2,236,380
West As Mgt Strat Bnd Opp	Mutual Fund	621
West As Mgt U.S. Govt Por	Mutual Fund	2,674
Westernasset Varhiinc	Mutual Fund	53,994
Total mutual funds		<u>328,505,597</u>
Schwab Self Directed Brokerage Account		2,998,229
Total Self Directed		<u>2,998,229</u>
Total investments		<u>399,741,261</u>
* Participant loans	Varying maturity dates and interest rates ranging from 4.25% to 9.50%	5,411,823
Total		<u><u>\$ 405,153,084</u></u>

*Party-in-interest

**Participant-directed investment, cost not required.