

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan DAMERON HOSPITAL ASSOCIATION 403(B) RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 05/01/1976
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) DAMERON HOSPITAL ASSOCIATION 525 W. ACACIA STREET STOCKTON, CA 95203
2b	Employer Identification Number (EIN) 94-1201197
2c	Plan Sponsor's telephone number 209-242-7006
2d	Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/14/2026	SANJEEV KUMAR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1114
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 535 6a(2) 649 6b 0 6c 611 6d 1260 6e 0 6f 1260 6g(1) 875 6g(2) 911 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025		
A Name of plan DAMERON HOSPITAL ASSOCIATION 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 DAMERON HOSPITAL ASSOCIATION	D Employer Identification Number (EIN) 94-1201197	

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.
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1 Coverage Information:

(a) Name of insurance carrier
THE VARIABLE ANNUITY LIFE INSURANCE CO.

(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
74-1625348	70238	49101	219	04/01/2024	03/31/2025

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
7926	0

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
CLEEK, JEFFERY A
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2755			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
AGUAYO, LINDA RUBY
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2610			3

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

ROY, TOMMY

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1502			3

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

ZHONG, CHRISTINE W.

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
844			3

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

BAIRD, JOSHUA

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
80			3

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

AGUINALDO, ROEL

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
78			3

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

FREEMAN, CARNELL A

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22			3

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

SEIDERL, SPENCER E

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22			3

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

JOPSON, VICTORIA

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13			3

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

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

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

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

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

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

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	10501462
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	12471232

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)****a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

11056765

c Additions: (1) Contributions deposited during the year**7c(1)**

186951

(2) Dividends and credits.....

7c(2)

0

(3) Interest credited during the year.....

7c(3)

336019

(4) Transferred from separate account

7c(4)

164454

(5) Other (specify below).....

7c(5)

0

(6) Total additions

7c(6)

687424

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

11744189

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

1213835

(2) Administration charge made by carrier.....

7e(2)

0

(3) Transferred to separate account

7e(3)

17404

(4) Other (specify below).....

7e(4)

11493

▶ **CONTRACT SURRENDER CHARGES**

(5) Total deductions

7e(5)

1242732

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

10501457

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 ☐ paid in cash, or ☐ 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 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
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025		
A Name of plan DAMERON HOSPITAL ASSOCIATION 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 DAMERON HOSPITAL ASSOCIATION	D Employer Identification Number (EIN) 94-1201197	

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.
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1 Coverage Information:

(a) Name of insurance carrier
THE VARIABLE ANNUITY LIFE INSURANCE CO.

(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
74-1625348	70238	49101	162	04/01/2024	03/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 816127**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 698990**c** Additions: (1) Contributions deposited during the year **7c(1)** 90173
(2) Dividends and credits **7c(2)** 0
(3) Interest credited during the year **7c(3)** 17361
(4) Transferred from separate account **7c(4)** 19808
(5) Other (specify below) **7c(5)** 0
▶(6) Total additions **7c(6)** 127342**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 826332**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 7033(2) Administration charge made by carrier **7e(2)** 0(3) Transferred to separate account **7e(3)** 2402(4) Other (specify below) **7e(4)** 769▶ **CONTRACT SURRENDER CHARGES**(5) Total deductions **7e(5)** 10204**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 816128

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 ☐ paid in cash, or ☐ 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 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
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025		
A Name of plan DAMERON HOSPITAL ASSOCIATION 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 DAMERON HOSPITAL ASSOCIATION	D Employer Identification Number (EIN) 94-1201197	

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.
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1 Coverage Information:

(a) Name of insurance carrier
NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

(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
13-3044743	91596	0000	120	04/01/2024	03/31/2025

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

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

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

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

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

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

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

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

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

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

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

(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** 5174160**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 4873025**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)**
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)** 301135

▶ INVESTMENT GAIN

(6) Total additions **7c(6)** 301135**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 5174160**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**

▶

(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 5174160

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

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

A Name of plan DAMERON HOSPITAL ASSOCIATION 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 DAMERON HOSPITAL ASSOCIATION	D Employer Identification Number (EIN) 94-1201197

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
VALIC RETIRMENT SERVICES COMPANY
51-0396365

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VARIABLE ANNUITY LIFE INSURANCE CO.
74-1625348

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

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

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

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

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

VARIABLE ANNUITY LIFE INSURANCE

74-1625348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 29 33 37 49 50 52 59 60 63 64 66 72 99	NONE	49323	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

VALIC RETIREMENT SERVICES CO.

51-0396365

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 29 33 37 49 50 52 59 60 63 64 66 72 99	NONE	13037	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

NEW YORK LIFE INSURANCE & ANNUITY

13-3044743

(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 14 18 22 26 11 15 19 23 27 12 16 20 24 28	NONE	8329	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
NEW YORK LIFE & ANNUITY CORP 13-3044743 51 MADISON AVENUE NEW YORK, NY 10010		DIRECT AND INDIRECT COMPENSATION
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025		
A Name of plan DAMERON HOSPITAL ASSOCIATION 403(B) RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 DAMERON HOSPITAL ASSOCIATION		D Employer Identification Number (EIN) 94-1201197

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA			
b Name of sponsor of entity listed in (a): THE VARIABLE ANNUITY LIFE INSURANCE CO.			
c EIN-PN 74-1625348-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4256531	
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA			
b Name of sponsor of entity listed in (a): MAINSTAY VP U.S. GOVERNMENT MONEY MARKET			
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 249833	
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA			
b Name of sponsor of entity listed in (a): MAINSTAY VP MACKAY GOVERNMENT			
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 334445	
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA			
b Name of sponsor of entity listed in (a): MAINSTAY VP WELLINGTON GROWTH			
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 270841	
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA			
b Name of sponsor of entity listed in (a): MAINSTAY VP S&P 500 INDEX			
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1758729	
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA			
b Name of sponsor of entity listed in (a): MAINSTAY VP INCOME BUILDER			
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 684864	
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA			
b Name of sponsor of entity listed in (a): MAINSTAY VP BOND			
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 250792	

a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): MAINSTAY VP WELLINGTON U.S. EQUITY		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1268961
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): MAINSTAY VP PINESTONE INTERNATIONAL EQUITY		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 328723
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): MAINSTAY VP MACKAY HIGH YIELD CORPORATE BOND		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 98793
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): FIDELITY(R) VIP EQUITY-INCOMESM PORTFOLIO		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1071369
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): FIDELITY(R) VIP CONTRAFUNDISM		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1492486
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): JANUS HENDERSON GLOBAL RESEARCH PORTFOLIO		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 295312
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): MAINSTAY VP MACKAY CONVERTIBLE		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1417622
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): MAINSTAY VP EPOCH U.S. EQUITY YIELD		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1865299
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): MAINSTAY VP WINSLOW LARGE CAP GROWTH		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1143277
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): MAINSTAY VP WELLINGTON MID CAP		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 384197

a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): FIDELITY VIP MID CAP		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1196637
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): COLUMBIA VARIABLE PORTFOLIO - SMALL CAP VALUE FUND		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 122
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): NEUBERGER BERMAN AMT MID-CAP GROWTH		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40122
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): MAINSTAY VP FLOATING RATE		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21534
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): MAINSTAY VP BALANCED		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1510090
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): MAINSTAY VP CONSERVATIVE ALLOCATION		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 731075
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): MAINSTAY VP MODERATE ALLOCATION		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5575389
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): MAINSTAY VP GROWTH ALLOCATION		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 811955
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): MAINSTAY VP EQUITY ALLOCATION		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 260796
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): INVESCO V.I. EQV INTERNATIONAL EQUITY FUND		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59510

a Name of MTIA, CCT, PSA, or 103-12 IE: PSA			
b Name of sponsor of entity listed in (a): MAINSTAY VP MACKAY STRATEGIC BOND			
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 534206	
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA			
b Name of sponsor of entity listed in (a): BLACKROCK GLOBAL ALLOCATION V.I. FUND			
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2087639	
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA			
b Name of sponsor of entity listed in (a): MAINSTAY VP NATURAL RESOURCES			
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2172103	
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA			
b Name of sponsor of entity listed in (a): MAINSTAY VP JANUS HENDERSON BALANCED			
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 244792	
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA			
b Name of sponsor of entity listed in (a): MAINSTAY VP FIDELITY INSTITUTIONAL AM UTILITIES			
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5243362	
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA			
b Name of sponsor of entity listed in (a): MAINSTAY VP AMERICAN CENTURY SUSTAINABLE EQUITY			
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 653533	
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA			
b Name of sponsor of entity listed in (a): MAINSTAY VP PIMCO REAL RETURN			
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 205683	
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA			
b Name of sponsor of entity listed in (a): MAINSTAY VP CANDRIAM EMERGING MARKETS EQUITY			
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1054401	
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA			
b Name of sponsor of entity listed in (a): MAINSTAY VP SMALL CAP GROWTH			
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 956177	
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA			
b Name of sponsor of entity listed in (a): MAINSTAY VP JANUS HENDERSON BALANCED SVC			
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 189478	

a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): MAINSTAY VP SMALL CAP GROWTH SVC		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44729
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): MORGAN STANLEY VIF U.S. REAL ESTATE PORTFOLIO		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): PIMCO VIT INTERNATIONAL BOND PORTFOLIO (U.S. DOLLAR-HEDGED)		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 107571
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): AMERICAN FUNDS IS(R) NEW WORLD FUND(R)		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55122
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): BLACKROCK HIGH YIELD V.I. FUND		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30549
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): AMERICAN FUNDS IS(R) GLOBAL SMALL CAP FUND		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12990
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): MAINSTAY VP CBRE GLOBAL INFRASTRUCTURE		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6605
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): COLUMBIA VARIABLE PORTFOLIO - EMERGING MARKETS BOND FUND		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25312
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): PIMCO VIT LOW DURATION PORTFOLIO		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29084
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): DWS ALTERNATIVE ASSET ALLOCATION VIP		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72748

a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): MAINSTAY VP WELLINGTON SMALL CAP		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 713786
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): CLEARBRIDGE VARIABLE APPRECIATION PORTFOLIO		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5430
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): AMERICAN FUNDS IS(R) GROWTH FUND		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19514
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): AMERICAN FUNDS IS WASHINGTON MUTUAL INVESTORS FUND		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 101167
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): FIDELITY(R) VIP EMERGING MARKETS PORTFOLIO		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31770
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): MAINSTAY VP IQ HEDGE MULTI-STRATEGY		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 142415
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): FIDELITY(R) VIP HEALTH CARE PORTFOLIO		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61591
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): MFS(R) MID CAP VALUE PORTFOLIO		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47657
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): PIMCO VIT INCOME PORTFOLIO		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): FRANKLIN TEMPLETON CONSERVATIVE MODEL PORTFOLIO		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 296149

a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): FRANKLIN TEMPLETON MODERATELY CONSERVATIVE MODEL PORTFOLIO		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65112
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): FRANKLIN TEMPLETON MODERATE MODEL PORTFOLIO		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 643461
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): FRANKLIN TEMPLETON MODERATELY AGGRESSIVE MODEL PORTFOLIO		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 750894
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): FRANKLIN TEMPLETON AGGRESSIVE MODEL PORTFOLIO		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 421633
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): FIDELITY(R) VIP BOND INDEX PORTFOLIO		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95969
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): DELAWARE VIP SMALL CAP VALUE		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5945
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): MFS(R) INTERNATIONAL INTRINSIC VALUE PORTFOLIO		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10572
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): FIDELITY(R) VIP GROWTH OPPORTUNITIES PORTFOLIO		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100387
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): PIMCO VIT TOTAL RETURN PORTFOLIO		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 99913
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA		
b Name of sponsor of entity listed in (a): PRINCIPAL VC REAL ESTATE SECURITIES ACCOUNT		
c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42405

a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): MFS INVESTORS TRUST

c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 87138
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): MFS RESEARCH

c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43626
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): NYLI VP NEWTON TECHNOLOGY GROWTH

c EIN-PN 13-5582869-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 222732
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025

A Name of plan DAMERON HOSPITAL ASSOCIATION 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 DAMERON HOSPITAL ASSOCIATION	D Employer Identification Number (EIN) 94-1201197

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	721759	1021971
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	52371443	53329353
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8178982	8536109
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	15612677	15175436
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	76884861	78062869
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	76884861	78062869

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)	1029539	
(B) Participants	2a(1)(B)	2157653	
(C) Others (including rollovers)	2a(1)(C)	570228	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		3757420
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	27054	
(F) Other	2b(1)(F)	1075068	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1102122
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		2784554
d Total income. Add all income amounts in column (b) and enter total	2d		7644096

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6395399	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6395399
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	70689	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		70689
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6466088

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1178008
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **JWT & ASSOCIATES, LLP**

(2) EIN: **47-2718509**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025		
A Name of plan DAMERON HOSPITAL ASSOCIATION 403(B) RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 DAMERON HOSPITAL ASSOCIATION		D Employer Identification Number (EIN) 94-1201197
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 74-1625348 13-3044743		
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
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Audited Financial Statements
and Supplemental Information

Dameron Hospital Association 403(b) Retirement

March 31, 2025

JWT & Associates, LLP
Advisory Assurance Tax

Dameron Hospital Association 403(b) Retirement Plan

Audited Financial Statements

March 31, 2025

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JWT & Associates, LLP

Advisory Assurance Tax

1111 E. Herndon Avenue, Suite 211, Fresno, CA 93720

Voice: (559) 431-7708 Fax: (559) 431-7685

Independent Auditor's Report

To the Plan Administration Committee
Dameron Hospital Association 403(b) Retirement Plan
Stockton, California

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

We have performed an audit of the accompanying financial statements of Dameron Hospital Association 403(b) Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of March 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended March 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit 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 a certification from a qualified institution as of and for the year ended March 31, 2025 and 2024, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying 2025 and 2024 financial statements of Dameron Hospital Association 403(b) Retirement Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2025 and 2024 financial statements.

Basis for Disclaimer of Opinion

Dameron Hospital Association 403(b) Retirement Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Further, as described in Note 10 to the financial statements, the Dameron Hospital Association 403(b) Retirement Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, Annual Reporting Requirements for 403(b) Plans. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable.

Accounting principles generally accepted in the United States of America (GAAP) require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, 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 audit 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.

Supplemental Schedules Required by ERISA

The supplemental Schedule H, line 4i - Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. 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 schedule, we evaluated whether the supplemental schedule, 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

JWT Associates, LLP

Fresno, California
January 12, 2026

Dameron Hospital Association 403(b) Retirement Plan

Statement of Net Assets Available for Plan Benefits

March 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments, at fair value		
Registered investment companies	\$ 61,865,462	\$ 60,550,425
Guaranteed investment contract, at contract value	15,175,436	15,612,677
Total investments	<u>77,040,898</u>	<u>76,163,102</u>
Receivables		
Notes receivable from participants	1,021,971	721,759
Total receivables	<u>1,021,971</u>	<u>721,759</u>
Total assets	<u>78,062,869</u>	<u>76,884,861</u>
Net assets available for plan benefits	<u><u>\$ 78,062,869</u></u>	<u><u>\$ 76,884,861</u></u>

See accompanying notes to the financial statements

Dameron Hospital Association 403(b) Retirement Plan

Statement of Changes in Net Assets Available for Plan Benefits

Year Ended March 31, 2025

Additions

Investment income	
Net realized and unrealized loss on investments	\$ 2,784,554
Interest and dividend income	<u>1,075,068</u>
Net investment income	3,859,622
Interest income from participant loans	27,054
Contributions	
Employer contributions	1,029,539
Participant contributions	2,157,653
Participant rollover contributions	<u>570,228</u>
Total contributions	<u>3,757,420</u>
Total additions	7,644,096

Deductions

Distributions to participants	6,395,399
Administrative and investment management expenses	70,689
Total deductions	<u>6,466,088</u>
Net change for the year	<u>1,178,008</u>
Net assets available for plan benefits at beginning of year	76,884,861
Net assets available for plan benefits at end of year	<u><u>\$ 78,062,869</u></u>

See accompanying notes to the financial statements

Dameron Hospital Association 403(b) Retirement Plan

Notes to Financial Statements

March 31, 2025

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of Dameron Hospital Association 403(b) Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement, as amended, for a more complete description of Plan provisions.

General: The Plan is a 403(b) defined contribution plan covering the employees of Dameron Hospital Association (the Organization) and is subject to the provisions of the Employee Retirement Income Security Act (ERISA). The Organization is the Plan's sponsor which also serves as plan administrator.

The Plan was initially adopted by the Organization on May 2, 1976, and was last amended and restated effective April 1, 2020.

Eligibility: Employees of the Organization, with the exception of leased employees, are eligible to make salary deferral contributions to the Plan. There is no minimum age or service requirement to participate in the Plan.

Employees must complete two years of service, as defined, to be eligible for employer contributions. An employee must work at least 1,000 hours for a year of service. Per diem and defined employees who waive participation in the Plan and leased employees are ineligible for employer contributions.

Contributions: Contributions to the Plan are made through employee deferrals on earned compensation as defined in the Plan and in the collective bargaining agreements. Participants may contribute on a tax-deferred basis up to the annual limitations as prescribed by the Internal Revenue Service (IRS). Participants may also contribute amounts representing qualified distributions from other 403(b) plans, and at the discretion of the Organization, from other qualified plans.

Employee contributions are matched at rates ranging from 5% to 6%, depending on employee classification, some of which are under specified collectively bargained labor agreements. For employees who direct their contributions to multiple custodians for investment, the match is limited to deferrals to only one custodian. Such employees must elect which deferral will be matched.

Participants direct the investment of their contributions and employer contributions into various investment options offered by the Plan. Investment options currently include variable annuity insurance investment contracts through two different insurance companies: The Variable Annuity Life Insurance Company (VALIC) and New York Life Insurance and Annuity Corporation (NYL). Participants can also direct their investments directly into shares of registered investment company funds (mutual funds) through the VALIC and NYL contracts. VALIC Trust Company (VTC) and NYL are the custodians for the mutual funds and certify those investments. During the year ended March 31, 2025, the Organization made matching contributions totaling \$1,029,539.

Dameron Hospital Association 403(b) Retirement Plan

Notes to Financial Statements

March 31, 2025

NOTE 1 - DESCRIPTION OF THE PLAN (continued)

Participant accounts: Each participant's account is credited with the participant's contribution and allocations of: (a) the employer contribution, (b) plan earnings or losses, and (c) plan administrative expenses. Allocations of plan earnings or losses and plan administrative expenses are based on participant account balances, as defined. Participants may direct the investment of their account balances into various investment options offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting: Participants are 100% vested immediately in their salary deferrals and employer contributions plus actual earnings thereon.

Payment of Benefits: On termination of service, death, disability, retirement, or other reasons, a participant will receive the value of the participant's vested account balance as a qualified joint and survivor annuity, or the participant may elect other payment options provided under their insurance contract. Participants may request withdrawal from their vested account balances without penalty for financial hardship, as defined, or after attaining the age of 59½ years.

Loan collateral: Participants may borrow funds directly from the insurance companies. These loans are directly between the insurance companies and the participants and are not included on the statements of net assets. The loans are collateralized by a portion of the participant's fixed account in an amount equal to a percentage of the outstanding balance of the loan. The total amounts in the fixed accounts collateralizing active loans with VALIC and NYL totaled \$104,343 and \$917,628, respectively, as of March 31, 2025, and \$104,343 and \$624,161, respectively, as of March 31, 2024.

Notes receivable from participants: Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are issued by the Plan and secured by the balance in the participant's account. All loans must be repaid within a period of five years, unless the loan is used to purchase a principal residence, in which case, the loan must be repaid within a reasonable period of time not to exceed fifteen years. Under the terms of the Plan Agreement, plan loans will bear a reasonable rate of interest determined by the plan administrator. As of March 31, 2025, the rates of interest on outstanding loans ranged from 4.25% to 9.50% with various maturities through February 2034.

Rollovers and transfers: Rollovers represent account balances of participants from other qualified plans that are deposited into the Plan that meet tax rollover criteria. Transfers during the year ended March 31, 2025 include amounts transferred from other 403(b) plans or qualified plans. Rollovers totaled \$570,228 during the year ended March 31, 2025.

Dameron Hospital Association 403(b) Retirement Plan

Notes to Financial Statements

March 31, 2025

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation: The accompanying financial statements have been prepared on the accrual basis of accounting and present the net assets available for plan benefits and the changes in those net assets.

Use of Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan's management to make estimates and assumptions that may affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation: The investments are reported at fair value. The Plan's custodians, VALIC, VTC and NYL, certify the fair value of all investments. If available, quoted market prices are used to value investments.

Fair value is the price that would be received to sell an asset or paid to transfer a liability (i.e., the exit price) in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Income recognition: Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net depreciation in fair value of investments consists of both the realized gains and losses and unrealized appreciation and depreciation of those investments.

Notes receivable from participants: Notes receivable from participants are measured at amortized cost, which represents unpaid principal balance plus accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions upon the occurrence of a distributable event, based on the terms of the Plan Agreement. No allowance for credit losses has been recorded as of March 31, 2025 or 2024.

Payment of Benefits: Generally, benefits are recorded when paid.

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

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

Dameron Hospital Association 403(b) Retirement Plan

Notes to Financial Statements

March 31, 2025

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (continued)

The Plan has evaluated subsequent events through January 12, 2026, which is the date the financial statements were available to be issued.

NOTE 3 - FAIR VALUE MEASUREMENTS

FASB ASC Topic 820, *Fair Value Measurements and Disclosures* (ASC 820) provides a framework for measuring fair value under U.S. generally accepted accounting principles. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The following provides a general description of the three levels of inputs that may be used to measure fair value under ASC 820:

Level 1 - Inputs to the valuation methodology are based on quoted prices available in active markets for identical assets or liabilities on the reporting date.

Level 2 - Inputs to the valuation methodology are other than quoted market prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology include significant inputs that are generally unobservable from objective sources. These inputs may be used with internally developed methodologies that result in management's best estimate of fair value including assumptions regarding risk. Level 3 instruments include those that may be more structured or otherwise tailored to the Plan's needs.

As required by ASC 820, financial assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

Dameron Hospital Association 403(b) Retirement Plan

Notes to Financial Statements

March 31, 2025

NOTE 3 - FAIR VALUE MEASUREMENTS (continued)

Following is a description of the valuation methodologies used for assets measured at fair value.

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

Separate accounts – Investments in the separate accounts are represented by units of interest issued by the insurance companies' separate accounts. The separate accounts invest assets in shares of various portfolios divided into investment divisions. The separate accounts are valued by the insurance companies at the NAV practical expedient, based on the NAV per unit of the underlying investments, which are then adjusted for dividends and separate account fees (representing mortality and expense risk fee and administrative charges). The separate accounts are not presented in the fair value hierarchy table as they are measured at the NAV practical expedient.

The Organization's financial management determines the fair value measurement policies and procedures. Those policies and procedures are reassessed at least annually to determine if the current valuation techniques are still appropriate. At that time, the unobservable inputs used in the fair value measurements are evaluated and adjusted, as necessary, based on current market conditions and other information.

The insurance companies set various credited interest rates under the fixed accounts, generally reset from quarterly to a policy anniversary date. The fixed accounts have different minimum guaranteed interest rates depending on when the contract was opened, generally ranging from 2% to 3%. The annuity contracts contain defined surrender charges based on the years to surrender date, and certain minimum and maximum limitations on withdrawals or transfers among the fixed and separate accounts.

The investment strategies vary for each separate account fund and are available through published prospectuses of the insurance companies. Redemption notice periods and limitations on redemption frequency vary depending on the insurance contract product and amounts, generally to prevent short-term trading. Additional limitations on redemption frequency apply when trading between the fixed and variable accounts, generally within a 90-day period. Different frequency limitations apply to transfers during an individual's payout annuity period.

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

Dameron Hospital Association 403(b) Retirement Plan

Notes to Financial Statements

March 31, 2025

NOTE 3 - FAIR VALUE MEASUREMENTS (continued)

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

2025				
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 8,536,109	\$ 53,329,353	\$ -	\$ 61,865,462
Investments at fair value	<u>\$ 8,536,109</u>	<u>\$ 53,329,353</u>	<u>\$ -</u>	<u>\$ 61,865,462</u>
2024				
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 8,178,982	\$ 52,371,443	\$ -	\$ 60,550,425
Investments at fair value	<u>\$ 8,178,982</u>	<u>\$ 52,371,443</u>	<u>\$ -</u>	<u>\$ 60,550,425</u>

NOTE 4 – GUARANTEED INVESTMENT CONTRACT

The Plan has fully benefit-responsive guaranteed investment contracts (FBRIC) with VALIC and NYL. VALIC and NYL maintain the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than the rate established each period; the rate ranged from 1.00% to 2.75% as of March 31, 2025. The crediting rate is reviewed on a semiannual basis for resetting. The FBRIC does not permit VALIC or NYL to terminate the agreement prior to the scheduled maturity date.

The contract meets the FBRIC criteria and, therefore, is reported at contract value. Contract value is the relevant measure for FBRICs because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by VALIC and NYL, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations, which may be affected by future economic and regulatory developments.

Dameron Hospital Association 403(b) Retirement Plan

Notes to Financial Statements

March 31, 2025

NOTE 4 – GUARANTEED INVESTMENT CONTRACT (continued)

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the Plan's ability to transact at contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with the participants.

NOTE 5 – TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (IRC). The terms of the Plan have been prepared to conform to the sample language provided by the Internal Revenue Service. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for participants under Section 403(b).

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

NOTE 6 - RISKS AND UNCERTAINTIES

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

Dameron Hospital Association 403(b) Retirement Plan

Notes to Financial Statements

March 31, 2025

NOTE 7 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, all investment information disclosed in the accompanying financial statements and supplemental schedule, including investments held at March 31, 2025 and 2024, net appreciation or depreciation in fair value of investments, and interest and dividend income for the year then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by VALIC, VTC and NYL, the trustees of the Plan.

NOTE 8 – PARTY-IN-INTEREST TRANSACTIONS

Plan investments include an insurance interest account and registered investment company accounts managed by VALIC, VTC and NYL. As VALIC, VTC and NYL are the custodians of the Plan, transactions between the Plan and VALIC, VTC and NYL qualify as exempt party-in-interest transactions.

NOTE 9 - PLAN TERMINATION

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their employer contributions.

NOTE 10 – BEGINNING BALANCES

The Plan's accounting records were not sufficient to support audit testing of the participant account balances and transactions prior to April 1, 2009. The participant and summary level detail were not readily available for years prior to April 1, 2009.

Schedule H, Line 4i - Schedule of Assets
Schedule of Assets (Held at End of Year)
Plan Year Ending: 03/31/2025

Name of Plan: Dameron Hospital Association 403(b) Retirement Plan				
Employer Identification Number: 94-1201197			Three-digit plan number > 002	
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
	AMER BEA MAN LRG CP GR INV CL	Registered Investment Company	N/A	13,545
	ARIEL APPRECIATION FUND	Registered Investment Company	N/A	29,107
	ARIEL FUND	Registered Investment Company	N/A	37,904
*	ASSET ALLOCATION FUND	Registered Investment Company	N/A	73,970
*	CORE BOND FUND	Registered Investment Company	N/A	817,527
*	DIVIDEND VALUE	Registered Investment Company	N/A	70,481
*	EMERGING ECONOMIES	Registered Investment Company	N/A	471,519
*	FIXED ACCOUNT PLUS	Guaranteed Insurance Contract	N/A	9,591,656
*	GLOBAL REAL ESTATE FUND	Registered Investment Company	N/A	161,901
*	GLOBAL STRATEGY	Registered Investment Company	N/A	2,411
*	GOVERNMENT SECURITIES FUND	Registered Investment Company	N/A	70,492
*	GROWTH FUND	Registered Investment Company	N/A	240,403
*	GS VIT GOV MONEY MKT FD INST	Registered Investment Company	N/A	35,500
*	HIGH YIELD BOND FUND	Registered Investment Company	N/A	324,759
*	INFLATION PROTECTED FUND	Registered Investment Company	N/A	454,974
*	INTERNATIONAL GOVERNMENT BOND	Registered Investment Company	N/A	16,457
*	INTERNATIONAL GROWTH FUND	Registered Investment Company	N/A	12,905
*	INTERNATIONAL VALUE FUND	Registered Investment Company	N/A	284,375
*	INTERNATL EQUITIES INDEX FUND	Registered Investment Company	N/A	950,289
*	INTL OPPORTUNITIES	Registered Investment Company	N/A	246,361
*	INTL SOCIALLY RESPONSIBLE FUND	Registered Investment Company	N/A	409,473
*	LARGE CAPITAL GROWTH	Registered Investment Company	N/A	34,228
*	MID CAP INDEX FUND	Registered Investment Company	N/A	1,355,553
*	MID CAP STRATEGIC GWTH	Registered Investment Company	N/A	239,785
*	MID CAP VALUE FUND	Registered Investment Company	N/A	360,655
*	MODERATE GROWTH LIFESTYLE	Registered Investment Company	N/A	9,292
*	NASDAQ-100(R) INDEX FUND	Registered Investment Company	N/A	235,008
*	SCIENCE & TECHNOLOGY FUND	Registered Investment Company	N/A	472,605
*	SHORT TERM FIXED ACCOUNT	Guaranteed Insurance Contract	N/A	965,116
*	SMALL CAP GROWTH FUND	Registered Investment Company	N/A	199,517
*	SMALL CAP INDEX FUND	Registered Investment Company	N/A	418,209
*	SMALL CAP SPECIAL VALUE FUND	Registered Investment Company	N/A	2,512
*	SMALL CAP VALUE FUND	Registered Investment Company	N/A	234,116
*	STOCK INDEX FUND	Registered Investment Company	N/A	2,240,403
*	SYSTEMATIC CORE FUND	Registered Investment Company	N/A	62,079
*	SYSTEMATIC GROWTH FUND	Registered Investment Company	N/A	85,210
*	SYSTEMATIC VALUE	Registered Investment Company	N/A	37,343
*	US SOCIALLY RESPONSIBLE FUND	Registered Investment Company	N/A	401,147
	VANGUARD LONG-TERM TREASURY	Registered Investment Company	N/A	16,049
	VANGUARD LT INV-GRADE FUND	Registered Investment Company	N/A	4,967
	VANGUARD WELLINGTON FUND INC	Registered Investment Company	N/A	-
	VANGUARD WINDSOR II	Registered Investment Company	N/A	891,714
	VC I CAPITAL APPRECIATION	Registered Investment Company	N/A	149,544
	AMCENT INF-ADJ BOND INV	Registered Investment Company	N/A	19,605
	AMER CENT ONE CHOICE 2025 A	Registered Investment Company	N/A	20,569
	AMER CENT ONE CHOICE 2035 A	Registered Investment Company	N/A	162,143
	AMER CENT ONE CHOICE 2045 A	Registered Investment Company	N/A	23,067
	AMER CENT ONE CHOICE IN RET A	Registered Investment Company	N/A	94,244
	AMER CENT US GOVT MMKT INV	Registered Investment Company	N/A	13,526
	AMER FUNDS AMER BAL R3	Registered Investment Company	N/A	519,462
	AMER FUNDS AMER MUT R3	Registered Investment Company	N/A	6,634
	AMER FUNDS EUROPAC R3	Registered Investment Company	N/A	113,232
	AMERICAN FNDS CP WRLD G/I R3	Registered Investment Company	N/A	436,853
	BNY MELLON BOND MARKET IDX INV	Registered Investment Company	N/A	67,162
	BNY MELLON INTL STOCK IDX INV	Registered Investment Company	N/A	828,334
	BNY MELLON MID CAP INDEX INVES	Registered Investment Company	N/A	1,118,650

Schedule H, Line 4i - Schedule of Assets
Schedule of Assets (Held at End of Year)
Plan Year Ending: 03/31/2025

Name of Plan: Dameron Hospital Association 403(b) Retirement Plan				
Employer Identification Number: 94-1201197			Three-digit plan number > 002	
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
	BNY MELLON S&P 500 INDEX	Registered Investment Company	N/A	2,260,281
	BNY MELLON SML CAP STK IDX INV	Registered Investment Company	N/A	678,336
*	CLEARBRIDGE APPRECIATION A	Registered Investment Company	N/A	110,671
*	FIXED ACCOUNT	Guaranteed Insurance Contract	N/A	816,127
	FRANK TEMP SMALL CAP VALUE R	Registered Investment Company	N/A	140,578
	FRANKLIN HIGH INCOME A1	Registered Investment Company	N/A	410,704
	JANUS HENDERSON TRITON S	Registered Investment Company	N/A	162,517
	JP MORGAN MID CAP GRTH A	Registered Investment Company	N/A	296,702
	MFS MASSACH INVESTOR GR STK R2	Registered Investment Company	N/A	273,226
	PIMCO TOTAL RETURN FUND A	Registered Investment Company	N/A	474,521
	VIRTUS CEREDUX M-CAP VAL EQ A	Registered Investment Company	N/A	13,655
	VIRTUS DUFF & PHELPS RE SEC A	Registered Investment Company	N/A	134,388
*	Fixed Acct 1yr	Guaranteed Insurance Contract	N/A	4,256,531
*	MainStay VP U.S. Government Money Market	Registered Investment Company	N/A	249,833
*	MainStay VP MacKay Government	Registered Investment Company	N/A	334,445
*	MainStay VP MacKay High Yield Growth	Registered Investment Company	N/A	270,841
*	MainStay VP S&P 500 Index	Guaranteed Insurance Contract	N/A	1,758,729
*	MainStay VP Income Builder	Registered Investment Company	N/A	684,864
*	MainStay VP Bond	Registered Investment Company	N/A	250,792
*	MainStay VP Wellington U.S. Equity	Registered Investment Company	N/A	1,268,961
*	MainStay VP PineStone International Equity	Registered Investment Company	N/A	328,723
*	MainStay VP MacKay High Yield Corporate Bond	Registered Investment Company	N/A	98,793
*	Fidelity® VIP Equity-IncomeSM Portfolio	Registered Investment Company	N/A	1,071,369
*	Fidelity® VIP ContrafundSM	Registered Investment Company	N/A	1,492,486
	Janus Henderson Global Research Portfolio	Registered Investment Company	N/A	295,312
*	MainStay VP MacKay Convertible	Registered Investment Company	N/A	1,417,622
*	MainStay VP Epoch U.S. Equity Yield	Registered Investment Company	N/A	1,865,299
*	MainStay VP Winslow Large Cap Growth	Registered Investment Company	N/A	1,143,277
*	MainStay VP Wellington Mid Cap	Registered Investment Company	N/A	384,197
	Fidelity® VIP Mid Cap	Registered Investment Company	N/A	1,196,637
	Columbia Variable Portfolio - Small Cap Value Fund	Registered Investment Company	N/A	122
	Neuberger Berman AMT Mid-Cap Growth	Registered Investment Company	N/A	40,122
*	MainStay VP Floating Rate	Registered Investment Company	N/A	21,534
*	MainStay VP Balanced	Registered Investment Company	N/A	1,510,090
*	MainStay VP Conservative Allocation	Registered Investment Company	N/A	731,075
*	MainStay VP Moderate Allocation	Registered Investment Company	N/A	5,575,389
*	MainStay VP Growth Allocation	Registered Investment Company	N/A	811,955
*	MainStay VP Equity Allocation	Guaranteed Insurance Contract	N/A	260,796
	Invesco V.I. EQV International Equity Fund	Registered Investment Company	N/A	59,510
*	MainStay VP MacKay Strategic Bond	Registered Investment Company	N/A	534,206
	BlackRock Global Allocation V.I. Fund	Registered Investment Company	N/A	2,087,639
*	MainStay VP Natural Resources	Registered Investment Company	N/A	2,172,103
*	MainStay VP Janus Henderson Balanced	Registered Investment Company	N/A	244,792
*	MainStay VP Fidelity Institutional AM® Utilities	Registered Investment Company	N/A	5,243,362
*	MainStay VP American Century Sustainable Equity	Registered Investment Company	N/A	653,533
*	MainStay VP PIMCO Real Return	Registered Investment Company	N/A	205,683
*	MainStay VP Candriam Emerging Markets Equity	Registered Investment Company	N/A	1,054,401
*	MainStay VP Small Cap Growth	Registered Investment Company	N/A	956,177
*	MainStay VP Janus Henderson Balanced Svc	Registered Investment Company	N/A	189,478
*	MainStay VP Small Cap Growth Svc	Registered Investment Company	N/A	44,729
	Morgan Stanley VIF U.S. Real Estate Portfolio	Registered Investment Company	N/A	-
	PIMCO VIT International Bond Portfolio (U.S. Dollar-Hedged)	Registered Investment Company	N/A	107,571
	American Funds IS® New World Fund®	Registered Investment Company	N/A	55,122
	BlackRock High Yield V.I. Fund	Registered Investment Company	N/A	30,549
	American Funds IS® Global Small Cap Fund	Registered Investment Company	N/A	12,990
*	MainStay VP CBRE Global Infrastructure	Registered Investment Company	N/A	6,605
	Columbia Variable Portfolio - Emerging Markets Bond Fund	Registered Investment Company	N/A	25,312

Schedule H, Line 4i - Schedule of Assets
Schedule of Assets (Held at End of Year)
Plan Year Ending: 03/31/2025

Name of Plan: Dameron Hospital Association 403(b) Retirement Plan				
Employer Identification Number: 94-1201197			Three-digit plan number > 002	
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
	PIMCO VIT Low Duration Portfolio	Registered Investment Company	N/A	29,084
	DWS Alternative Asset Allocation VIP	Registered Investment Company	N/A	72,748
*	MainStay VP Wellington Small Cap	Registered Investment Company	N/A	713,786
	Clearbridge Variable Appreciation Portfolio	Registered Investment Company	N/A	5,430
	American Funds IS® Growth Fund	Registered Investment Company	N/A	19,514
	American Funds IS Washington Mutual Investors Fund	Registered Investment Company	N/A	101,167
	Fidelity® VIP Emerging Markets Portfolio	Registered Investment Company	N/A	31,770
*	MainStay VP IQ Hedge Multi-Strategy	Registered Investment Company	N/A	142,415
	Fidelity® VIP Health Care Portfolio	Registered Investment Company	N/A	61,591
	MFS® Mid Cap Value Portfolio	Registered Investment Company	N/A	47,657
	Franklin Templeton Conservative Model Portfolio	Registered Investment Company	N/A	296,149
	Franklin Templeton Moderately Conservative Model Portfolio	Registered Investment Company	N/A	65,112
	Franklin Templeton Moderate Model Portfolio	Registered Investment Company	N/A	643,461
	Franklin Templeton Moderately Aggressive Model Portfolio	Registered Investment Company	N/A	750,894
	Franklin Templeton Aggressive Model Portfolio	Registered Investment Company	N/A	421,633
	Fidelity® VIP Bond Index Portfolio	Registered Investment Company	N/A	95,969
	Delaware VIP Small Cap Value	Registered Investment Company	N/A	5,945
	MFS® International Intrinsic Value Portfolio	Registered Investment Company	N/A	10,572
	Fidelity® VIP Growth Opportunities Portfolio	Registered Investment Company	N/A	100,387
	PIMCO VIT Total Return Portfolio	Registered Investment Company	N/A	99,913
	Principal VC Real Estate Securities Account	Registered Investment Company	N/A	42,406
	MFS Investors Trust	Registered Investment Company	N/A	87,138
	MFS Research	Registered Investment Company	N/A	43,626
	NYLI VP Newton Technology Growth	Registered Investment Company	N/A	222,732
	Participant loans - Interest at 4.25% - 9.50%		N/A	1,021,971
				<u>78,062,869</u>

* Party-in-interest

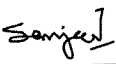
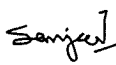
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I Annual Report Identification Information		
For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025		
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
	☐ special extension (enter description)	☐ the DFVC program
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐	

Part II Basic Plan Information—enter all requested information		
1a Name of plan Dameron Hospital Association 403(b) Retirement Plan	1b Three-digit plan number (PN) ▶	002
	1c Effective date of plan	05/01/1976
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) Dameron Hospital Association 525 W. Acacia Street Stockton CA 95203	2b Employer Identification Number (EIN) 94-1201197	2c Plan Sponsor's telephone number 209-242-7006
	2d Business code (see instructions) 622000	

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

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

SIGN HERE		01/14/2026	Sanjeev Kumar
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		01/14/2026	Sanjeev Kumar
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1, 114
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 535 6a(2) 649 6b 0 6c 611 6d 1, 260 6e 0 6f 1, 260 6g(1) 875 6g(2) 911 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2R 2T	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025	
A Name of plan Dameron Hospital Association 403(b) Retirement Plan	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 Dameron Hospital Association	D Employer Identification Number (EIN) 94-1201197

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.
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1 Coverage Information:

(a) Name of insurance carrier THE VARIABLE ANNUITY LIFE INSURANCE CO.
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(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
74-1625348	70238	49101	219	04/01/2024	03/31/2025

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
7,926	0

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

CLEEK, JEFFERY A 2929 ALLEN PARKWAY HOUSTON TX 77019
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2,755			3

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

AGUAYO, LINDA RUBY 2929 ALLEN PARKWAY HOUSTON TX 77019
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2,610			3

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

ROY, TOMMY
2929 ALLEN PARKWAY

HOUSTON TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1,502			3

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

ZHONG, CHRISTINE W.
2929 ALLEN PARKWAY

HOUSTON TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
844			3

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

BAIRD, JOSHUA
2929 ALLEN PARKWAY

HOUSTON TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
80			3

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

Aguinaldo, Roel
2929 ALLEN PARKWAY

HOUSTON TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
78			3

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

FREEMAN, CARNELL A
2929 ALLEN PARKWAY

HOUSTON TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paidSEIDERL, SPENCER E
2929 ALLEN PARKWAY

HOUSTON TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
22			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paidJOPSON, VICTORIA
2929 ALLEN PARKWAY

HOUSTON TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13			3

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

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

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

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

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

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

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	10,501,462
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	12,471,232

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

11,056,765

c Additions: (1) Contributions deposited during the year**7c(1)**

186,951

(2) Dividends and credits

7c(2)

0

(3) Interest credited during the year

7c(3)

336,019

(4) Transferred from separate account.....

7c(4)

164,454

(5) Other (specify below)

7c(5)

0

(6) Total additions.....

7c(6)

687,424

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

11,744,189

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

1,213,835

(2) Administration charge made by carrier

7e(2)

0

(3) Transferred to separate account.....

7e(3)

17,404

(4) Other (specify below)

7e(4)

11,493

▶ Contract Surrender Charges

(5) Total deductions.....

7e(5)

1,242,732

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

10,501,457

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 ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025	
A Name of plan Dameron Hospital Association 403(b) Retirement Plan	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 Dameron Hospital Association	D Employer Identification Number (EIN) 94-1201197

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.
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1 Coverage Information:

(a) Name of insurance carrier THE VARIABLE ANNUITY LIFE INSURANCE CO.
--

(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
74-1625348	70238	49101	162	04/01/2024	03/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 816,127**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 698,990**c** Additions: (1) Contributions deposited during the year **7c(1)** 90,173(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 17,361(4) Transferred from separate account..... **7c(4)** 19,808(5) Other (specify below) **7c(5)** 0

▶

(6) Total additions **7c(6)** 127,342**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 826,332**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 7,033(2) Administration charge made by carrier **7e(2)** 0(3) Transferred to separate account..... **7e(3)** 2,402(4) Other (specify below) **7e(4)** 769

▶ Contract Surrender Charges

(5) Total deductions **7e(5)** 10,204**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 816,128

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 ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025	
A Name of plan Dameron Hospital Association 403(b) Retirement Plan	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 Dameron Hospital Association	D Employer Identification Number (EIN) 94-1201197

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.
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1 Coverage Information:

(a) Name of insurance carrier NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION
--

(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
13-3044743	91596	0000	120	04/01/2024	03/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 5,174,160**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 4,873,025**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)**
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)** 301,135

▶ Investment Gain

(6) Total additions **7c(6)** 301,135**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 5,174,160**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**
▶(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 5,174,160

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 ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025		
A Name of plan Dameron Hospital Association 403(b) Retirement Plan		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 Dameron Hospital Association		D Employer Identification Number (EIN) 94-1201197
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	
VALIC RETIRMENT SERVICES COMPANY	51-0396365

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
VARIABLE ANNUITY LIFE INSURANCE CO.	74-1625348

(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)

VARIABLE ANNUITY LIFE INSURANCE

74-1625348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 49 63 28 50 64 29 52 66 33 59 72 37 60 99	None	49,323	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

VALIC RETIREMENT SERVICES CO.

51-0396365

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 49 63 28 50 64 29 52 66 33 59 72 37 60 99	None	13,037	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

NEW YORK LIFE INSURANCE & ANNUITY

13-3044743

(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 11 12 14 15 16 18 19 20 22 23 24 26 27 28	None	8,329	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
NEW YORK LIFE & ANNUITY CORP 13-3044743 51 MADISON AVENUE NEW YORK NY 10010		DIRECT AND INDIRECT COMPENSATION
(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025					
A Name of plan Dameron Hospital Association 403(b) Retirement Plan				B Three-digit plan number (PN) ▶	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 Dameron Hospital Association				D Employer Identification Number (EIN) 94-1201197	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA					
b Name of sponsor of entity listed in (a): THE VARIABLE ANNUITY LIFE INSURANCE CO.					
c EIN-PN 74-1625348 001		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4,256,531		
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA					
b Name of sponsor of entity listed in (a): MainStay VP U.S. Government Money Market					
c EIN-PN 13-5582869 001		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 249,833		
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA					
b Name of sponsor of entity listed in (a): MainStay VP MacKay Government					
c EIN-PN 13-5582869 001		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 334,445		
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA					
b Name of sponsor of entity listed in (a): MainStay VP Wellington Growth					
c EIN-PN 13-5582869 001		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 270,841		
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA					
b Name of sponsor of entity listed in (a): MainStay VP S&P 500 Index					
c EIN-PN 13-5582869 001		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1,758,729		
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA					
b Name of sponsor of entity listed in (a): MainStay VP Income Builder					
c EIN-PN 13-5582869 001		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 684,864		
a Name of MTIA, CCT, PSA, or 103-12 IE: PSA					
b Name of sponsor of entity listed in (a): MainStay VP Bond					
c EIN-PN 13-5582869 001		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 250,792		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule D (Form 5500) 2024 v. 240311	

a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): MainStay VP Wellington U.S. Equity

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1,268,961
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): MainStay VP PineStone International Equity

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	328,723
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): MainStay VP MacKay High Yield Corporate Bond

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	98,793
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): Fidelity(r) VIP Equity-IncomeSM Portfolio

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1,071,369
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): Fidelity(r) VIP ContrafundSM

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1,492,486
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): Janus Henderson Global Research Portfolio

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	295,312
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): MainStay VP MacKay Convertible

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1,417,622
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): MainStay VP Epoch U.S. Equity Yield

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1,865,299
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): MainStay VP Winslow Large Cap Growth

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1,143,277
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): MainStay VP Wellington Mid Cap

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	384,197
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): Fidelity VIP Mid Cap

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1,196,637
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): Columbia Variable Portfolio - Small Cap Value Fund

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	122
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): Neuberger Berman AMT Mid-Cap Growth

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	40,122
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): MainStay VP Floating Rate

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	21,534
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): MainStay VP Balanced

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1,510,090
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): MainStay VP Conservative Allocation

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	731,075
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): MainStay VP Moderate Allocation

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5,575,389
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): MainStay VP Growth Allocation

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	811,955
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): MainStay VP Equity Allocation

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	260,796
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): Invesco V.I. EQV International Equity Fund

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	59,510
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): MainStay VP MacKay Strategic Bond

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	534,206
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): BlackRock Global Allocation V.I. Fund

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2,087,639
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): MainStay VP Natural Resources

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2,172,103
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): MainStay VP Janus Henderson Balanced

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	244,792
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): MainStay VP Fidelity Institutional AM Utilities

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5,243,362
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): MainStay VP American Century Sustainable Equity

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	653,533
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): MainStay VP PIMCO Real Return

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	205,683
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): MainStay VP Candriam Emerging Markets Equity

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1,054,401
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): MainStay VP Small Cap Growth

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	956,177
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): MainStay VP Janus Henderson Balanced Svc

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	189,478
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): MainStay VP Small Cap Growth Svc

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	44,729
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): Morgan Stanley VIF U.S. Real Estate Portfolio

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): PIMCO VIT International Bond Portfolio (U.S. Dollar-Hedged)

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	107,571
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): American Funds IS(r) New World Fund(r)

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	55,122
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): BlackRock High Yield V.I. Fund

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	30,549
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): American Funds IS(r) Global Small Cap Fund

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12,990
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): MainStay VP CBRE Global Infrastructure

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6,605
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): Columbia Variable Portfolio - Emerging Markets Bond Fund

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	25,312
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): PIMCO VIT Low Duration Portfolio

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	29,084
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): DWS Alternative Asset Allocation VIP

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	72,748
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): MainStay VP Wellington Small Cap

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	713,786
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): Clearbridge Variable Appreciation Portfolio

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5,430
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): American Funds IS(r) Growth Fund

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	19,514
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): American Funds IS Washington Mutual Investors Fund

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	101,167
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): Fidelity(r) VIP Emerging Markets Portfolio

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	31,770
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): MainStay VP IQ Hedge Multi-Strategy

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	142,415
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): Fidelity(r) VIP Health Care Portfolio

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	61,591
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): MFS(r) Mid Cap Value Portfolio

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	47,657
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): PIMCO VIT Income Portfolio

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): Franklin Templeton Conservative Model Portfolio

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	296,149
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): Franklin Templeton Moderately Conservative Model Portfolio

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	65,112
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): Franklin Templeton Moderate Model Portfolio

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	643,461
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): Franklin Templeton Moderately Aggressive Model Portfolio

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	750,894
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): Franklin Templeton Aggressive Model Portfolio

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	421,633
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): Fidelity(r) VIP Bond Index Portfolio

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	95,969
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): Delaware VIP Small Cap Value

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5,945
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): MFS(r) International Intrinsic Value Portfolio

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10,572
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): Fidelity(r) VIP Growth Opportunities Portfolio

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	100,387
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): PIMCO VIT Total Return Portfolio

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	99,913
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a Name of MTIA, CCT, PSA, or 103-12 IE: PSA**b** Name of sponsor of entity listed in (a): Principal VC Real Estate Securities Account

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	42,405
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PSA****b** Name of sponsor of entity listed in (a): **MFS Investors Trust**

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	87,138
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PSA****b** Name of sponsor of entity listed in (a): **MFS Research**

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	43,626
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PSA****b** Name of sponsor of entity listed in (a): **NYLI VP Newton Technology Growth**

c EIN-PN 13-5582869 001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	222,732
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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Part II**Information on Participating Plans (to be completed by DFEs, other than DCGs)**

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025		
A Name of plan Dameron Hospital Association 403(b) Retirement Plan		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 Dameron Hospital Association		D Employer Identification Number (EIN) 94-1201197

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	721, 759	1, 021, 971
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	52, 371, 443	53, 329, 353
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8, 178, 982	8, 536, 109
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	15, 612, 677	15, 175, 436
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	76,884,861	78,062,869
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	76,884,861	78,062,869

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)	1,029,539	
(B) Participants	2a(1)(B)	2,157,653	
(C) Others (including rollovers)	2a(1)(C)	570,228	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3,757,420
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	27,054	
(F) Other	2b(1)(F)	1,075,068	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1,102,122
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		2,784,554
d Total income. Add all income amounts in column (b) and enter total	2d		7,644,096

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6,395,399	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6,395,399
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	70,689	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		70,689
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6,466,088

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1,178,008
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **JWT & Associates, LLP**

(2) EIN: **47-2718509**

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		500,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.			
For calendar plan year 2024 or fiscal plan year beginning		04/01/2024		and ending		03/31/2025	
A Name of plan Dameron Hospital Association 403(b) Retirement Plan				B Three-digit plan number (PN) ▶ 002			
C Plan sponsor's name as shown on line 2a of Form 5500 Dameron Hospital Association				D Employer Identification Number (EIN) 94-1201197			
Part I		Distributions					
All references to distributions relate only to payments of benefits during the plan year.							
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1		0	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 74-1625348 13-3044743 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			
Part II		Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? If the plan is a defined benefit plan, go to line 8.				☐ Yes		☐ No	
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.				☐ N/A			
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) If you completed line 6c, skip lines 8 and 9.				6c			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?				☐ Yes		☐ No	
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?				☐ N/A			
Part III		Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.				☐ Increase		☐ Decrease	
				☐ Both		☐ No	
Part IV		ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?				☐ Yes		☐ No	
11 a Does the ESOP hold any preferred stock?				☐ Yes		☐ No	
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)				☐ Yes		☐ No	
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?				☐ Yes		☐ No	
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311			

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Schedule H, Line 4i - Schedule of Assets
Schedule of Assets (Held at End of Year)
Plan Year Ending: 03/31/2025

Name of Plan: Dameron Hospital Association 403(b) Retirement Plan				
Employer Identification Number: 94-1201197			Three-digit plan number > 002	
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
	AMER BEA MAN LRG CP GR INV CL	Registered Investment Company	N/A	13,545
	ARIEL APPRECIATION FUND	Registered Investment Company	N/A	29,107
	ARIEL FUND	Registered Investment Company	N/A	37,904
*	ASSET ALLOCATION FUND	Registered Investment Company	N/A	73,970
*	CORE BOND FUND	Registered Investment Company	N/A	817,527
*	DIVIDEND VALUE	Registered Investment Company	N/A	70,481
*	EMERGING ECONOMIES	Registered Investment Company	N/A	471,519
*	FIXED ACCOUNT PLUS	Guaranteed Insurance Contract	N/A	9,591,656
*	GLOBAL REAL ESTATE FUND	Registered Investment Company	N/A	161,901
*	GLOBAL STRATEGY	Registered Investment Company	N/A	2,411
*	GOVERNMENT SECURITIES FUND	Registered Investment Company	N/A	70,492
*	GROWTH FUND	Registered Investment Company	N/A	240,403
*	GS VIT GOV MONEY MKT FD INST	Registered Investment Company	N/A	35,500
*	HIGH YIELD BOND FUND	Registered Investment Company	N/A	324,759
*	INFLATION PROTECTED FUND	Registered Investment Company	N/A	454,974
*	INTERNATIONAL GOVERNMENT BOND	Registered Investment Company	N/A	16,457
*	INTERNATIONAL GROWTH FUND	Registered Investment Company	N/A	12,905
*	INTERNATIONAL VALUE FUND	Registered Investment Company	N/A	284,375
*	INTERNATL EQUITIES INDEX FUND	Registered Investment Company	N/A	950,289
*	INTL OPPORTUNITIES	Registered Investment Company	N/A	246,361
*	INTL SOCIALLY RESPONSIBLE FUND	Registered Investment Company	N/A	409,473
*	LARGE CAPITAL GROWTH	Registered Investment Company	N/A	34,228
*	MID CAP INDEX FUND	Registered Investment Company	N/A	1,355,553
*	MID CAP STRATEGIC GWTH	Registered Investment Company	N/A	239,785
*	MID CAP VALUE FUND	Registered Investment Company	N/A	360,655
*	MODERATE GROWTH LIFESTYLE	Registered Investment Company	N/A	9,292
*	NASDAQ-100(R) INDEX FUND	Registered Investment Company	N/A	235,008
*	SCIENCE & TECHNOLOGY FUND	Registered Investment Company	N/A	472,605
*	SHORT TERM FIXED ACCOUNT	Guaranteed Insurance Contract	N/A	965,116
*	SMALL CAP GROWTH FUND	Registered Investment Company	N/A	199,517
*	SMALL CAP INDEX FUND	Registered Investment Company	N/A	418,209
*	SMALL CAP SPECIAL VALUE FUND	Registered Investment Company	N/A	2,512
*	SMALL CAP VALUE FUND	Registered Investment Company	N/A	234,116
*	STOCK INDEX FUND	Registered Investment Company	N/A	2,240,403
*	SYSTEMATIC CORE FUND	Registered Investment Company	N/A	62,079
*	SYSTEMATIC GROWTH FUND	Registered Investment Company	N/A	85,210
*	SYSTEMATIC VALUE	Registered Investment Company	N/A	37,343
*	US SOCIALLY RESPONSIBLE FUND	Registered Investment Company	N/A	401,147
	VANGUARD LONG-TERM TREASURY	Registered Investment Company	N/A	16,049
	VANGUARD LT INV-GRADE FUND	Registered Investment Company	N/A	4,967
	VANGUARD WELLINGTON FUND INC	Registered Investment Company	N/A	-
	VANGUARD WINDSOR II	Registered Investment Company	N/A	891,714
	VC I CAPITAL APPRECIATION	Registered Investment Company	N/A	149,544
	AMCENT INF-ADJ BOND INV	Registered Investment Company	N/A	19,605
	AMER CENT ONE CHOICE 2025 A	Registered Investment Company	N/A	20,569
	AMER CENT ONE CHOICE 2035 A	Registered Investment Company	N/A	162,143
	AMER CENT ONE CHOICE 2045 A	Registered Investment Company	N/A	23,067
	AMER CENT ONE CHOICE IN RET A	Registered Investment Company	N/A	94,244
	AMER CENT US GOVT MMKT INV	Registered Investment Company	N/A	13,526
	AMER FUNDS AMER BAL R3	Registered Investment Company	N/A	519,462
	AMER FUNDS AMER MUT R3	Registered Investment Company	N/A	6,634
	AMER FUNDS EUROPAC R3	Registered Investment Company	N/A	113,232
	AMERICAN FNDS CP WRLD G/I R3	Registered Investment Company	N/A	436,853
	BNY MELLON BOND MARKET IDX INV	Registered Investment Company	N/A	67,162
	BNY MELLON INTL STOCK IDX INV	Registered Investment Company	N/A	828,334
	BNY MELLON MID CAP INDEX INVES	Registered Investment Company	N/A	1,118,650

Schedule H, Line 4i - Schedule of Assets
Schedule of Assets (Held at End of Year)
Plan Year Ending: 03/31/2025

Name of Plan: Dameron Hospital Association 403(b) Retirement Plan				
Employer Identification Number: 94-1201197			Three-digit plan number > 002	
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
	BNY MELLON S&P 500 INDEX	Registered Investment Company	N/A	2,260,281
	BNY MELLON SML CAP STK IDX INV	Registered Investment Company	N/A	678,336
*	CLEARBRIDGE APPRECIATION A	Registered Investment Company	N/A	110,671
*	FIXED ACCOUNT	Guaranteed Insurance Contract	N/A	816,127
	FRANK TEMP SMALL CAP VALUE R	Registered Investment Company	N/A	140,578
	FRANKLIN HIGH INCOME A1	Registered Investment Company	N/A	410,704
	JANUS HENDERSON TRITON S	Registered Investment Company	N/A	162,517
	JP MORGAN MID CAP GRTH A	Registered Investment Company	N/A	296,702
	MFS MASSACH INVESTOR GR STK R2	Registered Investment Company	N/A	273,226
	PIMCO TOTAL RETURN FUND A	Registered Investment Company	N/A	474,521
	VIRTUS CEREDUX M-CAP VAL EQ A	Registered Investment Company	N/A	13,655
	VIRTUS DUFF & PHELPS RE SEC A	Registered Investment Company	N/A	134,388
*	Fixed Acct 1yr	Guaranteed Insurance Contract	N/A	4,256,531
*	MainStay VP U.S. Government Money Market	Registered Investment Company	N/A	249,833
*	MainStay VP MacKay Government	Registered Investment Company	N/A	334,445
*	MainStay VP MacKay High Yield Growth	Registered Investment Company	N/A	270,841
*	MainStay VP S&P 500 Index	Guaranteed Insurance Contract	N/A	1,758,729
*	MainStay VP Income Builder	Registered Investment Company	N/A	684,864
*	MainStay VP Bond	Registered Investment Company	N/A	250,792
*	MainStay VP Wellington U.S. Equity	Registered Investment Company	N/A	1,268,961
*	MainStay VP PineStone International Equity	Registered Investment Company	N/A	328,723
*	MainStay VP MacKay High Yield Corporate Bond	Registered Investment Company	N/A	98,793
*	Fidelity® VIP Equity-IncomeSM Portfolio	Registered Investment Company	N/A	1,071,369
*	Fidelity® VIP ContrafundSM	Registered Investment Company	N/A	1,492,486
	Janus Henderson Global Research Portfolio	Registered Investment Company	N/A	295,312
*	MainStay VP MacKay Convertible	Registered Investment Company	N/A	1,417,622
*	MainStay VP Epoch U.S. Equity Yield	Registered Investment Company	N/A	1,865,299
*	MainStay VP Winslow Large Cap Growth	Registered Investment Company	N/A	1,143,277
*	MainStay VP Wellington Mid Cap	Registered Investment Company	N/A	384,197
	Fidelity® VIP Mid Cap	Registered Investment Company	N/A	1,196,637
	Columbia Variable Portfolio - Small Cap Value Fund	Registered Investment Company	N/A	122
	Neuberger Berman AMT Mid-Cap Growth	Registered Investment Company	N/A	40,122
*	MainStay VP Floating Rate	Registered Investment Company	N/A	21,534
*	MainStay VP Balanced	Registered Investment Company	N/A	1,510,090
*	MainStay VP Conservative Allocation	Registered Investment Company	N/A	731,075
*	MainStay VP Moderate Allocation	Registered Investment Company	N/A	5,575,389
*	MainStay VP Growth Allocation	Registered Investment Company	N/A	811,955
*	MainStay VP Equity Allocation	Guaranteed Insurance Contract	N/A	260,796
	Invesco V.I. EQV International Equity Fund	Registered Investment Company	N/A	59,510
*	MainStay VP MacKay Strategic Bond	Registered Investment Company	N/A	534,206
	BlackRock Global Allocation V.I. Fund	Registered Investment Company	N/A	2,087,639
*	MainStay VP Natural Resources	Registered Investment Company	N/A	2,172,103
*	MainStay VP Janus Henderson Balanced	Registered Investment Company	N/A	244,792
*	MainStay VP Fidelity Institutional AM® Utilities	Registered Investment Company	N/A	5,243,362
*	MainStay VP American Century Sustainable Equity	Registered Investment Company	N/A	653,533
*	MainStay VP PIMCO Real Return	Registered Investment Company	N/A	205,683
*	MainStay VP Candriam Emerging Markets Equity	Registered Investment Company	N/A	1,054,401
*	MainStay VP Small Cap Growth	Registered Investment Company	N/A	956,177
*	MainStay VP Janus Henderson Balanced Svc	Registered Investment Company	N/A	189,478
*	MainStay VP Small Cap Growth Svc	Registered Investment Company	N/A	44,729
	Morgan Stanley VIF U.S. Real Estate Portfolio	Registered Investment Company	N/A	-
	PIMCO VIT International Bond Portfolio (U.S. Dollar-Hedged)	Registered Investment Company	N/A	107,571
	American Funds IS® New World Fund®	Registered Investment Company	N/A	55,122
	BlackRock High Yield V.I. Fund	Registered Investment Company	N/A	30,549
	American Funds IS® Global Small Cap Fund	Registered Investment Company	N/A	12,990
*	MainStay VP CBRE Global Infrastructure	Registered Investment Company	N/A	6,605
	Columbia Variable Portfolio - Emerging Markets Bond Fund	Registered Investment Company	N/A	25,312

Schedule H, Line 4i - Schedule of Assets
Schedule of Assets (Held at End of Year)
Plan Year Ending: 03/31/2025

Name of Plan: Dameron Hospital Association 403(b) Retirement Plan				
Employer Identification Number: 94-1201197			Three-digit plan number > 002	
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
	PIMCO VIT Low Duration Portfolio	Registered Investment Company	N/A	29,084
	DWS Alternative Asset Allocation VIP	Registered Investment Company	N/A	72,748
*	MainStay VP Wellington Small Cap	Registered Investment Company	N/A	713,786
	Clearbridge Variable Appreciation Portfolio	Registered Investment Company	N/A	5,430
	American Funds IS® Growth Fund	Registered Investment Company	N/A	19,514
	American Funds IS Washington Mutual Investors Fund	Registered Investment Company	N/A	101,167
	Fidelity® VIP Emerging Markets Portfolio	Registered Investment Company	N/A	31,770
*	MainStay VP IQ Hedge Multi-Strategy	Registered Investment Company	N/A	142,415
	Fidelity® VIP Health Care Portfolio	Registered Investment Company	N/A	61,591
	MFS® Mid Cap Value Portfolio	Registered Investment Company	N/A	47,657
	Franklin Templeton Conservative Model Portfolio	Registered Investment Company	N/A	296,149
	Franklin Templeton Moderately Conservative Model Portfolio	Registered Investment Company	N/A	65,112
	Franklin Templeton Moderate Model Portfolio	Registered Investment Company	N/A	643,461
	Franklin Templeton Moderately Aggressive Model Portfolio	Registered Investment Company	N/A	750,894
	Franklin Templeton Aggressive Model Portfolio	Registered Investment Company	N/A	421,633
	Fidelity® VIP Bond Index Portfolio	Registered Investment Company	N/A	95,969
	Delaware VIP Small Cap Value	Registered Investment Company	N/A	5,945
	MFS® International Intrinsic Value Portfolio	Registered Investment Company	N/A	10,572
	Fidelity® VIP Growth Opportunities Portfolio	Registered Investment Company	N/A	100,387
	PIMCO VIT Total Return Portfolio	Registered Investment Company	N/A	99,913
	Principal VC Real Estate Securities Account	Registered Investment Company	N/A	42,406
	MFS Investors Trust	Registered Investment Company	N/A	87,138
	MFS Research	Registered Investment Company	N/A	43,626
	NYLI VP Newton Technology Growth	Registered Investment Company	N/A	222,732
	Participant loans - Interest at 4.25% - 9.50%		N/A	1,021,971
				<u>78,062,869</u>

* Party-in-interest