

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>HUNTINGTON MEMORIAL HOSPITAL RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PASADENA HOSPITAL ASSOCIATION, LTD</u> <u>100 WEST CALIFORNIA BOULEVARD</u> <u>PASADENA, CA 91105</u>	1c Effective date of plan <u>07/01/1944</u> 2b Employer Identification Number (EIN) <u>95-1644036</u> 2c Plan Sponsor's telephone number <u>626-397-5555</u> 2d Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	DIANE BALLON
	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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE 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 HUNTINGTON MEMORIAL HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PASADENA HOSPITAL ASSOCIATION, LTD	D Employer Identification Number (EIN) 95-1644036

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
EQUITABLE LIFE ASSURANCE SOCIETY

(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
13-5570651	69244	AC-6777	388	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
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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

(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	1512367
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) 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 FUNDS-BOOK VALUE BASIS

b Balance at the end of the previous year **7b** 1271981

c Additions: (1) Contributions deposited during the year	7c(1)	10735791
	7c(2)	
	7c(3)	64357
	7c(4)	
	7c(5)	

(6) Total additions **7c(6)** 10800148

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 12072129

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	10527973
(2) Administration charge made by carrier.....	7e(2)	31789
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	

(5) Total deductions **7e(5)** 10559762

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 1512367

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. Specify nature of costs.	10b	

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 SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>HUNTINGTON MEMORIAL HOSPITAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PASADENA HOSPITAL ASSOCIATION, LTD</u>	D Employer Identification Number (EIN) <u>95-1644036</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>117944961</u>
	b Actuarial value	2b	<u>125687846</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>376</u>	<u>44102050</u>
	b For terminated vested participants	<u>909</u>	<u>39246078</u>
	c For active participants	<u>1089</u>	<u>71470244</u>
	d Total	<u>2374</u>	<u>154818372</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.17 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>2411000</u>
	c Target normal cost	6c	<u>2411000</u>

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

SIGN HERE Signature of actuary <u>KATELYN L. BAILEY</u> Type or print name of actuary <u>WILLIS TOWERS WATSON US LLC</u> Firm name <u>2010 MAIN STREET IRVINE CONCOURSE - SUITE 1050 IRVINE, CA 92614</u> Address of the firm	<u>10/03/2025</u> Date <u>23-08880</u> Most recent enrollment number <u>951-434-5200</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>9.57</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		158918
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.30</u> %		8423
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		167341
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	81.10 %
15	Adjusted funding target attainment percentage	15	81.10 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.01 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/11/2024	1250000	0	08/28/2025	300000	0		
07/09/2024	1250000	0					
10/10/2024	1250000	0					
01/14/2025	1250000	0					
03/20/2025	1000000	0					
03/27/2025	6750000	0					
Totals ▶			18(b)	13050000	18(c)	0	

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	12396322

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 2411000
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	29272178		2954725	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 5365725
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement			0	
36 Additional cash requirement (line 34 minus line 35)				36 5365725
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 12396322
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 7030597
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

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 HUNTINGTON MEMORIAL HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PASADENA HOSPITAL ASSOCIATION, LTD	D Employer Identification Number (EIN) 95-1644036	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	483241	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VANGUARD TOTAL INT ST IDX-IS #1869

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	187241	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

FRANKLIN TEMPLETON

94-3411725

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	44903	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)

ERNST & YOUNG LLP

36-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	34000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AXA EQUITABLE

13-5570651

(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?
22 50	NONE	31789	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CAMBRIDGE ASSOCIATES LLC

04-3515240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	21073	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)

PRINCIPAL CUSTODY SOLUTIONS

42-1466678

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28 49 51	NONE	20703	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
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a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 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>HUNTINGTON MEMORIAL HOSPITAL RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PASADENA HOSPITAL ASSOCIATION, LTD</u>	D Employer Identification Number (EIN) <u>95-1644036</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SHORT-TERM INVESTMENT FUND A</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>41-6292499-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2246057</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SILCHESTER INTL VALUE EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>SILCHESTER INTERNATIONAL INVESTORS</u>		
c EIN-PN <u>36-7045783-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 3000 INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>94-3302956-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19113799</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SHORT-TERM INVESTMENT FUND</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>94-6450621-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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 HUNTINGTON MEMORIAL HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PASADENA HOSPITAL ASSOCIATION, LTD	D Employer Identification Number (EIN) 95-1644036

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3160000	9300000
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	567308	503198
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	1431957	1580811
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	43927932	35924614
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	19670132	21359857
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	48392878	49129199
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1271981	1512367
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	118422188	119310046
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	345729	129452
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	79151	15888
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	424880	145340
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	117997308	119164706

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)	13050000	
(B) Participants.....	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		13050000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	200119	
(C) Corporate debt instruments.....	2b(1)(C)	1687072	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other.....	2b(1)(F)	259578	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2146769
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2080231	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2080231
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	53907162	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	54365010	
(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)	0	
(B) Other.....	2b(5)(B)	-2292186	
(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)	3984423
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	0
c Other income	2c	-4230245
d Total income. Add all income amounts in column (b) and enter total.....	2d	14281144

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	10527973
(2) To insurance carriers for the provision of benefits	2e(2)	0
(3) Other.....	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	10527973
f Corrective distributions (see instructions)	2f	0
g Certain deemed distributions of participant loans (see instructions).....	2g	0
h Interest expense.....	2h	0
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	0
(2) Contract administrator fees	2i(2)	0
(3) Recordkeeping fees	2i(3)	0
(4) IQPA audit fees	2i(4)	34000
(5) Investment advisory and investment management fees	2i(5)	168611
(6) Bank or trust company trustee/custodial fees	2i(6)	0
(7) Actuarial fees	2i(7)	483241
(8) Legal fees	2i(8)	0
(9) Valuation/appraisal fees	2i(9)	0
(10) Other trustee fees and expenses	2i(10)	31789
(11) Other expenses.....	2i(11)	1868132
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	2585773
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	13113746

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	1167398
l Transfers of assets:		
(1) To this plan.....	2l(1)	0
(2) From this plan	2l(2)	0

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		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.)			
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 545537.

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>HUNTINGTON MEMORIAL HOSPITAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PASADENA HOSPITAL ASSOCIATION, LTD</u>	D Employer Identification Number (EIN) <u>95-1644036</u>	

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

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

1		0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 13-5570651

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		56
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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: 26.0 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 72.0 %
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: 2.0 % 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 ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

Huntington Memorial Hospital Retirement Plan
As of and for the 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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Huntington Memorial Hospital Retirement Plan
Financial Statements and Supplemental Schedules
As of and for the Years Ended December 31, 2024 and 2023

Contents

Report of Independent Auditors.....	1
Financial Statements	
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements.....	7
Supplemental Schedules	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	17
Schedule H, Line 4j – Schedule of Reportable Transactions.....	34



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Report of Independent Auditors

The Retirement & Benefits Committee
Huntington Memorial Hospital Retirement Plan

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

We have performed audits of the financial statements of Huntington Memorial Hospital Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related 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 a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.



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- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery,



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intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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



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Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2024, and reportable transactions for the year then ended (referred to as the “supplemental schedules”), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

Ernst + Young LLP

October 14, 2025

Huntington Memorial Hospital Retirement Plan

Statements of Net Assets Available for Benefits

	December 31	
	2024	2023
Assets		
Investments at fair value	\$ 109,506,848	\$ 114,694,880
Contributions receivable from employer	9,300,000	3,160,000
Interest and dividends receivable	503,198	567,308
Total assets	119,310,046	118,422,188
Liabilities		
Amounts to be reimbursed to employer for administrative expenses	129,452	345,729
Due to broker for securities purchased	15,888	79,151
Total liabilities	145,340	424,880
Net assets available for benefits	\$ 119,164,706	\$ 117,997,308

See accompanying notes.

Huntington Memorial Hospital Retirement Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2024	2023
Additions:		
Employer contributions	\$ 13,050,000	\$ 6,040,000
Investment income:		
Interest and dividends	4,291,356	3,815,115
Net realized and unrealized appreciation (depreciation) of investments	(3,060,212)	7,424,986
Net investment income	1,231,144	11,240,101
Total additions	14,281,144	17,280,101
 Deductions:		
Benefit payments	10,527,973	12,043,452
Administrative and other expenses	2,585,773	2,737,563
Total deductions	13,113,746	14,781,015
 Net increase	1,167,398	2,499,086
 Net assets available for benefits at beginning of year	117,997,308	115,498,222
Net assets available for benefits at end of year	\$ 119,164,706	\$ 117,997,308

See accompanying notes.

Huntington Memorial Hospital Retirement Plan

Notes to Financial Statements

December 31, 2024

1. Plan Description

General

Huntington Memorial Hospital Retirement Plan (the Plan) is a defined benefit pension plan sponsored by Huntington Memorial Hospital (the Hospital), which covers eligible employees. All employees who are at least 21 years of age and have completed 1,000 hours of service within a year are eligible to participate in the Plan. Complete information about the Plan is contained in the plan document.

The Plan provides for (a) normal retirement benefits commencing at age 65, (b) early retirement benefits at age 55 with five years of vesting service, and (c) disability pension benefits with five years of vesting service. Retirement benefits are determined based on the sum of a) a percentage of the individual participant's highest average compensation during a five-year period within the last ten years prior to the earlier of June 30, 2005, and termination date times service, calculated using a step-rate retirement benefit formula, plus b) a percentage of each year's compensation after June 30, 2005 through July 1, 2013. Participants obtain a 100% vested right to accrued benefits under the Plan upon completion of five years of vesting service. All participants become 100% vested at age 65. Effective July 1, 2013, the Plan is closed to new participants and all benefit accruals under the Plan were frozen.

The Plan is administered by the Investment and Retirement Committees which are composed of certain key executives and members of the board of directors of the Hospital. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

On August 4, 2021, the Hospital became affiliated with Cedars-Sinai Health System, which had no impact on the Plan.

Principal Bank (Principal) serves as trustee of the Plan.

Huntington Memorial Hospital Retirement Plan

Notes to Financial Statements (continued)

1. Plan Description (continued)

Funding Policy

Through June 30, 2005, each participant, who elected to do so, contributed to the cost of providing benefits under the Plan at a rate of 2-1/2% of the participant's compensation. Such participant contribution amounts, plus interest accrued under the terms of the Plan, are fully vested. Employees' accumulated contributions at December 31, 2024 and 2023 were approximately \$10,150,000 and \$10,160,000, respectively, including interest credited at an interest rate of 5.25% and 4.62% for the years ended December 31, 2024 and 2023, respectively. Effective July 1, 2005, the Plan was amended to convert from a voluntary contributory plan to an involuntary noncontributory plan. All employees who met the eligibility requirements as of July 1, 2005, and thereafter, were required to participate in the Plan. Accordingly, active employees as of July 1, 2005, who had previously elected not to participate in the Plan received retroactive credit for vesting based on years of service prior to July 1, 2005. As a noncontributory plan, participants are no longer permitted or required to contribute to the Plan and all contributions are funded by the Hospital.

The Hospital contributes the amounts necessary, calculated on an actuarial basis, to provide the Plan with sufficient assets to meet the benefits to be paid to participants. The Hospital's contributions for 2024 and 2023 have met the minimum funding requirements of ERISA. All contributions are remitted to the custodian of the Plan, as applicable.

Plan Termination

It is the intent of the Hospital to continue the Plan; however, the Hospital reserves the right to terminate the Plan at any time. In the event of such termination, the assets of the Plan, less expenses of administration and liquidation, would be distributed, subject to the provisions of ERISA, in the following priority:

- Benefits to participants derived from employees' contributions
- All other benefits to which the participant has a vested right
- All other accrued benefits to the extent then funded

To the extent that unfunded vested benefits exist, ERISA provides that such benefits are payable to participants by the Pension Benefit Guaranty Corporation, up to specified limitations.

Huntington Memorial Hospital Retirement Plan

Notes to Financial Statements (continued)

2. Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared using 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.

Administrative Expenses

All expenses incident to the administration of the Plan, including fees for investment management and custodial services, consulting actuary services, and independent accounting services, are charged to, and paid by, the Plan. Certain of these fees were paid by the Hospital with subsequent reimbursement to be provided by the Plan. Expenses to be reimbursed to the Hospital are recorded as plan liabilities.

Investment Valuation

During 2023, the Plan replaced certain investments with fixed income securities, including U.S. Treasury securities, asset-backed securities, foreign government bonds, corporate bonds, and municipal bonds. In addition, the Plan invests in mutual funds, exchange traded funds (ETFs), common/collective trust funds, and a 103-12 entity with various investment strategies, such as equities, fixed income, real estate, and convertible securities. The fair value of the mutual fund and ETFs investments is determined based on the closing prices reported on national securities exchanges. Investments in common/collective trust funds and a 103-12 entity are valued using the net asset value (NAV) per unit as a practical expedient based on the fair value of the underlying investments held in the fund. The Plan holds a guaranteed investment contract that is valued at fair value based on the general assets of Equitable Life Assurance Society of the United States (Equitable). Corporate bonds, foreign government bonds, municipal bonds, and asset-backed securities are valued using quoted market prices that are traded in less active markets or quoted market prices for similar instruments. U.S. Government securities are valued using quoted market prices that are traded in active markets.

Huntington Memorial Hospital Retirement Plan

Notes to Financial Statements (continued)

2. Accounting Policies (continued)

The investments in the BlackRock Russell 3000 Index Fund and BlackRock Short-Term Investment Fund have no redemption restrictions. There are no unfunded commitments for the common/collective trust funds and 103-12 entity. Also, the Plan has entered into an annuity contract in which the funds are held in an insurance company general account that is reported at fair value.

Purchases and sales are recorded on a trade-date basis. Interest is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net realized and unrealized appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Purchase of Insurance Contract

Effective January 1, 1989, the group annuity contract with Equitable was converted to a nonparticipating basis. Equitable assumed the liability for payment of retirement benefits for all employees retired as of the conversion date and guarantees the lifetime pension benefit payments of those retired employees. As a fully insured allocated contract, this contract and the associated liability have been excluded from plan assets and liabilities, respectively.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 3) are determined as of the beginning of the year and are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

Huntington Memorial Hospital Retirement Plan

Notes to Financial Statements (continued)

2. Accounting Policies (continued)

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

Subsequent Events

Management evaluated subsequent events for the Plan through October 14, 2025, the date the accompanying financial statements were available to be issued.

3. Accumulated Plan Benefit Obligation

The Hospital uses an actuarial firm to estimate the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Accumulated plan benefits actuarially computed as of December 31, 2023, were as follows:

Vested benefits:	
Active participants	\$ 68,338,092
Terminated vested participants, including inactive participants	37,860,191
Retirees and beneficiaries receiving benefits	41,849,741
Total vested benefits	<u>148,048,024</u>
Non-vested benefits	124,963
Total actuarial present value of accumulated benefits	<u><u>\$ 148,172,987</u></u>

Huntington Memorial Hospital Retirement Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefit Obligation (continued)

The changes in accumulated plan benefits for the year ended December 31, 2023, were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 160,119,122
Increase (decrease) during the year attributed to:	
Decrease in discount period	8,325,648
Benefits paid	(12,043,452)
Actuarial losses	1,070,259
Assumption changes	<u>(9,298,590)</u>
Net decrease	<u>(11,946,135)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 148,172,987</u>

The change in the expected long-term rate of return on plan assets assumption from 5.40% to 5.90% resulted in a decrease in the liability of approximately \$6.2 million. Additionally, the updated lump sum and demographic assumptions resulted in a liability decrease of approximately \$3.1 million.

The significant actuarial assumptions used to determine the present value of accumulated plan benefits as of December 31, 2023, are as follows:

Mortality	Pri-2012 healthy retiree, employee, and contingent survivor tables (sex-distinct, no collar adjustment) projected forward generationally from 2012 using scale MP-2021
Interest rate	5.90%
Retirement age	Age 65
Retirement rate	Various rates ranging from 5% at age 55 to 100% at age 75+

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Huntington Memorial Hospital Retirement Plan

Notes to Financial Statements (continued)

4. Certified Investments

All investment information disclosed in the accompanying financial statements and supplemental schedules including investments at fair value at December 31, 2024 and 2023 (excluding the fair value of funds held in the insurance company general account of \$1,512,367 and \$1,271,981, respectively), and net realized and unrealized appreciation (depreciation) in fair value of investments, interest and dividends (except \$64,357 and \$69,693 in 2024 and 2023, respectively, related to the amounts held in the insurance company general account), for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Principal, as applicable. The fair value of funds held in the insurance company general account of \$1,512,367 and \$1,271,981 at December 31, 2024 and 2023, respectively, and the related interest income for the years then ended were certified as complete and accurate by Equitable Financial Life Insurance Company, the custodian.

5. Fair Value Measurement

Fair value is defined as an exit price, representing the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants. As such, fair value is a market-based measurement that should be determined based on assumptions that market participants would use in pricing an asset or a liability. As a basis for considering such assumptions, the Plan utilizes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value as follows:

Level 1: Assets that have readily observable prices (quoted prices in active markets accessible at measurement date for assets), and therefore, a reliable fair market value.

Level 2: Assets that are based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3: Assets whose fair value cannot be determined by using observable measures and can only be calculated using estimates or risk-adjusted value ranges, when little or no market data is available. The inputs into the determination of fair value require management's judgment or estimation of assumptions that market participants would use in pricing the assets or liabilities.

The fair values are therefore determined using factors that involve considerable judgment and interpretations, including, but not limited to, private and public comparables, third-party appraisals, discounted cash flow models, and fund manager estimates.

Huntington Memorial Hospital Retirement Plan

Notes to Financial Statements (continued)

5. Fair Value Measurement (continued)

In determining fair value, the Hospital utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible.

The following tables present the Plan's assets measured at fair value on a recurring basis by level within the three-tier fair value hierarchy as of December 31:

	Level 1	Level 2	Level 3	Total
2024				
Mutual fund	\$ 18,970,091	\$ –	\$ –	\$ 18,970,091
Exchange traded fund	30,159,108	–	–	30,159,108
Insurance company general account contract	–	–	1,512,367	1,512,367
Corporate debt	–	34,272,272	–	34,272,272
Asset-backed securities	–	67,965	–	67,965
U.S. Government securities	1,580,811	–	–	1,580,811
Municipal securities	–	928,250	–	928,250
Foreign Government bonds	656,128	–	–	656,128
Total	<u>\$ 51,366,138</u>	<u>\$ 35,268,487</u>	<u>\$ 1,512,367</u>	<u>88,146,992</u>
103-12 entity*				19,113,799
Common collective trust*				2,246,057
Total investments at fair value				<u>\$ 109,506,848</u>

*Measured at NAV as a practical expedient

	Level 1	Level 2	Level 3	Total
2023				
Mutual fund	\$ 10,620,842	\$ –	\$ –	\$ 10,620,842
Exchange traded fund	37,772,036	–	–	37,772,036
Insurance company general account contract	–	–	1,271,981	1,271,981
Corporate debt	–	42,600,516	–	42,600,516
Asset-backed securities	–	146,622	–	146,622
U.S. Government securities	1,431,957	–	–	1,431,957
Municipal securities	–	1,180,794	–	1,180,794
Total	<u>\$ 49,824,835</u>	<u>\$ 43,927,932</u>	<u>\$ 1,271,981</u>	<u>95,024,748</u>
Investments that use NAV:				
Common trust funds*				19,670,132
Total investments at fair value				<u>\$ 114,694,880</u>

*Measured at NAV as a practical expedient

Huntington Memorial Hospital Retirement Plan

Notes to Financial Statements (continued)

5. Fair Value Measurement (continued)

For the years ended December 31, 2024 and 2023, the insurance company general account contract had transfers in of \$10,800,148 and \$11,696,626, respectively, and transfers out of \$10,559,762 and \$12,076,782, respectively.

6. Risks and Uncertainties

Financial instruments that potentially subject the Plan to concentrations of credit risk consist of investments in equity and fixed-income funds. The Plan's investments are managed by professional investment managers within the guidelines established by the Investment Committee.

The Plan's 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 the investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits. The Plan's exposure to credit loss in the event of nonperformance of investments is limited to the carrying value of such instruments.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

7. Parties-In-Interest Transactions

The Plan holds a money market fund managed by the Trustee. The Plan also holds an insurance company general account contract with Equitable (see Note 2), the custodian of the insurance contract. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

Huntington Memorial Hospital Retirement Plan

Notes to Financial Statements (continued)

8. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated March 5, 2018, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore believes the Plan, is qualified and the related trust are tax-exempt.

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.

Supplemental Schedules

Huntington Memorial Hospital Retirement Plan

EIN 95-1644036 Plan #001

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

December 31, 2024

Asset Description	Cost	Market Value
103-12 entity		
BLACKROCK RUSSELL 3000 INDEX FUND	\$ 3,146,394	\$ 19,113,799
Common collective trust funds		
BLACKROCK SHORT-TERM INVESTMENT FUND A S1	2,246,058	2,246,057
Exchange traded fund		
VANGUARD LONG-TERM TREASURY ETF	33,962,204	30,159,108
Mutual fund		
VANGUARD TOTAL INTERNATIONAL STOCK INDEX FUND	8,335,701	9,497,239
VANGUARD EXTENDED DURATION TREASURY INDEX FUND CLASS INS	10,431,115	<u>9,472,852</u>
Total mutual funds		<u>18,970,091</u>
Corporate debt		
AXA EQUITABLE HOLDINGS I, DTD 10/20/18, 5.000% 04/20/2048	49,097	48,986
BANK OF AMERICA CORP, DTD 04/24/17, 04/24/2038	179,414	182,325
BANK OF AMERICA CORP MED TERM NOTE, 2/7/2019, 2/7/2030	183,791	183,971
BERKSHIRE HATHAWAY FIN, DTD 01/11/19, 4.250%, 01/15/2049	100,847	91,857
CHUBB INA HOLDINGS INC, DTD 11/18/21, 3.050%, 12/15/2061	47,185	42,482
CINCINNATI FINL CORP, DTD 04/15/05, 6.125%, 11/01/2034	91,208	88,288
CITIGROUP INC, DTD 07/23/09, 8.125%, 07/15/2039	65,650	62,942
CITIGROUP INC, DTD 04/25/17, 04/24/2048	72,842	68,547
DUKE ENERGY CAROLINAS, DTD 01/10/08, 6.000%, 01/15/2038	94,319	93,518
GOLDMAN SACHS GROUP INC, DTD 07/21/21, 07/21/2042	182,489	180,651
GOLDMAN SACHS GROUP INC, DTD 10/31/17, 10/31/2038	67,970	71,979
INTERCONTINENTALEXCHANGE, DTD 05/26/20, 3.000%, 06/15/2050	55,790	51,011
JPMORGAN CHASE & CO, DTD 07/24/17, 07/24/2038	220,459	221,829
JPMORGAN CHASE & CO, DTD 11/10/17, 11/15/2048	45,601	43,006
MARKEL CORP, DTD 05/20/19, 5.000%, 05/20/2049	91,391	86,993
METLIFE INC, DTD 03/05/15, 4.050%, 03/01/2045	135,941	128,074
MORGAN STANLEY, DTD 04/24/18, 04/22/2039	42,088	44,758
MORGAN STANLEY, DTD 01/27/15, 4.300%, 01/27/2045	61,268	57,700
MORGAN STANLEY, DTD 04/22/21, 04/22/2042	83,023	81,326
NATIONAL RETAIL PROP INC, DTD 03/10/21, 3.500%, 04/15/2051	56,692	54,074

Huntington Memorial Hospital Retirement Plan

EIN 95-1644036 Plan #001

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

Asset Description	Cost	Market Value
Corporate debt (continued)		
PRUDENTIAL FINANCIAL INC MED TERM NOTE, 12/14/36, 5.700%, 12/14/2036	\$ 73,690	\$ 71,861
PRUDENTIAL FINANCIAL INC, DTD 12/07/17, 3.935%, 12/07/2049	44,485	41,459
RAYMOND JAMES FINANCIAL, DTD 04/01/21, 3.750%, 04/01/2051	42,107	39,829
S&P GLOBAL INC, DTD 11/26/19, 3.250%, 12/01/2049	41,512	38,030
UDR INC, DTD 10/11/19, 3.100%, 11/01/2034	52,366	52,933
VISA INC, DTD 08/17/20, 2.000%, 08/15/2050	46,198	40,441
WELLS FARGO & COMPANY, DTD 04/30/15, 3.900%, 05/01/2045	84,578	81,666
WELLS FARGO & COMPANY, DTD 03/30/20, 04/04/2051	156,438	146,462
ALEXANDRIA REAL ESTATE EQ INC, DTD 02/16/2023, 5.150%,	55,892	53,443
AMAZON.COM INC, DTD 04/13/2022, 3.950%, 04/13/2052	98,664	90,681
AMGEN INC, DTD 03/02/2023, 5.650%, 03/02/2053	90,904	86,649
BANK OF AMERICA, DTD 04/27/2022, VAR CPN, 04/27/2033	54,619	57,970
CITIGROUP INC, DTD 05/25/2023, VAR CPN, 05/25/2034	43,499	45,843
COMCAST CORP, DTD 05/01/2022, 2.887%, 11/01/2051	112,390	102,247
COMCAST CORP, DTD 05/01/2022, 2.937%, 11/01/2056	128,120	116,488
COMCAST CORP, DTD 05/01/2022, 2.987%, 11/01/2063	90,815	81,835
CONOCOPHILLIPS COMPANY, DTD 09/15/2022, 4.025%, 03/15/2062	129,926	115,611
CON EDISON CO OF NY INC, DTD 11/14/2022, 6.150%, 11/15/2052	92,202	93,255
CONSOLIDATED EDISON CO, DTD 11/22/2023, 5.900%, 11/15/2053	26,753	27,351
DIAMONDBACK ENERGY INC, DTD 03/17/2022, 4.250%, 03/15/2052	65,399	64,099
DUKE ENERGY CORP, DTD 08/11/2022, 5.000%, 08/15/2052	72,526	69,815
ELEVANCE HEALTH INC, DTD 02/08/2023, 5.125%, 02/15/2053	53,375	48,931
EXELON CORP, DTD 02/21/2023, 5.600%, 03/15/2053	90,107	86,596
GLOBAL PMTS INC, DTD 08/22/2022, 5.950%, 08/15/2052	51,715	53,316
INTEL CORP, DTD 02/10/2023, 5.700%, 02/10/2053	54,614	48,641
JPMORGAN CHASE & CO, DTD 07/25/2022, VAR CPN, 07/25/2033	51,226	53,775
JPMORGAN CHASE & CO, DTD 09/14/2022, 5.717%, 09/14/2033	45,903	46,984
L3HARRIS TECHNOLOGIES INC, DTD 07/31/2023, 5.600%, 07/31/2053	21,973	21,296
LOWE'S COS INC, DTD 09/08/2022, 5.800%, 09/15/2062	93,766	91,943
MPLX LP, DTD 03/14/2022, 4.950%, 03/14/2052	80,886	79,830
WARNERMEDIA HOLDINGS INC, DTD 03/15/2023, 5.141%, 03/15/2052	88,508	81,730
WARNERMEDIA HOLDINGS INC, DTD 03/15/2023, 5.391%, 03/15/2062	53,889	49,266
MARSH & MCLENNAN COS INC, DTD 09/11/2023, 5.700%, 09/15/2053	34,895	35,078
MIDAMERICAN ENERGY, DTD 09/07/2023, 5.850%, 09/15/2054	39,954	40,652
MOODYS CORP, DTD 02/25/2022, 3.750%, 02/25/2052	73,899	69,832

Huntington Memorial Hospital Retirement Plan

EIN 95-1644036 Plan #001

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

Asset Description	Cost	Market Value
Corporate debt (continued)		
NSTAR ELECTRIC CO, DTD 05/17/2022, 4.550%, 06/01/2052	\$ 43,587	\$ 40,184
ONCOR ELECTRIC DELIVERY, DTD 09/08/2022, 4.950%, 09/15/2052	50,615	49,123
PG&E WILDFIRE RECOVERY, DTD 07/20/2022, 5.081%, 06/01/2043	69,768	68,236
PHILLIPS 66 CO, DTD 02/15/2023, 4.680%, 02/15/2045	128,171	121,134
RTX CORPORATION, DTD 02/27/2023, 5.375%, 02/27/2053	82,602	75,964
CHARLES SCHWAB CORP, DTD 05/19/2023, VAR CPN, 05/19/2034	52,000	53,527
SIMON PROPERTY GROUP LP, DTD 03/08/2023, 5.850%, 03/08/2053	125,788	125,864
T-MOBILE USA INC, DTD 09/15/2022, 5.650%, 01/15/2053	74,779	72,572
T-MOBILE USA INC, DTD 05/11/2023, 5.750%, 01/15/2054	21,911	21,465
UNITEDHEALTH GROUP INC, DTD 05/20/2022, 4.750%, 05/15/2052	77,436	75,398
UNITEDHEALTH GROUP INC, DTD 10/28/2022, 5.875%, 02/15/2053	65,872	60,160
APTIV PLC / APTIV CORP, DTD 02/18/22, 4.150%, 05/01/2052	64,303	60,459
APTIV PLC, DTD 11/23/21, 3.100%, 12/01/2051	50,086	46,771
ASTRAZENECA PLC, DTD 09/12/2007, 6.450%, 09/15/2037	58,797	58,115
BHP BILLITON FIN USA LTD, DTD 09/30/13, 5.000%, 09/30/2043	84,459	79,413
CANADIAN NATL RAILWAY, DTD 05/31/06, 6.200%, 06/01/2036	65,967	64,261
CANADIAN NATL RESOURCES, DTD 05/30/17, 4.950%, 06/01/2047	80,267	77,182
CANADIAN PACIFIC RR CO, DTD 09/11/15, 4.800%, 09/15/2035	47,881	47,773
CANADIAN PACIFIC RR CO, DTD 09/11/15, 6.125%, 09/15/2115	31,743	30,002
RIO TINTO FIN USA LTD, DTD 11/02/10, 5.200%, 11/02/2040	65,989	62,559
ROGERS COMMUNICATIONS IN, DTD 03/10/14, 5.000%, 03/15/2044	107,246	106,273
XLIT LTD, DTD 11/21/13, 5.250%, 12/15/2043	75,609	69,503
AT&T INC, DTD 03/15/21, 3.500%, 09/15/2053	148,277	141,401
AT&T INC, DTD 03/15/21, 3.550%, 09/15/2055	97,342	94,163
AT&T INC, DTD 03/15/21, 3.650%, 09/15/2059	128,318	122,538
ABBVIE INC, DTD 05/06/13, 4.400%, 11/06/2042	159,028	155,794
ABBVIE INC, DTD 05/21/20, 4.250%, 11/21/2049	93,014	89,434
ALABAMA POWER CO, DTD 12/05/12, 3.850%, 12/01/2042	86,961	83,399
ALABAMA POWER CO, DTD 01/13/16, 4.300%, 01/02/2046	68,030	66,405
AMAZON.COM INC, DTD 05/12/21, 3.250%, 05/12/2061	92,808	84,579
AMERICAN ELECTRIC POWER, DTD 03/05/20, 3.250%, 03/01/2050	37,691	35,309
AMGEN INC, DTD 05/01/15, 4.400%, 05/01/2045	198,557	188,269
ANALOG DEVICES INC, DTD 10/05/21, 2.950%, 10/01/2051	35,326	31,751
ANHEUSER-BUSCH COS LLC, 5/15/19, 4.700%, 2/1/2036	181,186	180,219
ANHEUSER-BUSCH COS LLC, 5/15/19, 4.900%, 2/1/2046	192,768	186,421
ANTHEM INC, DTD 09/09/19, 3.700%, 09/15/2049	84,731	78,323

Huntington Memorial Hospital Retirement Plan

EIN 95-1644036 Plan #001

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

Asset Description	Cost	Market Value
Corporate debt (continued)		
APPLE INC, DTD 08/04/16, 3.850%, 08/04/2046	\$ 73,786	\$ 68,531
APPLE INC, DTD 08/05/21, 2.850%, 08/05/2061	53,652	47,950
APPLIED MATERIALS INC, DTD 03/31/17, 4.350%, 04/01/2047	41,162	38,115
BERKSHIRE HATHAWAY ENERG, DTD 10/15/20, 4.250%, 10/15/2050	140,323	130,254
BOEING CO, DTD 05/04/20, 5.805%, 05/01/2050	112,186	106,967
BP CAP MARKETS AMERICA, DTD 02/08/21, 3.379%, 02/08/2061	99,592	92,354
BRISTOL-MYERS SQUIBB CO, DTD 05/15/20, 4.350%, 11/15/2047	76,500	70,185
BURLINGTN NORTH SANTA FE, DTD 03/07/14, 4.900%, 04/01/2044	72,410	68,673
BURLINGTN NORTH SANTA FE, DTD 12/08/21, 2.875%, 06/15/2052	58,009	52,883
CIGNA CORP, DTD 08/15/19, 4.800%, 08/15/2038	45,860	44,421
CIGNA CORP, DTD 06/15/19, 4.900%, 12/15/2048	57,644	53,636
CMS ENERGY CORP, DTD 02/27/14, 4.875%, 03/01/2044	41,331	40,042
CSX CORP, DTD 09/12/19, 3.350%, 09/15/2049	33,296	31,212
CVS HEALTH CORP, DTD 03/09/18, 4.780%, 03/25/2038	73,797	69,174
CVS HEALTH CORP, DTD 03/09/18, 5.050%, 03/25/2048	51,357	46,999
CATERPILLAR INC, DTD 08/15/12, 3.803%, 08/15/2042	78,363	73,116
CHARTER COMM OPT LLC/CAP, DTD 11/01/17, 5.375%, 05/01/2047	113,867	116,549
CHARTER COMM OPT LLC/CAP, DTD 04/17/18, 5.750%, 04/01/2048	144,660	149,597
CISCO SYSTEMS INC, DTD 02/17/09, 5.900%, 02/15/2039	71,729	68,686
CLEVELAND CLINIC FOUND, DTD 09/18/14, 4.858%, 01/01/2114	29,168	25,768
CONNECTICUT LIGHT & PWR, DTD 03/28/18, 4.000%, 04/01/2048	25,822	23,525
CORNING INC, DTD 11/19/19, 5.450%, 11/15/2079	41,156	40,715
DEERE & COMPANY, DTD 09/06/19, 2.875%, 09/07/2049	40,821	35,911
WALT DISNEY COMPANY/THE, DTD 09/06/19, 2.750%, 09/01/2049	102,069	93,549
DOMINION ENERGY INC, DTD 04/05/21, 3.300%, 04/15/2041	63,951	62,599
DUKE ENERGY CAROLINAS, DTD 11/19/09, 5.300%, 02/15/2040	64,853	63,590
DUKE ENERGY CAROLINAS, DTD 03/11/16, 3.875%, 03/15/2046	60,037	58,136
EOG RESOURCES INC, DTD 03/17/15, 3.900%, 04/01/2035	31,411	31,117
ELECTRONIC ARTS INC, DTD 02/11/21, 2.950%, 02/15/2051	77,553	74,573
EMERSON ELECTRIC CO, DTD 12/21/21, 2.800%, 12/21/2051	59,427	55,591
ENTERPRISE PRODUCTS OPER, DTD 08/24/11, 5.700%, 02/15/2042	105,151	104,872
ENTERPRISE PRODUCTS OPER, DTD 05/07/15, 4.900%, 05/15/2046	89,715	88,925
EXELON CORP, DTD 06/09/05, 5.625%, 06/15/2035	116,873	115,435
EXELON CORP, DTD 12/15/15, 4.950%, 06/15/2035	49,631	52,098
EXXON MOBIL CORPORATION, DTD 03/03/16, 4.114%, 03/01/2046	161,499	150,055

Huntington Memorial Hospital Retirement Plan

EIN 95-1644036 Plan #001

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

Asset Description	Cost	Market Value
Corporate debt (continued)		
FLORIDA POWER & LIGHT CO, DTD 09/10/14, 4.050%, 10/01/2044	\$ 99,225	\$ 93,669
GATX CORP, DTD 02/03/21, 3.100%, 06/01/2051	55,010	53,696
GENERAL MOTORS CO, DTD 02/23/16, 6.600%, 04/01/2036	20,793	20,993
HCA INC, DTD 06/12/19, 5.125%, 06/15/2039	54,511	54,676
HOME DEPOT INC, DTD 12/19/06, 5.875%, 12/16/2036	65,022	63,093
HOME DEPOT INC, DTD 03/30/20, 3.350%, 04/15/2050	41,518	38,343
INTEL CORP, DTD 06/08/18, 3.734%, 12/08/2047	53,106	46,165
KLA-TENCOR CORP, DTD 03/20/19, 5.000%, 03/15/2049	43,501	41,394
KLA CORP, DTD 02/28/20, 3.300%, 03/01/2050	26,053	24,174
KINDER MORGAN ENER PART, DTD 03/04/11, 6.375%, 03/01/2041	76,237	76,622
KINDER MORGAN INC/DELAWA, DTD 02/26/15, 5.050%, 02/15/2046	82,300	82,476
KRAFT HEINZ FOODS CO, DTD 05/24/16, 4.375%, 06/01/2046	71,316	68,820
KROGER CO, DTD 01/24/17, 4.450%, 02/01/2047	94,039	90,572
LYB INT FINANCE III, DTD 04/20/20, 4.200%, 05/01/2050	53,913	52,197
LOCKHEED MARTIN CORP, DTD 12/14/12, 4.070%, 12/15/2042	93,275	87,508
LOCKHEED MARTIN CORP, DTD 11/23/15, 4.700%, 05/15/2046	53,313	49,145
LOWE'S COS INC, DTD 05/03/17, 4.050%, 05/03/2047	63,503	62,114
MARATHON PETROLEUM CORP, DTD 09/01/11, 6.500%, 03/01/2041	52,091	51,805
MARSH & MCLENNAN COS INC, DTD 01/15/19, 4.900%, 03/15/2049	74,848	71,629
MCDONALD'S CORP, DTD 08/12/19, 3.625%, 09/01/2049	88,858	82,902
MICROSOFT CORP, DTD 03/17/21, 2.921%, 03/17/2052	139,656	125,520
MIDAMERICAN ENERGY HLDGS, DTD 10/01/06, 6.125%, 04/01/2036	112,722	110,416
NORFOLK SOUTHERN CORP, DTD 04/01/12, 4.837%, 10/01/2041	227,751	223,460
NORTHERN STATES PWR-MINN, DTD 06/26/07, 6.200%, 07/01/2037	96,332	96,315
NORTHERN STATES PWR-MINN, DTD 08/13/12, 3.400%, 08/15/2042	64,046	60,766
NORTHERN STATES PWR-MINN, DTD 05/31/16, 3.600%, 05/15/2046	27,396	26,092
NORTHROP GRUMMAN CORP, DTD 02/06/15, 3.850%, 04/15/2045	73,058	70,354
ONCOR ELECTRIC DELIVERY, DTD 03/30/11, 5.250%, 09/30/2040	110,966	106,839
ORACLE CORP, DTD 07/07/16, 4.000%, 07/15/2046	70,911	73,109
ORACLE CORP, DTD 11/09/17, 3.800%, 11/15/2037	38,659	41,742
ORACLE CORP, DTD 03/24/21, 3.950%, 03/25/2051	240,603	239,990
PPL ELECTRIC UTILITIES, DTD 07/11/13, 4.750%, 07/15/2043	93,623	89,911
PFIZER INC, DTD 03/11/19, 3.900%, 03/15/2039	53,386	50,603
PHILLIPS 66, DTD 11/17/14, 4.650%, 11/15/2034	54,281	55,935
PUB SVC ELEC & GAS MED TERM NOTE, 9/13/12, 3.650%, 9/1/2042	65,375	62,318

Huntington Memorial Hospital Retirement Plan

EIN 95-1644036 Plan #001

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

Asset Description	Cost	Market Value
Corporate debt (continued)		
SAN DIEGO G & E, DTD 04/07/20, 3.320%, 04/15/2050	\$ 40,359	\$ 37,146
SEMPRA ENERGY, DTD 10/08/09, 6.000%, 10/15/2039	89,538	86,660
SHERWIN-WILLIAMS CO, DTD 03/17/20, 3.300%, 05/15/2050	24,603	23,153
SNAP-ON INC, DTD 04/30/20, 3.100%, 05/01/2050	45,168	39,707
SUNOCO LOGISTICS PARTNER, DTD 04/03/14, 5.300%, 04/01/2044	172,021	174,412
T-MOBILE USA INC, DTD 02/15/21, 3.300%, 02/15/2051	65,299	62,656
TRANSCONT GAS PIPE LINE, DTD 11/15/20, 3.950%, 05/15/2050	103,198	96,088
UNION PACIFIC CORP, DTD 03/20/20, 3.839%, 03/20/2060	16,968	16,437
UNION PACIFIC CORP, DTD 01/31/20, 3.250%, 02/05/2050	93,049	85,270
UNITED TECHNOLOGIES CORP, DTD 06/01/12, 4.500%, 06/01/2042	91,985	86,310
UNITEDHEALTH GROUP INC, DTD 12/17/18, 4.450%, 12/15/2048	72,778	65,893
VERIZON COMMUNICATIONS, DTD 03/22/21, 3.550%, 03/22/2051	103,330	98,931
VERIZON COMMUNICATIONS, DTD 03/22/21, 3.700%, 03/22/2061	68,490	64,417
VERIZON COMMUNICATIONS, DTD 03/01/22, 3.875%, 03/01/2052	153,984	143,996
VERISK ANALYTICS INC, DTD 05/13/20, 3.625%, 05/15/2050	53,400	51,644
VIRGINIA ELEC & POWER CO, DTD 08/15/13, 4.650%, 08/15/2043	121,204	118,391
BROADCOM INC, DTD 04/18/2022, 4.926%, 05/15/2037	75,291	80,848
COLUMBIA PIPELINES OPCO, DTD 08/08/2023, 6.544%, 11/15/2053	69,971	73,358
KKR GROUP FIN CO, DTD 05/17/2022, 4.850%, 05/17/2032	61,952	62,648
KEYSPAN GAS EAST CORP, DTD 03/31/2011, 5.819%, 04/01/2041	44,454	43,390
MASS MUTUAL LIFE INS CO, DTD 12/02/2022, 5.672% ,12/01/2052	52,255	47,797
BHP BILLITON FIN USA LTD, DTD 09/08/2023, 5.500%, 09/08/2053	22,586	22,455
CANADIAN PAC RY CO, DTD 04/19/2023, 4.200%, 11/15/2069	81,305	69,631
ENBRIDGE INC, DTD 11/09/2023, 6.700%, 11/15/2053	40,947	44,488
NXP BV / NXP FDG LLC, DTD 05/11/2022, 3.250%, 05/11/2041	74,848	76,728
ROGERS COMMUNICATIONS INC, DTD 03/15/2023, 4.550%, 03/15/2052	65,018	63,954
XSTRATA FINANCE CANADA, 144A PRIV PLCMT, 5.300%, 10/25/2042	90,040	89,217
ARES FINANCE CO IV LLC, 144A PRIV PLCMT, 3.650%, 02/01/2052	18,050	18,903
BAE SYSTEMS HOLDINGS INC, 144A PRIV PLCMT, 4.750%, 10/07/2044	64,109	62,343
BLACKSTONE HOLDINGS FINA, 144A PRIV PLCMT. 3.200\$, 01/30/2052	76,138	75,046
BROADCOM INC, 144A PRIV PLCMT, 3.750%, 02/15/2051	42,881	44,654
BROADCOM INC, 144A PRIV PLCMT, 3.500%, 02/15/2041	62,450	66,379
CARLYLE FINANCE LLC, 144A PRIV PLCMT, 5.650%, 09/15/2048	63,898	63,539
COX COMMUNICATIONS INC, 144A PRIV PLCMT, 4.500%, 06/30/2043	45,869	43,996
FIRSTENERGY TRANSMISSION, 144A PRIV PLCMT, 4.550%, 04/01/2049	46,008	46,044

Huntington Memorial Hospital Retirement Plan

EIN 95-1644036 Plan #001

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

<u>Asset Description</u>	<u>Cost</u>	<u>Market Value</u>
Corporate debt (continued)		
KKR GROUP FIN CO X LLC, 144A PRIV PLCMT, 3.250%, 12/15/2051	\$ 52,953	\$ 52,218
NEW YORK LIFE INSURANCE, 144A PRIV PLCMT, 5.875%, 05/15/2033	52,478	51,770
NEW YORK LIFE INSURANCE, 144A PRIV PLCMT, 3.750%, 05/15/2050	44,296	40,048
NIAGARA MOHAWK POWER, 144A PRIV PLCMT, 4.278%, 10/01/2034	109,985	112,554
ABBVIE INC, DTD 05/12/16, 4.450%, 05/14/2046	162,231	157,257
AERCAP IRELAND CAP/GLOBA, DTD 10/29/21, 3.300%, 01/30/2032	124,158	130,698
ALEXANDRIA REAL ESTATE E, DTD 02/16/22, 3.550%, 03/15/2052	115,163	108,893
AMAZON.COM INC, DTD 05/12/21, 2.875%, 05/12/2041	195,455	187,185
AMERICAN INTL GROUP, DTD 07/16/14, 4.500%, 07/16/2044	52,076	51,599
AMERICAN WATER CAPITAL C, DTD 04/14/20, 3.450%, 05/01/2050	74,846	69,016
AMGEN INC, DTD 03/02/2023, 5.600%, 03/02/2043	97,189	102,074
AMGEN INC, DTD 03/02/2023, 5.650%, 03/02/2053	145,338	139,602
ANALOG DEVICES INC, DTD 10/05/21, 2.950%, 10/01/2051	56,871	50,801
ANHEUSER-BUSCH COS LLC, DTD 5/15/19, 4.900%, 2/1/2046	226,815	219,158
APPLE INC, DTD 05/03/13, 3.850%, 05/04/2043	282,634	265,069
APTIV PLC, DTD 11/23/21, 3.100%, 12/01/2051	46,075	46,771
ARCH CAPITAL GROUP LTD, DTD 06/30/20, 3.635%, 06/30/2050	55,283	53,439
ARCH CAPITAL GRP US INC, DTD 12/13/13, 5.144%, 11/01/2043	37,120	36,640
ARTHUR J GALLAGHER & CO, DTD 05/20/21, 3.500%, 05/20/2051	35,058	34,396
ARTHUR J GALLAGHER & CO, DTD 11/09/21, 3.050%, 03/09/2052	53,508	49,881
ASCENSION HEALTH, DTD 05/11/16, 3.945%, 11/15/2046	106,693	99,690
AT&T INC, DTD 05/04/15, 4.750%, 05/15/2046	187,791	186,626
AT&T INC, DTD 05/28/20, 3.500%, 06/01/2041	91,666	91,952
AT&T INC, DTD 06/15/13, 4.350%, 06/15/2045	74,512	73,763
BANK OF AMERICA CORP, MED TERM NOTE, 6/19/20, 6/19/2041	263,631	263,807
BAXTER INTERNATIONAL INC, DTD 06/01/2022, 3.132%, 12/01/2051	47,363	46,546
BERKSHIRE HATHAWAY FIN, DTD 03/15/2022, 3.850%, 03/15/2052	111,463	102,199
BOEING CO, DTD 07/31/19, 3.750%, 02/01/2050	94,272	88,665
BP CAP MARKETS AMERICA, DTD 06/17/21, 3.060%, 06/17/2041	57,213	57,710
BRISTOL-MYERS SQUIBB CO, DTD 03/02/22, 3.700%, 03/15/2052	32,470	29,125
BROWN & BROWN INC, DTD 03/17/2022, 4.950%, 03/17/2052	38,500	38,421
BURLINGTN NORTH SANTA FE, DTD 05/17/10, 5.750%, 05/01/2040	317,178	308,019
CANADIAN NATL RESOURCES, DTD 12/01/04, 5.850%, 02/01/2035	98,816	100,381
CARGILL INC, DTD 04/22/2022, 4.375%, 04/22/2052	54,847	49,504

Huntington Memorial Hospital Retirement Plan

EIN 95-1644036 Plan #001

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

Asset Description	Cost	Market Value
Corporate debt (continued)		
CHARTER COMM OPT LLC/CAP, DTD 04/17/18, 5.375%, 04/01/2038	\$ 191,386	\$ 195,694
CHARTER COMM OPT LLC/CAP, DTD 10/12/21, 3.500%, 03/01/2042	130,490	135,904
CHUBB INA HOLDINGS INC, DTD 11/18/21, 3.050%, 12/15/2061	37,327	33,379
CIGNA CORP, DTD 06/15/19, 4.900%, 12/15/2048	45,578	42,569
COMCAST CORP, DTD 05/01/2022, 2.887%, 11/01/2051	122,622	111,268
COMCAST CORP, DTD 07/19/16, 3.400%, 07/15/2046	70,758	66,708
COMCAST CORP, DTD 10/19/17, 3.969%, 11/01/2047	92,814	87,145
COMMONSPIRIT HEALTH, DTD 08/21/19, 4.187%, 10/01/2049	82,456	78,252
COMMONWEALTH EDISON CO, DTD 03/15/2022, 3.850%, 03/15/2052	133,564	122,217
CONOCOPHILLIPS COMPANY, DTD 03/08/2022, 3.800%, 03/15/2052	57,421	58,401
CONS EDISON CO OF NY, DTD 03/06/14, 4.450%, 03/15/2044	109,134	106,760
CONSTELLATION ENERGY, DTD 09/29/2023, 6.500%, 10/01/2053	62,738	63,556
CONSUMERS ENERGY CO, DTD 05/14/18, 4.050%, 05/15/2048	106,263	99,510
CSX CORP, DTD 07/28/2022, 4.500%, 11/15/2052	35,697	33,730
CVS HEALTH CORP, DTD 03/09/18, 4.780%, 03/25/2038	113,011	108,084
CVS HEALTH CORP, DTD 07/20/15, 5.125%, 07/20/2045	138,314	126,024
DIAMONDBACK ENERGY INC, DTD 03/24/21, 4.400%, 03/24/2051	30,677	30,992
DOMINION ENERGY INC, DTD 08/19/2022, 4.850%, 08/15/2052	111,708	107,325
DTE ELECTRIC CO, DTD 02/24/22, 3.650%, 03/01/2052	83,524	76,823
DUKE ENERGY CAROLINAS, DTD 03/01/18, 3.950%, 03/15/2048	102,426	95,763
DUKE ENERGY CORP, DTD 06/10/21, 3.500%, 06/15/2051	64,741	60,722
DUKE ENERGY FLORIDA LLC, DTD 09/09/16, 3.400%, 10/01/2046	74,044	70,828
DUKE ENERGY PROGRESS INC, DTD 11/20/14, 4.150%, 12/01/2044	84,583	81,369
ELI LILLY & CO, DTD 02/27/2023, 4.950%, 02/27/2063	70,884	62,798
ENERGY TRANSFER PARTNERS, DTD 03/12/15, 5.150%, 03/15/2045	239,123	245,036
ENTERPRISE PRODUCTS OPER, DTD 05/07/15, 4.900%, 05/15/2046	36,598	35,570
EXXON MOBIL CORPORATION, DTD 04/15/20, 3.452%, 04/15/2051	98,204	87,624
FISERV INC, DTD 06/24/19, 4.400%, 07/01/2049	86,705	85,725
FLORIDA POWER & LIGHT, DTD 12/13/11, 4.125%, 02/01/2042	152,275	145,901
FOX CORP, DTD 01/25/20, 5.476%, 01/25/2039	128,280	142,548
GEORGIA POWER CO, DTD 05/04/2022, 5.125%, 05/15/2052	143,007	139,151
GLOBAL PMTS INC, DTD 08/22/2022, 5.950%, 08/15/2052	75,270	77,550
GOLDMAN SACHS GROUP INC, DTD 07/21/21, 07/21/2042	85,296	83,377
HCA INC, DTD 03/15/2023, 4.625%, 03/15/2052	132,495	128,763
HOME DEPOT INC, DTD 03/28/2022, 3.625%, 04/15/2052	51,010	47,167

Huntington Memorial Hospital Retirement Plan

EIN 95-1644036 Plan #001

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

Asset Description	Cost	Market Value
Corporate debt (continued)		
INDIANA MICHIGAN POWER, DTD 03/23/2023, 5.625%, 04/01/2053	\$ 41,284	\$ 38,974
INTUIT SR NT, DTD 09/15/2023, 5.500%, 09/15/2053	44,627	44,063
JPMORGAN CHASE & CO, DTD 04/22/20, 04/22/2041	91,337	88,958
JPMORGAN CHASE & CO, DTD 11/19/20, 11/19/2041	97,581	94,584
KAISER FOUNDATION HOSPIT, DTD 06/15/21, 3.002%, 06/01/2051	73,862	68,210
KENVUE INC, DTD 09/22/2023, 5.050%, 03/22/2053	30,689	27,805
KENVUE INC, DTD 09/22/2023, 5.200%, 03/22/2063	30,434	27,712
KRAFT HEINZ FOODS CO, DTD 05/24/16, 4.375%, 06/01/2046	34,096	32,386
LOCKHEED MARTIN CORP, DTD 12/14/12, 4.070%, 12/15/2042	62,259	58,339
MARSH & MCLENNAN CO, DTD 03/09/2023, 5.450%, 03/15/2053	20,025	19,311
MASS INSTITUTE OF TECH, DTD 05/07/20, 2.294%, 07/01/2051	80,096	71,792
MASTERCARD INC, DTD 05/31/19, 3.650%, 06/01/2049	41,785	37,720
MAYO CLINIC, DTD 04/01/21, 3.196%, 11/15/2061	45,644	41,897
MEDTRONIC INC, DTD 03/15/15, 4.625%, 03/15/2045	38,286	35,508
MERCK & CO INC, DTD 12/10/21, 2.750%, 12/10/2051	51,621	45,454
META PLATFORMS INC, DTD 05/03/2023, 5.750%, 05/15/2063	72,729	80,780
MICROSOFT CORP, DTD 03/17/21, 2.921%, 03/17/2052	162,204	145,339
MIDAMERICAN ENERGY CO, DTD 10/15/19, 3.150%, 04/15/2050	163,728	150,966
MIDAMERICAN ENERGY, DTD 09/07/2023, 5.850%, 09/15/2054	–	–
MOODY'S CORPORATION, DTD 08/19/21, 2.750%, 08/19/2041	14,056	13,811
MORGAN STANLEY, DTD 07/24/17, 07/22/2038	119,102	119,074
MORGAN STANLEY, DTD 11/13/20, 02/13/2032	26,878	28,554
MOTOROLA SOLUTIONS INC, DTD 08/19/14, 5.500%, 09/01/2044	93,959	96,274
NORTHERN STATES PWR-MINN, DTD 06/15/20, 2.600%, 06/01/2051	81,766	74,639
NORTHROP GRUMMAN CORP, DTD 02/08/2023, 4.950%, 03/15/2053	53,646	49,151
NOVARTIS CAPITAL CORP, DTD 02/14/20, 2.750%, 08/14/2050	32,317	28,536
ORACLE CORP, DTD 04/01/20, 3.600%, 04/01/2040	207,078	215,009
ORACLE CORP, DTD 11/09/17, 3.800%, 11/15/2037	127,948	129,400
PEPSI CO INC, DTD 07/18/2022, 4.200%, 07/18/2052	46,587	40,704
PG&E WILDFIRE RECOVERY, DTD 07/20/2022, 5.099%, 06/01/2054	180,117	165,160
PHILIP MORRIS INTL INC, DTD 08/21/12, 3.875%, 08/21/2042	81,884	83,020
PPL ELECTRIC UTILITIES, DTD 05/11/17, 3.950%, 06/01/2047	64,457	58,871
PRESIDENT & FELLOWS OF HARVARD, DTD 04/19/2022, 3.745%,	109,679	95,805
PUBLIC SERVICE ELECTRIC, DTD 08/07/2023, 5.450%, 08/01/2053	24,938	24,402
PUBLIC SERVICE ELECTRIC, MED TERM NOTE 3/4/21, 3.000%, 3/1/2051	71,336	64,618

Huntington Memorial Hospital Retirement Plan

EIN 95-1644036 Plan #001

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

Asset Description	Cost	Market Value
Corporate debt (continued)		
REGENERON PHARMACEUTICAL, DTD 08/12/20, 2.800%, 09/15/2050	\$ 67,111	\$ 61,873
REPUBLICA ORIENT URUGUAY, DTD 06/18/14, 5.100%, 06/18/2050	131,824	119,202
ROYALTY PHARMA PLC, DTD 07/26/21, 3.350%, 09/02/2051	88,539	88,862
SALESFORCE.COM INC, DTD 07/12/21, 2.900%, 07/15/2051	90,273	83,030
SHELL INTERNATIONAL FIN, DTD 11/26/21, 3.000%, 11/26/2051	35,462	31,640
SIMON PROPERTY GROUP INC, DTD 03/13/12, 4.750%, 03/15/2042	56,746	58,113
SIMON PROPERTY GROUP LP, DTD 11/23/16, 4.250%, 11/30/2046	47,818	48,936
SOUTHERN CAL EDISON, DTD 03/24/17, 4.000%, 04/01/2047	80,459	76,980
SOUTHERN CALIFORNIA GAS CO, DTD 11/14/2022, 6.350%, 11/15/2052	101,356	96,808
SUTTER HEALTH, DTD 06/08/2023, 5.547%, 08/15/2053	35,000	34,923
SYSCO CORPORATION, DTD 02/13/20, 3.300%, 02/15/2050	35,373	33,628
TARGA RES CORP, DTD 04/06/2022, 4.950%, 04/15/2052	42,394	42,110
TARGA RESOURCES PARTNERS, DTD 02/02/21, 4.000%, 01/15/2032	85,907	90,975
THERMO FISHER SCIENTIFIC INC, DTD 08/10/2023, 5.404%, 08/10/2043	70,000	68,816
T-MOBILE USA INC, DTD 02/15/21, 3.000%, 02/15/2041	74,703	74,880
T-MOBILE USA INC, DTD 04/15/2022, 3.400%, 10/15/2052	104,484	100,060
TRAVELERS COS INC, DTD 05/22/17, 4.000%, 05/30/2047	64,067	59,290
UNITEDHEALTH GROUP INC, DTD 10/28/2022, 6.050%, 02/15/2063	94,763	86,793
UNIV OF SOUTHERN CALIFOR, DTD 08/22/16, 3.028%, 10/01/2039	23,953	23,724
UNIVERSITY OF MIAMI, DTD 04/07/2022, 4.063%, 04/01/2052	86,035	79,819
UPMC, DTD 04/12/2023, 5.377%, 05/15/2043	85,548	82,237
VERIZON COMMUNICATIONS, DTD 11/20/20, 2.650%, 11/20/2040	186,176	184,610
VIACOM INC, DTD 08/19/13, 5.850%, 09/01/2043	-	-
VISA INC, DTD 12/14/15, 4.300%, 12/14/2045	84,279	77,032
VODAFONE GROUP PLC, DTD 02/27/07, 6.150%, 02/27/2037	48,743	49,347
WALMART INC, DTD 04/18/2023, 4.500%, 04/15/2053	34,177	30,453
WALMART INC, DTD 09/22/21, 2.650%, 09/22/2051	52,581	46,376
WALT DISNEY COMPANY/THE, DTD 05/13/20, 3.800%, 05/13/2060	23,987	21,775
WARNERMEDIA HOLDINGS INC, DTD 03/15/2023, 5.050%, 03/15/2042	87,677	84,302
WELLS FARGO & COMPANY, DTD 04/30/15, 3.900%, 05/01/2045	44,289	42,777
WELLS FARGO & COMPANY, DTD 04/30/20, 04/30/2041	33,177	32,740
WILLIAMS PARTNERS LP, DTD 03/03/15, 5.100%, 09/15/2045	103,171	103,259
CSL FINANCE PLC, DTD 04/27/2022, 4.750%, 04/27/2052	46,940	43,120
JBS USA LUX SA, DTD 08/02/2023, 4.375%, 02/02/2052	79,298	82,901
PFIZER INVT ENTERPRISES, DTD 05/19/2023, 5.300%, 05/19/2053	159,762	149,811

Huntington Memorial Hospital Retirement Plan

EIN 95-1644036 Plan #001

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

Asset Description	Cost	Market Value
Corporate debt (continued)		
HESS MIDSTREAM OPERATION, 144A PRIV PLCMT, 4.250%, 02/15/2030	\$ 74,163	\$ 78,363
NORTHWESTERN MUTUAL LIFE, 144A PRIV PLCMT, 3.450%,	44,570	41,177
ROCHE HOLDINGS INC, 144A PRIV PLCMT, 2.607%, 12/13/2051	135,200	118,920
SIEMENS FINANCIERINGSMAT, 144A PRIV PLCMT, 2.875%, 03/11/2041	191,308	180,423
UBS GROUP AG, 144A PRIV PLCMT, 2.746%, 02/11/2033	277,428	292,198
ABBVIE INC DTD 02/26/2024 5.400% 03/15/2054	25,911	25,027
AMPHENOL CORP DTD 10/31/2024 5.375% 11/15/2054	40,356	38,975
ELEVANCE HEALTH INC DTD 05/30/2024 5.650% 06/15/2054	37,846	36,412
GALLAGHER ARTHUR J & CO DTD 02/15/2024 5.750% 07/15/2054	50,382	50,128
ARTHUR J GALLAGHER & CO DTD 12/19/2024 5.550% 02/15/2055	39,750	38,405
BRISTOL-MYERS SQUIBB CO DTD 02/22/2024 5.550% 02/22/2054	39,844	38,803
BURLINGTON NORTHN SANTA FE CORP DTD 06/07/2024 5.500%	41,777	41,258
CISCO SYSTEMS INC DTD 02/26/2024 5.300% 02/26/2054	24,900	24,300
CUMMINS INC DTD 02/20/2024 5.450% 02/20/2054	48,720	47,681
DOMINION ENERGY INC DTD 05/20/2024 VAR CPN 06/01/2054	41,000	43,295
EOG RES INC DTD 11/21/2024 5.650% 12/01/2054	37,776	37,212
ENTERGY ARKANSAS LLC DTD 05/10/2024 5.750% 06/01/2054	31,858	31,636
META PLATFORMS INC DTD 08/09/2024 5.400% 08/15/2054	39,840	38,735
FLORIDA PWR & LT CO DTD 06/03/2024 5.600% 06/15/2054	37,917	37,916
HCA INC. DTD 08/12/2024 5.950% 09/15/2054	44,012	40,896
HONEYWELL INTERNATIONAL DTD 03/01/2024 5.250% 03/01/2054	113,744	106,759
INTEL CORP DTD 02/21/2024 5.600% 02/21/2054	19,900	18,416
KROGER CO DTD 08/27/2024 5.500% 09/15/2054	41,827	39,559
L3HARRIS TECHNOLOGIES INC DTD 08/02/2024 5.500% 08/15/2054	84,840	82,606
ELI LILLY & CO DTD 02/09/2024 5.100% 02/09/2064	87,895	80,413
MARSH & MCLENNAN COS INC DTD 11/08/2024 5.400% 03/15/2055	16,918	16,279
MARTIN MARIETTA MATERIAL DTD 11/04/2024 5.500% 12/01/2054	49,003	47,164
NETFLIX INC DTD 08/01/2024 5.400% 08/15/2054	39,916	38,906
NORTHROP GRUMMAN CORP DTD 02/08/2023 4.950% 03/15/2053	38,156	35,746
OCCIDENTAL PETE CORP DTD 10/01/2054 6.050% 10/01/2054	49,728	47,440
POTOMAC ELECTRIC POWER DTD 03/04/2024 5.500% 03/15/2054	22,969	22,281
SHELL FINANCE US INC DTD 09/12/2024 3.750% 09/12/2046	127,914	116,517
TEXAS INSTRUMENTS INC DTD 05/18/2023 5.050% 05/18/2063	26,967	25,231
UBER TECHNOLOGIES INC DTD 09/09/2024 5.350% 09/15/2054	60,913	56,725
VULCAN MATERIALS CO DTD 11/20/2024 5.700% 12/01/2054	37,460	35,917
WASTE MGMT INC DTD 11/04/2024 5.350% 10/15/2054	54,977	52,831

Huntington Memorial Hospital Retirement Plan

EIN 95-1644036 Plan #001

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

Asset Description	Cost	Market Value
Corporate debt (continued)		
ENERGY TRANSFER OPERATNG DTD 01/22/20 5.000 05/15/2050	\$ 68,131	\$ 66,172
GLOBAL ATLANTIC FIN CO DTD 03/15/2024 6.750% 03/15/2054	27,811	28,415
HEALTH CARE SVC CORP DTD 06/10/2024 5.875% 06/15/2054	56,875	55,175
BROOKFIELD FINANCE INC DTD 03/04/2024 5.968% 03/04/2054	56,000	56,603
ENBRIDGE INC DTD 04/05/2024 5.950% 04/05/2054	28,968	28,663
ALIMENTATION COUCHE-TARD DTD 02/12/2024 5.617% 02/12/2054	41,000	38,706
PLANET FITNESS MASTER ISSUER ASSET BCKD SEC SER 2024-1A CL	69,825	69,486
SUBWAY FUNDING LLC ASSET BCKD SEC SER 2024-1A CL A23	95,000	97,516
6297782 LLC DTD 08/28/2024 5.584% 10/01/2034	40,000	38,904
ABBVIE INC DTD 02/26/2024 5.400% 03/15/2054	19,931	19,251
ABBVIE INC DTD 05/21/20 4.050 11/21/2039	36,276	34,173
ABBVIE INC DTD 05/21/20 4.250 11/21/2049	50,209	48,782
ALCOA INC DTD 01/25/2007 5.950% 02/01/2037	81,600	82,738
ALTRIA GROUP INC DTD 02/04/21 3.400 02/04/2041	22,143	21,661
AMPHENOL CORP DTD 10/31/2024 5.375% 11/15/2054	29,529	28,518
APPLOVIN CORP DTD 12/05/2024 5.950% 12/01/2054	34,851	34,473
AT&T INC DTD 03/15/21 3.500 09/15/2053	24,245	23,567
ATHENE HOLDING LTD DTD 12/13/21 3.450 05/15/2052	16,535	16,088
BANK OF AMERICA CORP DTD 04/22/21 04/22/2042	15,238	14,967
BANK OF AMERICA CORP DTD 08/15/2024 VAR CPN 08/15/2035	80,000	77,866
BAT CAPITAL CORP DTD 08/15/18 4.390 08/15/2037	103,952	103,519
BLACKROCK FUNDING INC DTD 03/14/2024 5.250% 03/14/2054	48,573	47,233
BOEING CO DTD 05/02/19 3.600 05/01/2034	34,044	33,471
BOEING CO DTD 07/31/19 3.250 02/01/2035	16,243	15,925
BOEING CO DTD 11/01/2024 7.008% 05/01/2064	42,858	42,445
BOEING CO/THE DTD 11/01/2024 6.858% 05/01/2054	25,000	26,571
BRISTOL-MYERS SQUIBB CO DTD 02/22/2024 5.500% 02/22/2044	19,849	19,821
BRISTOL-MYERS SQUIBB CO DTD 02/22/2024 5.550% 02/22/2054	99,609	97,008
BRISTOL-MYERS SQUIBB CO DTD 11/13/20 2.550 11/13/2050	29,657	28,940
CARRIER GLOBAL CORP DTD 10/05/20 3.377 04/05/2040	31,036	30,891
CARRIER GLOBAL CORP DTD 10/05/20 3.577 04/05/2050	10,295	10,033
CBS CORP DTD 08/19/14 4.900 08/15/2044	27,694	26,495
CISCO SYSTEMS INC DTD 02/26/2024 5.300% 02/26/2054	89,952	87,481
COCA-COLA CO DTD 05/13/2024 5.400% 05/13/2064	84,462	81,796
CONAGRA BRANDS INC DTD 10/22/18 5.300 11/01/2038	32,733	32,884

Huntington Memorial Hospital Retirement Plan

EIN 95-1644036 Plan #001

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

<u>Asset Description</u>	<u>Cost</u>	<u>Market Value</u>
Corporate debt (continued)		
CORNING INC DTD 02/21/12 4.750 03/15/2042	\$ 33,125	\$ 30,988
CORNING INC DTD 11/13/17 4.375 11/15/2057	16,570	15,334
CORNING INC DTD 11/19/19 3.900 11/15/2049	15,934	14,987
CROWN CASTLE INTL CORP DTD 02/16/21 2.900 04/01/2041	24,513	24,345
D R HORTON INC DTD 08/14/2024 5.000% 10/15/2034	29,618	28,962
DELL INT LLC / EMC CORP DTD 06/15/2023 3.375% 12/15/2041	73,832	73,573
DICK'S SPORTING GOODS DTD 01/14/22 4.100 01/15/2052	52,899	51,137
DT MIDSTREAM INC DTD 12/06/2024 5.800% 12/15/2034	39,978	40,282
DUKE ENERGY PROGRESS LLC DTD 09/08/17 3.600 09/15/2047	14,824	14,548
EASTERN ENERGY GAS DTD 10/09/2024 5.650% 10/15/2054	79,995	75,453
ELI LILLY & CO DTD 02/09/2024 5.000% 02/09/2054	39,772	36,760
ELI LILLY & CO DTD 08/14/2024 5.200% 08/14/2064	24,992	23,276
FREEMONT-MCMORAN C & G DTD 09/15/13 5.450 03/15/2043	28,478	28,030
GENERAL DYNAMICS CORP DTD 05/10/21 2.850 06/01/2041	14,572	14,260
GENERAL DYNAMICS CORP DTD 11/06/12 3.600 11/15/2042	47,667	47,188
GENERAL MOTORS FINL CO DTD 09/06/2024 5.450% 09/06/2034	49,825	48,524
GOLDMAN SACHS GROUP INC DTD 01/24/22 02/24/2043	15,274	14,888
GOLDMAN SACHS GROUP INC DTD 10/31/17 10/31/2038	56,643	55,043
HCA INC DTD 08/12/2024 5.450% 09/15/2034	24,964	24,367
HEALTH CARE SVC CORP DTD 06/10/2024 5.875% 06/15/2054	79,753	77,439
HESS CORP DTD 08/10/10 5.600 02/15/2041	30,656	29,627
HESS CORP DTD 09/28/16 5.800 04/01/2047	5,176	5,003
HEWLETT PACKARD ENTERPRISE DTD 09/26/2024 5.000% 10/15/2034	69,355	67,282
HOME DEPOT INC DTD 01/13/20 3.125 12/15/2049	29,899	30,125
HOME DEPOT INC DTD 03/30/20 3.350 04/15/2050	7,257	6,972
HOME DEPOT INC DTD 06/02/15 4.250 04/01/2046	34,281	33,273
HOME DEPOT INC DTD 06/05/17 3.900 06/15/2047	16,110	15,647
HOME DEPOT INC DTD 06/12/14 4.400 03/15/2045	17,578	17,082
HOME DEPOT INC DTD 06/25/2024 5.300% 06/25/2054	24,609	23,949
HONEYWELL INTERNATIONAL DTD 03/01/2024 5.250% 03/01/2054	59,865	56,189
HUNTSMAN INTERNATIONAL LLC DTD 09/26/2024 5.700% 10/15/2034	44,005	42,898
INGERSOLL RAND INC DTD 05/10/2024 5.700% 06/15/2054	19,894	19,626
INTEL CORP DTD 05/11/17 4.100 05/11/2047	23,268	21,322
INTEL CORP DTD 05/19/16 4.100 05/19/2046	15,670	14,251
INTEL CORP DTD 06/08/18 3.734 12/08/2047	21,840	19,785
JEFFERIES FIN GROUP INC DTD 04/16/2024 6.200% 04/14/2034	45,688	46,376

Huntington Memorial Hospital Retirement Plan

EIN 95-1644036 Plan #001

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

Asset Description	Cost	Market Value
Corporate debt (continued)		
JPMORGAN CHASE & CO DTD 07/22/2024 VAR CPN 07/22/2035	\$ 75,000	\$ 74,195
JPMORGAN CHASE & CO DTD 10/22/2024 VAR CPN 10/22/2035	50,000	48,176
JPMORGAN CHASE DTD 11/29/2024 VAR CPN 11/29/2045	45,000	43,927
KEURIG DR PEPPER INC DTD 03/15/21 3.350 03/15/2051	46,285	43,527
KROGER CO DTD 08/27/2024 5.500% 09/15/2054	84,544	80,059
LOWE'S COS INC DTD 04/20/16 3.700 04/15/2046	22,711	22,197
LOWE'S COS INC DTD 05/03/17 4.050 05/03/2047	23,868	23,293
LOWE'S COS INC DTD 10/22/20 3.000 10/15/2050	12,897	12,434
MARSH & MCLENNAN COS INC DTD 11/08/2024 5.400% 03/15/2055	79,615	76,606
MARTIN MARIETTA MATERIAL DTD 11/04/2024 5.500% 12/01/2054	19,601	18,866
MCDONALD'S CORP DTD 03/09/17 4.450 03/01/2047	61,163	58,750
MCDONALD'S CORP MED TERM NOTE	41,535	40,310
META PLATFORMS INC DTD 08/09/2024 5.550% 08/15/2064	51,751	48,742
MIDAMERICAN ENERGY CO DTD 02/01/17 3.950 08/01/2047	31,824	31,112
MORGAN STANLEY DTD 11/20/2024 VAR CPN 11/19/2055	60,000	57,823
NASDAQ INC DTD 03/07/2022 3.950% 03/07/2052	49,294	48,090
NETFLIX INC DTD 08/01/2024 5.400% 08/15/2054	69,924	68,086
NEWMONT CORP/NEWCREST FIN DTD 05/13/2024 4.200% 05/13/2050	54,356	52,413
NORTHERN STATES PWR-MINN DTD 05/31/16 3.600 05/15/2046	7,714	7,455
NORTHROP GRUMMAN CORP DTD 10/13/17 4.030 10/15/2047	86,428	82,428
OCCIDENTAL PETE CORP DTD 07/26/2024 5.550% 10/01/2034	24,905	24,317
ONEOK INC DTD 09/24/2024 5.050% 11/01/2034	149,519	143,454
ONEOK INC DTD 09/24/2024 5.700% 11/01/2054	44,333	42,314
ORACLE CORP DTD 07/07/16 4.000 07/15/2046	18,522	19,239
ORACLE CORP DTD 09/27/2024 5.500% 09/27/2064	24,327	22,873
OWENS CORNING DTD 05/31/2024 5.950% 06/15/2054	64,276	64,229
OWENS CORNING DTD 06/26/17 4.300 07/15/2047	15,556	15,938
PACIFIC GAS & ELECTRIC DTD 02/21/14 4.750 02/15/2044	33,995	34,133
PACIFIC GAS & ELECTRIC DTD 12/01/16 4.000 12/01/2046	14,815	15,070
PACIFICORP DTD 01/05/2024 5.800% 01/15/2055	59,639	58,305
PNC FINANCIAL SERVICES DTD 01/22/2024 VAR CPN 01/22/2035	60,106	60,693
PROGRESSIVE CORP DTD 04/06/17 4.125 04/15/2047	67,093	64,414
RTX CORPORATION DTD 08/10/2021 2.820% 09/01/2051	29,945	27,258
RTX CORPORATION DTD 11/16/2021 3.030% 03/15/2052	31,178	28,463
SOLVENTUM CORP DTD 02/27/2024 5.600% 03/23/2034	49,189	49,754
TAPESTRY INC DTD 12/11/2024 5.500% 03/11/2035	34,952	34,043

Huntington Memorial Hospital Retirement Plan

EIN 95-1644036 Plan #001

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

Asset Description	Cost	Market Value
Corporate debt (continued)		
UNION PACIFIC CORP DTD 03/01/16 4.050 03/01/2046	\$ 86,234	\$ 83,807
UNION PACIFIC CORP MED TERM NOTE	53,437	52,753
UNITED TECHNOLOGIES CORP DTD 05/04/17 4.050 05/04/2047	37,916	35,337
UNITEDHEALTH GROUP INC DTD 07/25/19 3.500 08/15/2039	71,167	71,179
UNITEDHEALTH GROUP INC DTD 07/25/2024 5.750% 07/15/2064	81,318	77,733
UNITEDHEALTH GROUP INC DTD 10/22/12 3.950 10/15/2042	25,050	24,082
US BANCORP DTD 01/23/2024 VAR CPN 01/23/2035	45,031	45,380
VERIZON COMMUNICATIONS DTD 08/01/16 4.125 08/15/2046	37,359	35,641
VIACOM INC DTD 03/15/13 4.375 03/15/2043	18,237	18,200
VIACOM INC DTD 04/12/06 6.875 04/30/2036	30,041	30,373
VIACOMCBS INC DTD 05/19/20 4.200 05/19/2032	26,346	26,440
VICI PROPERTIES LP DTD 03/18/2024 5.750% 04/01/2034	44,505	45,408
VIRGINIA ELEC & POWER CO DTD 11/22/21 2.950 11/15/2051	33,244	31,132
VISTRA OPERATIONS CO LLC DTD 12/04/2024 5.700% 12/30/2034	49,952	49,476
VODAFONE GROUP PLC DTD 09/17/19 4.250 09/17/2050	40,495	38,795
VULCAN MATERIALS CO DTD 11/20/2024 5.700% 12/01/2054	39,777	38,829
WARNERMEDIA HOLDINGS INC DTD 03/15/2023 4.279% 03/15/2032	35,593	35,248
WELLPOINT INC DTD 09/10/12 4.650 01/15/2043	161,025	151,709
WESTLAKE CHEMICAL CORP DTD 08/19/21 2.875 08/15/2041	30,852	30,194
WESTLAKE CHEMICAL CORP DTD 08/19/21 3.125 08/15/2051	9,570	9,331
AKER BP ASA DTD 10/01/2024 5.800% 10/01/2054	149,535	135,864
CSL FIN PLC DTD 04/03/2024 5.417% 04/03/2054	20,000	18,815
ICON INVTS SIX DESIGNATED DTD 05/08/2024 6.000% 05/08/2034	203,722	201,924
SMURFIT KAPPA TREASURY DTD 04/03/2024 5.777% 04/03/2054	50,000	49,523
TOTALENERGIES CAP DTD 04/05/2024 5.638% 04/05/2064	60,000	57,350
TOTALENERGIES CAP DTD 09/10/2024 5.425% 09/10/2064	10,000	9,274
VALE OVERSEAS LIMITED DTD 06/12/2023 6.125% 06/12/2033	65,562	65,816
VODAFONE GROUP PLC DTD 06/28/2024 5.875% 06/28/2064	64,221	62,891
GREAT-WEST LIFECO FINANC 144A PRIV PLCMT 4.150 06/03/2047	28,914	27,673
Total Corporate debt		34,272,272
Foreign Government Bonds		
SAUDI INTERNATIONAL BOND MEDIUM TERM NOTE, 1/18/23, 5.000%,	186,964	169,136
UNITED MEXICAN STATES, DTD 04/14/21, 4.280%, 08/14/2041	161,640	146,666
UNITED MEXICAN STATES, DTD 03/08/12, 4.750%, 03/08/2044	65,360	60,701
UNITED MEXICAN STATES, DTD 04/28/2023, 6.338%, 05/04/2053	249,995	222,455
REPUBLIC OF PERU DTD 08/08/2024 5.875% 08/08/2054	59,465	57,170
Total Foreign Government Bonds		656,128

Huntington Memorial Hospital Retirement Plan

EIN 95-1644036 Plan #001

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

<u>Asset Description</u>	<u>Cost</u>	<u>Market Value</u>
Asset-back securities		
TACO BELL FUNDING, LLC, SER 2021-1A CL A2II, 2.294%, 8/25/2051	\$ 63,164	\$ 67,965
Total asset-based securities		<u>67,965</u>
U.S. Government securities		
UNITED STATES TREASURY BONDS, DTD 08/15/2023, 4.375%,	168,782	165,602
US TREASURY BOND ZERO CPN, DTD 11/17/14, 0.000%, 11/15/2044	70,306	68,607
UNITED STATES TREASURY BONDS DTD 02/15/2024 4.500% 02/15/2044	266,195	255,798
UNITED STATES TREASURY BONDS DTD 05/15/2024 4.625% 05/15/2044	596,914	564,226
UNITED STATES TREASURY BONDS DTD 08/15/2024 4.250% 08/15/2054	108,329	104,105
UNITED STATES TREASURY NOTES DTD 02/15/2024 4.000% 02/15/2034	186,007	184,770
US TREASURY BOND DTD 02/16/21 1.875 02/15/2051	34,049	31,697
UNITED STATES TREASURY BONDS DTD 02/15/2024 4.500% 02/15/2044	42,777	41,042
UNITED STATES TREASURY BONDS DTD 05/15/2024 4.625% 05/15/2054	15,333	14,574
UNITED STATES TREASURY BONDS DTD 08/15/2024 4.125% 08/15/2044	32,443	31,674
UNITED STATES TREASURY BONDS DTD 08/15/2024 4.250% 08/15/2054	123,018	118,716
Total U.S. Government securities		<u>1,580,811</u>
Municipal securities		
DALLAS FORT WORTH TEXAS AIRPORT REVENUE, 4/21/22, 4.087%, 11/1/2051	70,354	66,257
CHICAGO ILL MET WTR RECLAMATIO BUILD AMERICA BONDS, 8/26/09, 5.720%, 12/1/2038	106,025	95,381
CALIFORNIA HEALTH FACS FING AUTH REVENUE BONDS, 4/7/22, 4.353%, 6/1/2041	55,474	53,233
MUNICIPAL ELEC AUTH GA BUILD AMERICA BONDS-TAXABLE-PL, 3/11/10, 6.637%, 4/1/2057	104,140	99,229
RIVERSIDE CNTY CA PENSN OBLG TXBL, 5/6/20, 3.818%, 2/15/2038		
UNIV OF CALIFORNIA CA REVENUES TXBL-GEN-SER AQ, 4/8/15, 4.767%, 5/15/2115	73,686	71,413
OKLAHOMA DEV FIN AUTH UTILITIES REVENUE, 8/25/22, 4.714%, 5/1/2052	55,046	48,928
OKLAHOMA DEV FIN AUTH UTILITIES REVENUE, 8/25/22, 4.714%, 5/1/2052	48,748	45,509
CALIFORNIA HEALTH FACS FING AUTH REVENUE BONDS, 4/7/22, 4.353%, 6/1/2041	141,359	133,081
DALLAS-FORT WORTH TEXAS INTERNATI AIRPORT REVENUE, 4/21/22, 4.507%, 11/1/2051	72,395	65,002

Huntington Memorial Hospital Retirement Plan

EIN 95-1644036 Plan #001

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

<u>Asset Description</u>	<u>Cost</u>	<u>Market Value</u>
Municipal securities (continued)		
UNIV CALIFORNIA REGTS MED MEDICAL FACILITIES, 5/11/22, 4.563%, 5/15/2053	\$ 153,104	\$ 137,819
LOS ANGELES CALIFORNIA CMNTY CLG DIS GENERAL OBLIGATION DTD 07/22/2010 6.600% 08/01/2042	33,911	32,422
TEXAS ST BUILD AMERICA BONDS TAXABLE DTD 08/26/09 5.517 04/01/2039	81,647	79,976
Total municipal securities		<u>928,250</u>
Equitable insurance company – insurnace company general account	1,512,367	1,512,367
		<u><u>\$ 109,506,848</u></u>

Huntington Memorial Hospital Retirement Plan

EIN 95-1644036 Plan #001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2024

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (i) – Individual transactions in excess of 5% of plan assets						
BLACKROCK	SHORT-TERM INVESTMENT FUND A S1	\$ 6,000,000	\$ –	\$ 6,000,000	\$ 6,000,000	\$ –
BLACKROCK	SHORT-TERM INVESTMENT FUND A S1	–	9,999,264	9,999,264	9,999,264	–
VANGUARD	VANGUARD EXTENDED DURATION TREASURY INDEX FUND CLASS INS	9,999,264	–	9,999,264	9,999,264	–
Category (iii) – Series of transactions in excess of 5% of current value of plan assets at the beginning of the plan year						
AXA Equitable Life Insurance company	Insurance company general fund	\$ 10,800,148	\$ –	\$ 10,800,148	\$ 10,800,148	\$ –
AXA Equitable Life Insurance company	Insurance company general fund	–	10,559,762	10,559,762	10,559,762	–
BLACKROCK	SHORT-TERM INVESTMENT FUND A S1	36,163,393	–	36,163,393	36,163,393	–
BLACKROCK	SHORT-TERM INVESTMENT FUND A S1	–	35,854,485	35,854,485	35,854,485	–
VANGUARD	VANGUARD EXTENDED DURATION TREASURY INDEX FUND CLASS INS	10,431,115	–	10,431,115	10,431,115	–

There were no category (ii) or (iv) transactions for the year ended December 31, 2024.

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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a - Schedule of Active Participant Data as of January 1, 2024 Number and average annual frozen benefit distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	1	5	0	0	0	0	0	0	0	6
	-	-	-	-	-	-	-	-	-	-	-	-
35-39	0	0	2	37	26	1	0	0	0	0	0	66
	-	-	-	1,588	2,742	-	-	-	-	-	-	2,028
40-44	0	0	3	29	76	21	0	0	0	0	0	129
	-	-	-	1,940	3,868	4,236	-	-	-	-	-	3,444
45-49	0	0	1	18	92	42	8	0	0	0	0	161
	-	-	-	-	3,861	6,106	-	-	-	-	-	4,437
50-54	0	0	2	22	72	55	32	6	0	0	0	189
	-	-	-	1,429	4,486	6,823	7,880	-	-	-	-	5,434
55-59	0	0	3	21	58	52	36	33	2	0	0	205
	-	-	-	1,719	4,160	7,164	8,980	14,493	-	-	-	7,389
60-64	0	0	1	16	39	27	32	57	13	4	4	189
	-	-	-	-	4,553	5,850	7,685	14,012	-	-	-	10,106
65-69	0	0	2	7	33	10	11	36	7	6	6	112
	-	-	-	-	3,319	-	-	16,119	-	-	-	10,614
70 & over	0	0	0	3	3	4	10	8	1	3	3	32
	-	-	-	-	-	-	-	-	-	-	-	11,229
Total	0	0	15	158	399	212	129	140	23	13	13	1,089
	-	-	-	1,733	3,965	6,306	8,116	14,441	30,082	-	-	6,700

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

Plan Name: Huntington Memorial Hospital Retirement Plan
 EIN / PN: 95-1644036/001
 Plan Sponsor: Pasadena Hospital Association, Ltd
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:	Reflecting Stabilization	Not Reflecting Stabilization
-----------------	--------------------------	------------------------------

Plan-related expenses: \$2,411,000

Demographic Assumptions

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

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

Mortality:

- All participants Separate rates for non-annuitants (based on Pri-2012 "Employees" table without collar or amount adjustments and then projected forward with generational projection using adjusted Scale MP-2021) and annuitants (based on Pri-2012 "Healthy Annuitants" table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021). The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%.

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Termination rates (not due to disability, retirement, or mortality)

The rates at which participants are assumed to leave by age and gender are shown below:

Attained Age	Males (%)	Females (%)
30	15.00	14.50
31	15.00	13.00
32	13.50	12.00
33	12.00	11.00
34	10.00	10.00
35	9.00	9.00
36	9.00	8.00
37	8.50	7.00
38	8.00	7.00
39	7.50	6.00
40	7.00	6.00
41	5.50	6.00
43	5.50	5.50
44	5.50	5.20
45	5.50	5.00
47	5.50	4.75
49-53	5.00	4.75
54+	5.00	4.50

Disability

The rates at which participants become disabled is 0.14% per year.

Retirement

Attained Age	Retirement Rate (%)
55-57	5.0
58	6.0
59	7.0
60	8.0
61	9.0
62	10.0
63	11.0
64	12.0
65	20.0
66-68	25.0
69-72	26.0
73-74	27.0
75+	100.0

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit Age 66
- Disability benefit Age 65
- Retirement benefit The later of age 66 or termination of employment

Plan Name: Huntington Memorial Hospital Retirement Plan
 EIN / PN: 95-1644036/001
 Plan Sponsor: Pasadena Hospital Association, Ltd
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Form of Payment 70% of participants are assumed to elect a lump sum. The remainder are assumed to be paid as Life Annuities with 60 guaranteed payments.

Marital assumptions:

- Percent married It is assumed that 65% of all male active and terminated employees are married to an Eligible Spouse and 40% of all female active and terminated employees are married to an Eligible Spouse.
- Spouse age Wives are assumed to be two years younger than husbands.

Lump sum annuity conversion (PPA):

- Interest rate 2023 September segment rates, adjusted by the HATFA corridors. Lump sums were valued using the substitution of annuity form under IRS Regulation §1.430(d)-1(f)(4) without application of generational mortality.
- Mortality PPA 2024 Optional Combined Unisex Table for expected payments during 2024, and the estimated PPA 2024 Optional Combined Unisex Table for all other payments.

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement or age 55, if later.

Methods

Valuation date First day of plan year

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

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

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Actuarial value of assets

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 5.40% for 2023 and 5.75% for 2022 (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2022 plan year.)

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

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Huntington Hospital and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

Employee data as of January 1, 2024 was provided by Huntington Hospital. Data for other participants was provided by Huntington Hospital. We did not audit the participant data. We did check the data we received thoroughly, reconciling last year's data with the new data. This reconciliation accounted for all changes to the covered population. All data was checked for internal consistency and for consistency with last year's data. Asset data was provided by the plan trustee. The following assumptions were made for missing or inconsistent data:

- Beneficiary date of birth: In the absence of data, male spouses are assumed to be 2 years older than female participants, and female spouses are assumed to be 2 years younger than male participants.
- Beneficiary gender: In the absence of data, male participants are assumed to have a female spouse, and female participants are assumed to have a male spouse.
- Beneficiary benefit: In the absence of data, new deferred beneficiaries are assumed to have the same benefits as the original, terminated vested participant.
- Employee contribution balance: In the absence of data, the prior year employee contribution balance is increased with interest.

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Assumptions Rationale – Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Expected return on plan assets	We understand that the expected return on assets assumption reflects the plan sponsor's estimate of future experience for trust asset returns, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions. WTW's determination that this assumption does not significantly conflict with what would be reasonable is based on our use of WTW's Expected Return Estimator model.
Lump sum conversion rate	As required by IRC §430, lump sum benefits are valued using "annuity substitution" using a select and ultimate assumption for the plan's lump sum conversion rate, and thus reflects both current conditions and expected future conditions. We believe the assumption is not significantly inconsistent with what would be reasonable and consistent with other economic assumptions used.
Plan-related expenses	As required by regulations, plan-related expenses are estimated by determining the average expenses (including, for example, actuarial, accounting, legal, administration and trustee fees to be paid from the trust), excluding Pension Benefit Guaranty Corporation (PBGC) premiums, paid from the trust over the preceding three years, plus an estimate of the PBGC premiums to be paid during the year.

Assumptions Rationale – Significant Demographic Assumptions

Healthy mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Termination

Termination rates were based on an experience study conducted in 2024, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Assumed termination rates differ by age and gender because of expected differences in termination rates by gender.

Disability

Disability rates were based on an experience study conducted in 2008, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Retirement

Retirement rates were based on an experience study conducted in 2024, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Benefit commencement date for deferred benefits:

- Preretirement death benefit

Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available.

- Deferred vested benefit

Ages for deferred vested participant benefit commencement were based on an experience study conducted in 2024, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Form of payment

The percentage of retiring participants assumed to take lump sums is based on an experience study conducted in 2024, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods

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

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was updated as specified in the regulations under §1.430(h)(3)-1.
- The mortality table for lump sums was updated to the static mortality table (optional combined unisex) applicable for payment dates in 2024 as defined in IRS Reg. 1.430(h)(3)-1.
- The assumed plan-related expenses added to the target normal cost were changed from \$2,575,000 for 2023 to \$2,411,000 for 2024.
- Termination rates, retirement rates, benefit commencement age, lump sum election rates, and percent married assumptions were updated based on an experience study conducted in 2024.
- There were no changes in methods since the prior valuation.

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2024

Plan Name	Huntington Memorial Hospital Retirement Plan
Plan Sponsor EIN	95-1644036
ERISA Plan #	001
Plan Year Ending	12/31/2024

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

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

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan HUNTINGTON MEMORIAL HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Pasadena Hospital Association, Ltd	D Employer Identification Number (EIN) 95-1644036	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	117,944,961
	b Actuarial value	2b	125,687,846
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	376	44,102,050
	b For terminated vested participants	909	39,246,078
	c For active participants	1,089	71,470,244
	d Total	2,374	154,818,372
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.17%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	2,411,000
	c Target normal cost	6c	2,411,000

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

SIGN HERE	<i>Katelyn L. Bailey</i> Signature of actuary	10/3/2025 Date
	Katelyn L. Bailey Type or print name of actuary	2308880 Most recent enrollment number
	Willis Towers Watson US LLC Firm name	951-434-5200 Telephone number (including area code)
	2010 Main Street Irvine Concourse - Suite 1050 Irvine CA 92614 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 63

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	2,411,000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	29,272,178	2,954,725
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	5,365,725
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	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....			5,365,725
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			12,396,322

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

a Total (excess, if any, of line 37 over line 36)	38a	7,030,597
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Pasadena Hospital Association, Ltd
EIN/PN	95-1644036/001
Plan Name	Huntington Memorial Hospital Retirement Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Katelyn L. Bailey
Enrollment Number	23-08880

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

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

SCHEDULE SB ATTACHMENTS

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

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

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.05	1,000	1.000000	0.050000	2.750000
56	0.05	950	0.950000	0.047500	2.660000
57	0.05	903	0.902500	0.045125	2.572125
58	0.06	857	0.857375	0.051443	2.983665
59	0.07	806	0.805933	0.056415	3.328501
60	0.08	750	0.749517	0.059961	3.597683
61	0.09	690	0.689556	0.062060	3.785662
62	0.10	627	0.627496	0.062750	3.890474
63	0.11	565	0.564746	0.062122	3.913691
64	0.12	503	0.502624	0.060315	3.860153
65	0.20	442	0.442309	0.088462	5.750020
66	0.25	354	0.353847	0.088462	5.838482
67	0.25	265	0.265386	0.066346	4.445208
68	0.25	199	0.199039	0.049760	3.383666
69	0.26	149	0.149279	0.038813	2.678072
70	0.26	110	0.110467	0.028721	2.010495
71	0.26	82	0.081745	0.021254	1.509020
72	0.26	60	0.060492	0.015728	1.132402
73	0.27	45	0.044764	0.012086	0.882294
74	0.27	33	0.032678	0.008823	0.652898
75	1.00	24	0.023855	0.023855	1.789096
Average age at retirement					63.413607
Rounded for Schedule SB item 22					63

Plan Name: Huntington Memorial Hospital Retirement Plan
 EIN / PN: 95-1644036/001
 Plan Sponsor: Pasadena Hospital Association, Ltd
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:	Reflecting Stabilization	Not Reflecting Stabilization
-----------------	--------------------------	------------------------------

Plan-related expenses: \$2,411,000

Demographic Assumptions

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

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

Mortality:

- All participants Separate rates for non-annuitants (based on Pri-2012 "Employees" table without collar or amount adjustments and then projected forward with generational projection using adjusted Scale MP-2021) and annuitants (based on Pri-2012 "Healthy Annuitants" table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021). The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%.

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Termination rates (not due to disability, retirement, or mortality)

The rates at which participants are assumed to leave by age and gender are shown below:

Attained Age	Males (%)	Females (%)
30	15.00	14.50
31	15.00	13.00
32	13.50	12.00
33	12.00	11.00
34	10.00	10.00
35	9.00	9.00
36	9.00	8.00
37	8.50	7.00
38	8.00	7.00
39	7.50	6.00
40	7.00	6.00
41	5.50	6.00
43	5.50	5.50
44	5.50	5.20
45	5.50	5.00
47	5.50	4.75
49-53	5.00	4.75
54+	5.00	4.50

Disability

The rates at which participants become disabled is 0.14% per year.

Retirement

Attained Age	Retirement Rate (%)
55-57	5.0
58	6.0
59	7.0
60	8.0
61	9.0
62	10.0
63	11.0
64	12.0
65	20.0
66-68	25.0
69-72	26.0
73-74	27.0
75+	100.0

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit Age 66
- Disability benefit Age 65
- Retirement benefit The later of age 66 or termination of employment

Plan Name: Huntington Memorial Hospital Retirement Plan
 EIN / PN: 95-1644036/001
 Plan Sponsor: Pasadena Hospital Association, Ltd
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Form of Payment 70% of participants are assumed to elect a lump sum. The remainder are assumed to be paid as Life Annuities with 60 guaranteed payments.

Marital assumptions:

- Percent married It is assumed that 65% of all male active and terminated employees are married to an Eligible Spouse and 40% of all female active and terminated employees are married to an Eligible Spouse.
- Spouse age Wives are assumed to be two years younger than husbands.

Lump sum annuity conversion (PPA):

- Interest rate 2023 September segment rates, adjusted by the HATFA corridors. Lump sums were valued using the substitution of annuity form under IRS Regulation §1.430(d)-1(f)(4) without application of generational mortality.
- Mortality PPA 2024 Optional Combined Unisex Table for expected payments during 2024, and the estimated PPA 2024 Optional Combined Unisex Table for all other payments.

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement or age 55, if later.

Methods

Valuation date First day of plan year

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

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

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Actuarial value of assets

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 5.40% for 2023 and 5.75% for 2022 (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2022 plan year.)

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

Benefits not valued

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Sources of Data and Other Information

Employee data as of January 1, 2024 was provided by Huntington Hospital. Data for other participants was provided by Huntington Hospital. We did not audit the participant data. We did check the data we received thoroughly, reconciling last year's data with the new data. This reconciliation accounted for all changes to the covered population. All data was checked for internal consistency and for consistency with last year's data. Asset data was provided by the plan trustee. The following assumptions were made for missing or inconsistent data:

- Beneficiary date of birth: In the absence of data, male spouses are assumed to be 2 years older than female participants, and female spouses are assumed to be 2 years younger than male participants.
- Beneficiary gender: In the absence of data, male participants are assumed to have a female spouse, and female participants are assumed to have a male spouse.
- Beneficiary benefit: In the absence of data, new deferred beneficiaries are assumed to have the same benefits as the original, terminated vested participant.
- Employee contribution balance: In the absence of data, the prior year employee contribution balance is increased with interest.

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Assumptions Rationale – Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Expected return on plan assets	We understand that the expected return on assets assumption reflects the plan sponsor's estimate of future experience for trust asset returns, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions. WTW's determination that this assumption does not significantly conflict with what would be reasonable is based on our use of WTW's Expected Return Estimator model.
Lump sum conversion rate	As required by IRC §430, lump sum benefits are valued using "annuity substitution" using a select and ultimate assumption for the plan's lump sum conversion rate, and thus reflects both current conditions and expected future conditions. We believe the assumption is not significantly inconsistent with what would be reasonable and consistent with other economic assumptions used.
Plan-related expenses	As required by regulations, plan-related expenses are estimated by determining the average expenses (including, for example, actuarial, accounting, legal, administration and trustee fees to be paid from the trust), excluding Pension Benefit Guaranty Corporation (PBGC) premiums, paid from the trust over the preceding three years, plus an estimate of the PBGC premiums to be paid during the year.

Assumptions Rationale – Significant Demographic Assumptions

Healthy mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
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Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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Termination rates were based on an experience study conducted in 2024, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Assumed termination rates differ by age and gender because of expected differences in termination rates by gender.

Disability

Disability rates were based on an experience study conducted in 2008, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Retirement

Retirement rates were based on an experience study conducted in 2024, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Benefit commencement date for deferred benefits:

- Preretirement death benefit

Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available.

- Deferred vested benefit

Ages for deferred vested participant benefit commencement were based on an experience study conducted in 2024, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Form of payment

The percentage of retiring participants assumed to take lump sums is based on an experience study conducted in 2024, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
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SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods

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Change in assumptions and methods since prior valuation

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- The mortality table used to calculate the funding target and target normal cost was updated as specified in the regulations under §1.430(h)(3)-1.
- The mortality table for lump sums was updated to the static mortality table (optional combined unisex) applicable for payment dates in 2024 as defined in IRS Reg. 1.430(h)(3)-1.
- The assumed plan-related expenses added to the target normal cost were changed from \$2,575,000 for 2023 to \$2,411,000 for 2024.
- Termination rates, retirement rates, benefit commencement age, lump sum election rates, and percent married assumptions were updated based on an experience study conducted in 2024.
- There were no changes in methods since the prior valuation.

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

Termination rates, retirement rates, benefit commencement age, lump sum election rates, and percent married assumptions were updated based on an experience study conducted in 2024.

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

Effective date and most recent amendment	The plan was originally effective July 1, 1963. The plan was amended and restated effective January 1, 2016; the most recent amendment to such restatement is effective January 1, 2023.
Coverage and participation	<p>All employees are eligible to participate under the plan on the first of the month coincident with or next following the first anniversary of hire. "Employee" means any person on the payroll whose wages are subject to withholding for the purposes of federal income tax.</p> <p>Note: If an employee meets the age requirement, but fails to complete 1,000 hours during the first year, participation may begin on the January 1 following the plan year in which 1,000 hours are completed.</p> <p>Participation in the plan was frozen effective July 1, 2013.</p>
Plan year	The twelve-month period ending December 31.

Definitions

Vesting service	The participant's number of years of service prior to January 1, 1976, plus the number of calendar years commencing January 1, 1976, in which credited service is at least 1,000 hours. A participant accrues one-tenth of a year of vesting service for every 100 hours worked as a participant.
Credited service	<p>Service is based on the number of hours worked during each calendar year an employee elected to participate in the plan.</p> <p>Credited service accruals were frozen for all participants effective June 30, 2005.</p>

Plan Name:	Huntington Memorial Hospital Retirement Plan
EIN / PN:	95-1644036/001
Plan Sponsor:	Pasadena Hospital Association, Ltd
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Final average compensation/salary The monthly average of the 5 consecutive complete years' compensation out of the last 10 years that gives the highest average. Compensation includes W-2 compensation plus any compensation deferred under a Section 125 or Section 403(b) plan. If an employee works under 2,080 hours for a year, then that year's compensation will be multiplied by the ratio of 2,080 to the number of hours actually worked.

No compensation earned subsequent to July 1, 2013 shall be counted in determining this average for all participants.

Normal retirement date (NRD) The first of the month coincident with or next following age 65.

Accrued benefits The participant's accrued benefit at any given date is determined under the normal retirement formula(s) shown above, but is based on current credited service, final average monthly compensation, and covered compensation.

The plan was amended to freeze benefit accruals to all participants as of July 1, 2013.

Eligibility for Benefits

Normal retirement Retirement on NRD.

Early retirement Age 55 and 5 years of credited service.

Postponed retirement Retirement after NRD.

Deferred vested termination A participant is 100% vested upon completion of 5 years of vesting service. However, all participants become 100% vested upon reaching age 65. A participant is 100% vested in his employee contribution account at all times.

Disability Total and permanent disability of participant prior to normal retirement date and after 5 years of vesting service.

Preretirement death benefit Surviving spouse of an active employee who had completed 5 years of vesting service as of the date of death.

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

Based on the sum of (A) and (B) below:

(A) The greater of the following formulas:

Formula 1:

1.3% of final average monthly compensation, not in excess of covered compensation times credited service at June 30, 2005

plus

1.6% of final average monthly compensation in excess of covered compensation times credited service at June 30, 2005 up to 35 years.

Formula 2:

\$7.50 times credited service at June 30, 2005.

(B) One-twelfth of 1% of compensation earned after June 30, 2005. Compensation for this portion of the benefit will not be adjusted for hours worked.

The plan was amended to freeze benefit accruals to all participants as of July 1, 2013.

Early retirement

Accrued benefit as of early retirement date multiplied by an early retirement factor due to earlier commencement of payments.

Age	Factors
65	1.000
64	.933
63	.867
62	.800
61	.733
60	.667
59	.633
58	.600
57	.567
56	.533
55	.500

Postponed retirement

The greater of the retirement benefit calculated using credited service and final average monthly compensation as of the late retirement date, and the normal retirement benefit actuarially increased to late retirement date.

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Deferred vested termination

The vested accrued benefit, payable in the normal form, commencing at NRD. Optionally, the participant may elect to receive a reduced benefit (see early retirement factors above) commencing prior to NRD.

Disablement

The amount of monthly payment shall be determined in the same manner as a normal pension using the Participant's Compensation at the time of disability, but the benefit service the participant would have had at June 30, 2005.

Preretirement death:

- Non-disabled participant
The participant's spouse will receive a monthly retirement income payable for life in an amount equal to 70% of the amount the participant would have received if he had survived and elected to commence receiving a retirement income at the earliest date allowed under the plan, payable under the qualified joint and 50% contingent option.
- Disabled participant
Prior to normal retirement, surviving spouses of disabled participants are entitled to a death benefit identical to the one for active employees. This is determined as if the disabled participant had remained in service until his date of death and his last rate of pay had continued unchanged.

Other Plan Provisions

Forms of payment:

- Normal form
Life Annuity with 60 guaranteed payments.
- Optional forms
The plan provides optional payment forms, including the qualified Joint and Contingent benefit for married employees, on an actuarially equivalent basis (interest rate equal to average of three most recent December immediate annuity rates from PBGC, rounded to nearest ½% and UP-1984 Mortality Table set back three years). Lump-sum distributions are also allowed.

If the present value of a participant's accrued benefit, the present value of a Qualified Preretirement Survivor Annuity payable to a spouse, or the value of the participant's employee contribution account payable to the Designated Beneficiary of a deceased Participant with no Surviving Spouse, is equal to or less than \$5,000, the benefit will be distributed as a single lump-sum payment.

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan participants' contributions

Employee contributions are not required or permitted effective July 1, 2005.

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

None.

Changes in Benefits Valued Since Prior Year

None.

Substantive Commitment

None.

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a - Schedule of Active Participant Data as of January 1, 2024 Number and average annual frozen benefit distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	1	5	0	0	0	0	0	0	0	6
	-	-	-	-	-	-	-	-	-	-	-	-
35-39	0	0	2	37	26	1	0	0	0	0	0	66
	-	-	-	1,588	2,742	-	-	-	-	-	-	2,028
40-44	0	0	3	29	76	21	0	0	0	0	0	129
	-	-	-	1,940	3,868	4,236	-	-	-	-	-	3,444
45-49	0	0	1	18	92	42	8	0	0	0	0	161
	-	-	-	-	3,861	6,106	-	-	-	-	-	4,437
50-54	0	0	2	22	72	55	32	6	0	0	0	189
	-	-	-	1,429	4,486	6,823	7,880	-	-	-	-	5,434
55-59	0	0	3	21	58	52	36	33	2	0	0	205
	-	-	-	1,719	4,160	7,164	8,980	14,493	-	-	-	7,389
60-64	0	0	1	16	39	27	32	57	13	4	4	189
	-	-	-	-	4,553	5,850	7,685	14,012	-	-	-	10,106
65-69	0	0	2	7	33	10	11	36	7	6	6	112
	-	-	-	-	3,319	-	-	16,119	-	-	-	10,614
70 & over	0	0	0	3	3	4	10	8	1	3	3	32
	-	-	-	-	-	-	-	-	-	-	-	11,229
Total	0	0	15	158	399	212	129	140	23	13	13	1,089
	-	-	-	1,733	3,965	6,306	8,116	14,441	30,082	-	-	6,700

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

Plan Name: Huntington Memorial Hospital Retirement Plan
 EIN / PN: 95-1644036/001
 Plan Sponsor: Pasadena Hospital Association, Ltd
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	409,854	696,791	4,441,222	5,547,867
2025	1,150,730	1,436,881	4,328,965	6,916,576
2026	1,883,520	1,642,809	4,207,542	7,733,871
2027	2,562,915	1,852,458	4,078,818	8,494,191
2028	3,140,234	2,064,874	3,945,482	9,150,590
2029	3,635,755	2,208,617	3,804,132	9,648,504
2030	4,125,226	2,290,809	3,656,406	10,072,441
2031	4,607,522	2,389,536	3,499,154	10,496,212
2032	4,985,902	2,479,078	3,333,030	10,798,010
2033	5,310,009	2,545,850	3,162,262	11,018,121
2034	5,583,019	2,641,687	2,987,062	11,211,768
2035	5,784,987	2,756,341	2,808,294	11,349,622
2036	5,936,597	2,844,041	2,625,436	11,406,074
2037	6,049,168	2,962,629	2,439,654	11,451,451
2038	6,172,598	3,048,004	2,252,254	11,472,856
2039	6,231,467	3,063,332	2,064,673	11,359,472
2040	6,238,823	3,069,091	1,878,427	11,186,341
2041	6,221,598	3,049,631	1,695,075	10,966,304
2042	6,161,867	3,022,587	1,516,235	10,700,689
2043	6,062,387	2,993,404	1,343,538	10,399,329
2044	5,936,385	2,946,842	1,178,582	10,061,809
2045	5,783,762	2,888,715	1,022,870	9,695,347
2046	5,615,532	2,824,734	877,744	9,318,010
2047	5,427,601	2,755,554	744,305	8,927,460
2048	5,230,923	2,686,013	623,357	8,540,293
2049	5,004,908	2,602,754	515,353	8,123,015
2050	4,755,681	2,494,532	420,373	7,670,586
2051	4,494,758	2,382,066	338,157	7,214,981
2052	4,215,344	2,269,242	268,137	6,752,723
2053	3,926,948	2,144,332	209,485	6,280,765
2054	3,635,054	2,005,701	161,189	5,801,944
2055	3,346,642	1,865,020	122,107	5,333,769
2056	3,066,900	1,727,709	91,044	4,885,653
2057	2,798,470	1,594,688	66,801	4,459,959
2058	2,542,341	1,467,041	48,229	4,057,611
2059	2,300,333	1,344,761	34,268	3,679,362
2060	2,073,202	1,228,299	23,970	3,325,471
2061	1,860,820	1,117,533	16,515	2,994,868
2062	1,663,316	1,012,564	11,217	2,687,097
2063	1,480,508	913,485	7,519	2,401,512
2064	1,312,035	820,412	4,981	2,137,428
2065	1,157,354	733,339	3,267	1,893,960
2066	1,015,895	652,241	2,125	1,670,261
2067	887,008	577,044	1,373	1,465,425
2068	770,040	507,637	882	1,278,559
2069	664,327	443,882	564	1,108,773
2070	569,222	385,600	359	955,181
2071	484,107	332,596	227	816,930
2072	408,386	284,666	142	693,194
2073	341,478	241,599	88	583,165

Plan Name: Huntington Memorial Hospital Retirement Plan
 EIN / PN: 95-1644036/001
 Plan Sponsor: Pasadena Hospital Association, Ltd
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	(981,538)	15.00000	(981,538)	(89,301)
2. Shortfall	01/01/2023	18,947,063	14.00000	18,180,366	1,735,185
3. Shortfall	01/01/2022	(3,731,650)	13.00000	(3,427,279)	(344,847)
4. Shortfall	01/01/2021	17,735,524	12.00000	15,500,629	1,653,688
Total				29,272,178	2,954,725

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Pasadena Hospital Association, Ltd
EIN/PN	95-1644036/001
Plan Name	Huntington Memorial Hospital Retirement Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Katelyn L. Bailey
Enrollment Number	23-08880

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

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

SCHEDULE SB ATTACHMENTS

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

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

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.05	1,000	1.000000	0.050000	2.750000
56	0.05	950	0.950000	0.047500	2.660000
57	0.05	903	0.902500	0.045125	2.572125
58	0.06	857	0.857375	0.051443	2.983665
59	0.07	806	0.805933	0.056415	3.328501
60	0.08	750	0.749517	0.059961	3.597683
61	0.09	690	0.689556	0.062060	3.785662
62	0.10	627	0.627496	0.062750	3.890474
63	0.11	565	0.564746	0.062122	3.913691
64	0.12	503	0.502624	0.060315	3.860153
65	0.20	442	0.442309	0.088462	5.750020
66	0.25	354	0.353847	0.088462	5.838482
67	0.25	265	0.265386	0.066346	4.445208
68	0.25	199	0.199039	0.049760	3.383666
69	0.26	149	0.149279	0.038813	2.678072
70	0.26	110	0.110467	0.028721	2.010495
71	0.26	82	0.081745	0.021254	1.509020
72	0.26	60	0.060492	0.015728	1.132402
73	0.27	45	0.044764	0.012086	0.882294
74	0.27	33	0.032678	0.008823	0.652898
75	1.00	24	0.023855	0.023855	1.789096
Average age at retirement					63.413607
Rounded for Schedule SB item 22					63

Plan Name: Huntington Memorial Hospital Retirement Plan
 EIN / PN: 95-1644036/001
 Plan Sponsor: Pasadena Hospital Association, Ltd
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	409,854	696,791	4,441,222	5,547,867
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2042	6,161,867	3,022,587	1,516,235	10,700,689
2043	6,062,387	2,993,404	1,343,538	10,399,329
2044	5,936,385	2,946,842	1,178,582	10,061,809
2045	5,783,762	2,888,715	1,022,870	9,695,347
2046	5,615,532	2,824,734	877,744	9,318,010
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2051	4,494,758	2,382,066	338,157	7,214,981
2052	4,215,344	2,269,242	268,137	6,752,723
2053	3,926,948	2,144,332	209,485	6,280,765
2054	3,635,054	2,005,701	161,189	5,801,944
2055	3,346,642	1,865,020	122,107	5,333,769
2056	3,066,900	1,727,709	91,044	4,885,653
2057	2,798,470	1,594,688	66,801	4,459,959
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2059	2,300,333	1,344,761	34,268	3,679,362
2060	2,073,202	1,228,299	23,970	3,325,471
2061	1,860,820	1,117,533	16,515	2,994,868
2062	1,663,316	1,012,564	11,217	2,687,097
2063	1,480,508	913,485	7,519	2,401,512
2064	1,312,035	820,412	4,981	2,137,428
2065	1,157,354	733,339	3,267	1,893,960
2066	1,015,895	652,241	2,125	1,670,261
2067	887,008	577,044	1,373	1,465,425
2068	770,040	507,637	882	1,278,559
2069	664,327	443,882	564	1,108,773
2070	569,222	385,600	359	955,181
2071	484,107	332,596	227	816,930
2072	408,386	284,666	142	693,194
2073	341,478	241,599	88	583,165

Plan Name: Huntington Memorial Hospital Retirement Plan
 EIN / PN: 95-1644036/001
 Plan Sponsor: Pasadena Hospital Association, Ltd
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

Effective date and most recent amendment	The plan was originally effective July 1, 1963. The plan was amended and restated effective January 1, 2016; the most recent amendment to such restatement is effective January 1, 2023.
Coverage and participation	<p>All employees are eligible to participate under the plan on the first of the month coincident with or next following the first anniversary of hire. "Employee" means any person on the payroll whose wages are subject to withholding for the purposes of federal income tax.</p> <p>Note: If an employee meets the age requirement, but fails to complete 1,000 hours during the first year, participation may begin on the January 1 following the plan year in which 1,000 hours are completed.</p> <p>Participation in the plan was frozen effective July 1, 2013.</p>
Plan year	The twelve-month period ending December 31.

Definitions

Vesting service	The participant's number of years of service prior to January 1, 1976, plus the number of calendar years commencing January 1, 1976, in which credited service is at least 1,000 hours. A participant accrues one-tenth of a year of vesting service for every 100 hours worked as a participant.
Credited service	<p>Service is based on the number of hours worked during each calendar year an employee elected to participate in the plan.</p> <p>Credited service accruals were frozen for all participants effective June 30, 2005.</p>

Plan Name:	Huntington Memorial Hospital Retirement Plan
EIN / PN:	95-1644036/001
Plan Sponsor:	Pasadena Hospital Association, Ltd
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Final average compensation/salary

The monthly average of the 5 consecutive complete years' compensation out of the last 10 years that gives the highest average. Compensation includes W-2 compensation plus any compensation deferred under a Section 125 or Section 403(b) plan. If an employee works under 2,080 hours for a year, then that year's compensation will be multiplied by the ratio of 2,080 to the number of hours actually worked.

No compensation earned subsequent to July 1, 2013 shall be counted in determining this average for all participants.

Normal retirement date (NRD)

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

Accrued benefits

The participant's accrued benefit at any given date is determined under the normal retirement formula(s) shown above, but is based on current credited service, final average monthly compensation, and covered compensation.

The plan was amended to freeze benefit accruals to all participants as of July 1, 2013.

Eligibility for Benefits

Normal retirement

Retirement on NRD.

Early retirement

Age 55 and 5 years of credited service.

Postponed retirement

Retirement after NRD.

Deferred vested termination

A participant is 100% vested upon completion of 5 years of vesting service. However, all participants become 100% vested upon reaching age 65. A participant is 100% vested in his employee contribution account at all times.

Disability

Total and permanent disability of participant prior to normal retirement date and after 5 years of vesting service.

Preretirement death benefit

Surviving spouse of an active employee who had completed 5 years of vesting service as of the date of death.

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

Based on the sum of (A) and (B) below:

(A) The greater of the following formulas:

Formula 1:

1.3% of final average monthly compensation, not in excess of covered compensation times credited service at June 30, 2005

plus

1.6% of final average monthly compensation in excess of covered compensation times credited service at June 30, 2005 up to 35 years.

Formula 2:

\$7.50 times credited service at June 30, 2005.

(B) One-twelfth of 1% of compensation earned after June 30, 2005. Compensation for this portion of the benefit will not be adjusted for hours worked.

The plan was amended to freeze benefit accruals to all participants as of July 1, 2013.

Early retirement

Accrued benefit as of early retirement date multiplied by an early retirement factor due to earlier commencement of payments.

Age	Factors
65	1.000
64	.933
63	.867
62	.800
61	.733
60	.667
59	.633
58	.600
57	.567
56	.533
55	.500

Postponed retirement

The greater of the retirement benefit calculated using credited service and final average monthly compensation as of the late retirement date, and the normal retirement benefit actuarially increased to late retirement date.

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Deferred vested termination

The vested accrued benefit, payable in the normal form, commencing at NRD. Optionally, the participant may elect to receive a reduced benefit (see early retirement factors above) commencing prior to NRD.

Disablement

The amount of monthly payment shall be determined in the same manner as a normal pension using the Participant's Compensation at the time of disability, but the benefit service the participant would have had at June 30, 2005.

Preretirement death:

- Non-disabled participant
The participant's spouse will receive a monthly retirement income payable for life in an amount equal to 70% of the amount the participant would have received if he had survived and elected to commence receiving a retirement income at the earliest date allowed under the plan, payable under the qualified joint and 50% contingent option.
- Disabled participant
Prior to normal retirement, surviving spouses of disabled participants are entitled to a death benefit identical to the one for active employees. This is determined as if the disabled participant had remained in service until his date of death and his last rate of pay had continued unchanged.

Other Plan Provisions

Forms of payment:

- Normal form
Life Annuity with 60 guaranteed payments.
- Optional forms
The plan provides optional payment forms, including the qualified Joint and Contingent benefit for married employees, on an actuarially equivalent basis (interest rate equal to average of three most recent December immediate annuity rates from PBGC, rounded to nearest ½% and UP-1984 Mortality Table set back three years). Lump-sum distributions are also allowed.

If the present value of a participant's accrued benefit, the present value of a Qualified Preretirement Survivor Annuity payable to a spouse, or the value of the participant's employee contribution account payable to the Designated Beneficiary of a deceased Participant with no Surviving Spouse, is equal to or less than \$5,000, the benefit will be distributed as a single lump-sum payment.

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan participants' contributions

Employee contributions are not required or permitted effective July 1, 2005.

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

None.

Changes in Benefits Valued Since Prior Year

None.

Substantive Commitment

None.

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2024

Plan Name	Huntington Memorial Hospital Retirement Plan
Plan Sponsor EIN	95-1644036
ERISA Plan #	001
Plan Year Ending	12/31/2024

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

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

SCHEDULE SB ATTACHMENTS

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

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	(981,538)	15.00000	(981,538)	(89,301)
2. Shortfall	01/01/2023	18,947,063	14.00000	18,180,366	1,735,185
3. Shortfall	01/01/2022	(3,731,650)	13.00000	(3,427,279)	(344,847)
4. Shortfall	01/01/2021	17,735,524	12.00000	15,500,629	1,653,688
Total				29,272,178	2,954,725

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

Termination rates, retirement rates, benefit commencement age, lump sum election rates, and percent married assumptions were updated based on an experience study conducted in 2024.

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2024