

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

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>CARLE FOUNDATION HOSPITAL AND AFFILIATES MATCHING TSA PLAN</u>	1b Three-digit plan number (PN) ▶ <u>004</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CARLE FOUNDATION HOSPITAL AND AFFILIATES</u> <u>611 WEST PARK STREET</u> <u>URBANA, IL 61801</u>	1c Effective date of plan <u>01/01/1991</u> 2b Employer Identification Number (EIN) <u>37-1119538</u> 2c Plan Sponsor's telephone number <u>217-902-5329</u> 2d Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/27/2026	DENNIS HESCH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	20547
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)	16059
	6a(2)	16060
	6b	0
	6c	2824
	6d	18884
	6e	2
	6f	18886
	6g(1)	19512
	6g(2)	18434
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:
 2E 2F 2G 2K 2M 2S 2T 3H

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan CARLE FOUNDATION HOSPITAL AND AFFILIATES MATCHING TSA PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 CARLE FOUNDATION HOSPITAL AND AFFILIATES	D Employer Identification Number (EIN) 37-1119538	

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

CHARLES SCHWAB INV MANAGEMENT

94-3106735

(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)

CHARLES SCHWAB TRUST BANK

82-3967259

(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 49 59 62 63	AFFIL PLAN RECRDKEEPER	31	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	276442	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

COZAD ASSET MANAGEMENT INC.

37-0958133

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 28	AFFIL PLAN RECRDKEEPER	77330	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHOREO LLC

41-1944416

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 28	AFFIL PLAN RECRDKEEPER	40262	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LARSON FINANCIAL GROUP LLC

20-4773945

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 28	AFFIL PLAN RECRDKEEPER	34038	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RUEDI WEALTH MGMT INC

47-1794932

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 28	AFFIL PLAN RECRDKEEPER	13663	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLUESTEM FINANCIAL ADVISORS LL

45-2496793

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 28	AFFIL PLAN RECRDKEEPER	10071	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MACROVIEW INVESTMENT

26-4133685

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 28	AFFIL PLAN RECRDKEEPER	8180	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CREATIVE PLANNING LLC

43-1270780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 28	AFFIL PLAN RECRDKEEPER	6495	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HILL INVESTMENT GROUP PARTNERS

85-4059820

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 28	AFFIL PLAN RECRDKEEPER	5041	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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
CHARLES SCHWAB TRUST BANK	15	276442

(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.
EPIC RETIREMENT PLAN SERVICES 94-3149038	CSTC - TPA PAYMENT OF INVOICES

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CARLE FOUNDATION HOSPITAL AND AFFILIATES MATCHING TSA PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 CARLE FOUNDATION HOSPITAL AND AFFILIATES	D Employer Identification Number (EIN) 37-1119538

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	105888	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2377869	3011647
(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)	0	15248
(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)	14010655	15051697
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1157258431	1350635341
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1173752843	1368713933
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	0
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	1173752843	1368713933

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)	32934236	
(B) Participants.....	2a(1)(B)	91590625	
(C) Others (including rollovers).....	2a(1)(C)	13953657	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		138478518
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	9320	
(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)	1068088	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1077408
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	53540629	
(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)		
(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)		101961176
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		295057731

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	98290900	
(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)		98290900
f Corrective distributions (see instructions)	2f		42199
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)	1763542	
(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)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1763542
j Total expenses. Add all expense amounts in column (b) and enter total	2j		100096641

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		194961090
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: **MH CPA PLLC**

(2) EIN: **37-1119790**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20779
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

A Name of plan <u>CARLE FOUNDATION HOSPITAL AND AFFILIATES MATCHING TSA PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CARLE FOUNDATION HOSPITAL AND AFFILIATES</u>	D Employer Identification Number (EIN) <u>37-1119538</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 1 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 94-3149038

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

CARLE FOUNDATION HOSPITAL AND AFFILIATES MATCHING TSA PLAN

Urbana, Illinois

**Financial Statements
and Supplementary Information**

December 31, 2024

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees and Retirement Plan Committee
Carle Foundation Hospital and Affiliates Matching TSA Plan
Urbana, Illinois

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

We were engaged to perform audits of the financial statements of Carle Foundation Hospital and Affiliates Matching TSA Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

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

Disclaimer of Opinion

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

Basis for Disclaimer of Opinion

Carle Foundation Hospital and Affiliates Matching TSA 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 5 to the financial statements, the Carle Foundation Hospital and Affiliates Matching TSA Plan has excluded from investments in the accompanying statement 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 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 the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Carle Foundation Hospital and Affiliates Matching TSA 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 Audits of the Financial Statements

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

We are required to be independent of Carle Foundation Hospital and Affiliates Matching TSA Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements related to our audit.

Supplemental Schedules Required by ERISA

The supplemental schedules (Schedule 1 and 2) are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to, and we do not express an opinion on the supplemental schedules referred to above.

MH CPA PLLC

Champaign, Illinois

February 11, 2026

CARLE FOUNDATION HOSPITAL AND AFFILIATES MATCHING TSA PLAN
 Statements of Net Assets Available for Benefits
 December 31, 2024 and 2023

	2024	2023
Assets		
Investments, at Fair Value	\$ 1,353,662,236	\$ 1,159,636,300
Receivables:		
Employer Contributions Receivable	41,625,051	105,888
Notes Receivable from Participants	15,051,697	14,010,655
Total Receivables	56,676,748	14,116,543
Total Assets	1,410,338,984	1,173,752,843
Liabilities	-	-
Net Assets Available for Benefits	\$ 1,410,338,984	\$ 1,173,752,843

See Accompanying Notes

CARLE FOUNDATION HOSPITAL AND AFFILIATES MATCHING TSA PLAN
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2024

Additions

Additions to Net Assets Attributed to:

Investment Income:

Net Appreciation in Fair Value of Investments	\$ 101,961,176
Interest and Dividend Income	53,549,949
Net Investment Income	<u>155,511,125</u>

Interest Income on Notes Receivable from Participants	<u>1,068,088</u>
---	------------------

Contributions:

Participant	91,590,625
Employer	74,559,287
Rollover	13,953,657
Total Contributions	<u>180,103,569</u>

Total Additions	<u>336,682,782</u>
-----------------	--------------------

Deductions

Deductions from Net Assets Attributed to:

Benefits Paid to Participants	98,290,900
Administrative Expenses	1,763,542
Corrective Distributions	42,199
Total Deductions	<u>100,096,641</u>

Change in Net Assets	236,586,141
-----------------------------	-------------

Net Assets Available for Benefits, Beginning of Year	<u>1,173,752,843</u>
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Net Assets Available for Benefits, End of Year	<u><u>\$ 1,410,338,984</u></u>
---	--------------------------------

See Accompanying Notes

CARLE FOUNDATION HOSPITAL AND AFFILIATES MATCHING TSA PLAN
Notes to Financial Statements
December 31, 2024

1. Plan Description

The following description of the Carle Foundation Hospital and Affiliates Matching TSA Plan (the Plan) provides only general information. Participants should refer to the plan document for a complete description of the Plan's provisions.

General – The Plan is a defined contribution plan covering all employees of Carle Foundation Hospital and Affiliates (the Company) except those employed by Carle Holding Company, Inc., and subject to certain limitations. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Amendments – The Plan was amended January 1, 2024, to comply with certain regulatory requirements, including amendments to aspects of distributions and general plan administrative items.

The Plan was also amended effective January 1, 2025, with respect to applicable age definitions and aspects of distributions, loans and minimum distribution requirements.

Contributions – Participants may elect to reduce their salary and have that amount contributed to the Plan. The elective deferred amount may not be more than the lesser of: (a) 95 percent of their covered compensation (compensation), (b) the maximum dollar limit allowed under the requirements of the Internal Revenue Code, or (c) such lesser amount as determined by the discrimination tests for the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may choose to begin or change elective deferral contributions at their discretion. New employees are automatically enrolled with a 3 percent compensation deferral after 30 days of employment unless they opt out. The Plan contains an automatic-escalation feature for those employees who are automatically enrolled for at least one year. Escalation will occur each July 1 and continue annually at 1 percent until the employee reaches 6 percent or when the employee opts out of automatic enrollment. Participants can also set up their own auto-escalation terms to be effective July 1 of each year. Participants are permitted to make rollover contributions from other qualified plans.

The Company makes discretionary matching contributions of the employees' salary deferral at a percentage determined by the Company, which was 3 percent for 2024. Contributions are subject to certain limitations. To be eligible to receive Company matching contributions, the employee must be age 21 or older and have completed one year of service. A year of service is defined as at least 500 hours of service in a 12-month period. The initial measurement period begins on the participant's hire date, with subsequent measurement periods beginning on every January 1 following the hire date. Contributions start at the next January 1 or July 1 following eligibility.

The Company may also make a discretionary annual profit-sharing contribution at a percentage of eligible compensation determined by the Company, which was 4 percent for 2024. To be eligible to receive Company annual contributions, the employee must be age 21 or older and have completed two years of service. A year of service is defined as at least 500 hours of service in a 12-month period. The initial measurement period begins on the participant's hire date, with subsequent measurement periods beginning on every January 1 following the hire date. Additionally, when applicable, the Company makes a 2 percent contribution to eligible participants on eligible compensation in excess of the Social Security wage base up to the Internal Revenue Code compensation limit. The employee must be employed by the Company on the last day of the plan year to receive these contributions, with the exception of employees age 62 or over or those terminated due to a disability. These contributions are paid to the Plan in the subsequent year and are recorded as employer contributions receivable.

In 2021, following the Company's decision to terminate its U.S. defined benefit pension plan, the Carle Defined Benefit Pension Plan (U.S. Pension Plan), the Company had excess assets in its U.S. Pension Plan of approximately \$22,156,000, which was transferred into the Company's 401(k) Plan, the Carle Profit Sharing Plan (401(k) Plan), a plan intended to meet the requirements of a qualified replacement plan under Section 4980(d)(2) of the Internal Revenue Code. The Company elected to utilize the remaining surplus for future discretionary profit sharing contributions under the 401(k) Plan. All eligible participants of the 401(k) Plan, and eligible participants of the Plan who were participants in the U.S. Pension Plan as of the effective date of that plan's termination will receive their discretionary profit sharing contributions from this surplus until depleted. Accordingly, applicable participants of the Plan became participants in the 401(k) Plan solely for the purpose of receiving these contributions, and are not eligible to otherwise participate in the 401(k) Plan. Participants of the Plan receiving their annual contributions in the 401(k) Plan in any plan year are not eligible to receive annual contributions in the Plan. For the year ending December 31, 2024, \$4,343,443 of the surplus was used for discretionary annual profit sharing contributions for participants of the Plan.

Participant Accounts – Each eligible participant's account is credited with the participant's elective contributions, if any, and allocations of (a) the Company's contributions, (b) plan earnings (losses), and (c) charged with an allocation of applicable administrative expenses. Allocations are based on participants' earnings (losses) or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting – Participants are immediately vested in all contributions plus applicable earnings thereon.

Payment of Benefits – Upon retirement, termination of service, attaining age 59½, incurring a hardship, or becoming disabled, a participant may elect to receive a distribution in the form of a single lump sum payment. Participants may withdraw from their rollover account at any time. If the participant retires or terminates from service and has an account balance of \$5,000 or greater, the participant may choose to defer payment until a later date not to exceed April 1 following the

year the participant reaches age 72. For balances less than \$5,000, if the participant does not make an election otherwise, their account balance will be paid in a direct rollover to an individual retirement plan.

Notes Receivable from Participants – The plan administrator may authorize a loan from a participant’s account. Loans are made with a minimum amount of \$1,000 and a maximum amount of 50 percent of the account balance, not to exceed \$50,000, subject to additional plan restrictions. Each loan is secured by the respective participant’s remaining account balance and bears interest at the prime interest borrowing rate, plus 1 percent, established at the date of the loan as provided by provisions of the Plan. Interest rates at December 31, 2024 range from 4.25 percent to 9.50 percent with maturity dates through 2033. The maximum maturities for a general purpose loan and a residential loan is 5 and 10 years, respectively. Loans in default are deemed early distributions and are treated as benefits paid to participants in the accompanying statement of changes in net assets available for benefits. Notes receivable from participants are measured at unpaid principal plus any accrued but unpaid interest. Interest income is recorded on an accrual basis.

2. Summary of Significant Accounting Policies

Basis of Accounting – The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates – The preparation of financial statements in conformity with U.S. generally accepted accounting principles (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction among market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

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

Payment of Benefits – Benefits are recorded when paid for financial statement purposes.

Investment and Administrative Expenses – Certain administrative functions applicable to the Plan are performed by employees of the Company. No such employees receive compensation from the Plan. Administrative expenses may be paid by the Company or the Plan, at the Company’s discretion as allowed by the plan document. Expenses paid directly by the Company are excluded from these financial statements.

3. Information Certified by Charles Schwab Trust Bank, the Investment Custodian

Certain information, as noted below, related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2024 and 2023, and net depreciation in fair value of investments, interest and dividend income, and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Charles Schwab Trust Bank.

	<u>2024</u>	<u>2023</u>
Investments, at Fair Value	<u>\$ 1,353,662,236</u>	<u>\$ 1,159,636,300</u>
Notes Receivable from Participants	<u>\$ 15,051,697</u>	<u>\$ 14,010,655</u>
Net Appreciation in Fair Value of Investments	<u>\$ 101,961,176</u>	
Interest and Dividend Income	<u>\$ 53,549,949</u>	

4. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820-10 establishes a framework for measuring fair value under generally accepted accounting principles. The 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 three levels of the fair value hierarchy under FASB ASC 820-10 are described below:

Level 1 Inputs to the valuation methodology are based on unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full-term of the asset or liability.

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at December 31, 2024.

The following is a description of the valuation methodologies used for assets measured at fair value:

- *Mutual Funds*: Valued at quoted market prices, which represent net asset value (NAV) of shares held by the Plan at year end.
- *Self-Directed Brokerage Accounts*: Accounts consist of mutual funds, unit investment trusts, a money market fund, cash, and corporate obligations that are valued at the closing price reported on the active market on which the individual securities are traded.
- *Money Market Fund*: Valued at the total of the invested deposit plus earnings thereon, which approximates fair value.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 1,282,884,708	\$ -	\$ -	\$ 1,282,884,708
Self-Directed Brokerage Accounts	53,558,833	-	-	53,558,833
Money Market Fund	17,218,695	-	-	17,218,695
	<u>\$ 1,353,662,236</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,353,662,236</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 1,095,889,938	\$ -	\$ -	\$ 1,095,889,938
Self-Directed Brokerage				
Accounts	45,302,161	-	-	45,302,161
Money Market Fund	18,444,201	-	-	18,444,201
	<u>\$ 1,159,636,300</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,159,636,300</u>

5. Excluded Contracts

The plan administrator has elected to exclude from investments certain annuity and custodial accounts, which were issued to current and former employees without the plan administrator's knowledge 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 potential accounts have also been excluded from the statement of changes in net assets available for benefits. U.S. GAAP requires that these accounts and the related income and distributions be included in the accompanying financial statements. The plan administrator is not able to determine the total amount of these excluded annuity and custodial accounts and the related income and distributions because not all records relating to these accounts exist.

6. Administrative Expenses and Party-in-Interest Transactions

A transaction with a plan service provider or a participant of the Plan qualifies as a party-in-interest transaction. Service provider fees are paid either directly or indirectly to service providers. Of these fees, \$1,763,542 is included in administrative expenses on Exhibit B. Other investment fees are netted with investment earnings. Expenses incurred in the administration of the Plan were also paid by the plan sponsor.

Additionally, certain plan investments are both held and managed by the investment custodian.

Notes receivable from participants are considered to be both party-in-interest and related-party transactions.

7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

8. Tax Status

The plan terms have been drafted to comply with Section 403(b) of the Internal Revenue Code of 1986, as amended (the Code). The Plan is required to operate in conformity with the Code to maintain the exclusion from tax for plan participants. The plan administrator believes the Plan is currently designed and operated in compliance with the applicable requirements of the Code.

The Internal Revenue Service (IRS) recently opened an optional determination letter program for 403b plans to be phased in over the next two years based on employer identification numbers. The plan administrator intends to apply for a determination letter under this program.

U.S. GAAP requires the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has undertaken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the Plan's tax positions and has concluded as of December 31, 2024, that the Plan has maintained its tax-exempt status and has taken no uncertain tax positions that require recognition of a liability or disclosure in 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.

9. 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 value 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 accompanying statements of net assets available for benefits.

10. Subsequent Events

The Plan has evaluated subsequent events through February 11, 2026, the date on which the financial statements were available to be issued.

The Plan changed investment custodian from Charles Schwab Trust Bank to Fidelity and all assets held by the Plan at that time were transferred to Fidelity on January 3, 2025.

11. Prohibited Transactions

During 2023, contributions totaling \$20,779 were not remitted timely to the Plan. As of February 11, 2026, these amounts were remitted to the Plan, with appropriate corrections for lost earnings in 2024.

12. Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits and change in net assets per the financial statements to Form 5500 as of and for the year ended December 31, 2024:

	<u>2024</u>
Net Assets Available for Benefits per Financial Statements	\$ 1,410,338,984
Less: Employer Contributions Receivable	<u>(41,625,051)</u>
Net Assets Available for Benefits per Form 5500	<u>\$ 1,368,713,933</u>
Change in Net Assets per Financial Statements	\$ 236,586,141
Less: Employer Contributions Receivable	<u>(41,625,051)</u>
Change in Net Assets per Form 5500	<u>\$ 194,961,090</u>

CARLE FOUNDATION HOSPITAL AND AFFILIATES MATCHING TSA PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
EIN # 37-1119538 Plan #004
December 31, 2024

(a) Party-In- Interest	(b) & (c) Identity of Party Involved and Description of Investment	(d) Cost	(e) Current Value
Investments, at Fair Value			
Money Market Fund			
*	Schwab Retirement Gov't Money Market	**	\$ 17,218,695
Mutual Funds			
	Vanguard Target Retirement 2040 Fund	**	148,619,525
	Vanguard Target Retirement 2030 Fund	**	128,522,961
	Fidelity 500 Index Fund	**	120,288,604
	Vanguard Target Retirement 2045 Fund	**	111,062,407
	Vanguard Target Retirement 2050 Fund	**	109,705,522
	Vanguard Target Retirement 2035 Fund	**	96,563,834
	Vanguard Target Retirement 2055 Fund	**	83,921,743
	Vanguard Target Retirement 2025 Fund	**	66,452,895
	MFS Growth Fund	**	65,639,911
	Vanguard Windsor II Fund	**	46,880,962
	JP Morgan Core Bond Fund	**	46,687,196
	Vanguard Target Retirement 2060 Fund	**	44,499,308
	Vanguard Balanced Index Fund	**	27,478,429
	Vanguard Target Retirement 2020 Fund	**	23,569,820
	American Funds EuroPacific Growth Fund	**	24,381,039
	Fidelity Extended Market Index Fund	**	21,679,934
	Fidelity Total International Index Fund	**	20,484,197
	Carillon Eagle Mid Cap Growth Fund	**	20,313,635
	Victory Sycamore Established Value Fund	**	18,770,901
	Vanguard Target Retirement 2065 Fund	**	13,465,754
	PIMCO Real Return Fund	**	9,569,177
	American Century Small Cap Value Fund	**	9,368,665
	Vanguard Target Retirement Income Fund	**	9,106,028
	Invesco Developing Markets Fund	**	8,069,169

CARLE FOUNDATION HOSPITAL AND AFFILIATES MATCHING TSA PLAN
 Schedule H, Line 4i - Schedule of Assets Held at End of Year
 EIN # 37-1119538 Plan #004
 December 31, 2024

(a) Party-In- Interest	(b) & (c) Identity of Party Involved and Description of Investment	(d) Cost	(e) Current Value
	Loomis Sayles Small Cap Growth Fund	**	4,272,124
	Fidelity US Bond Index Fund	**	3,510,968
			<u>1,282,884,708</u>
*	Self-Directed Brokerage Account, at Fair Value Self-Directed Brokerage Accounts	**	<u>53,558,833</u>
*	Notes Receivable from Participants Interest Rate 4.25 to 9.50 Percent	- 0 -	<u>15,051,697</u>
	Total Assets Held for Investment		<u><u>\$ 1,368,713,933</u></u>

* = Represents a Party-In-Interest to the Plan

** = Cost information has been omitted, as all investments are participant directed.

CARLE FOUNDATION HOSPITAL AND AFFILIATES MATCHING TSA PLAN
 Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
 EIN # 37-1119538 Plan #004
 December 31, 2024

Check Here if Participant Loan Repayments are Included	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
X	\$ 20,779	\$ -	\$ 20,779	\$ -	\$ -

CARLE FOUNDATION HOSPITAL AND AFFILIATES MATCHING TSA PLAN
 Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
 EIN # 37-1119538 Plan #004
 December 31, 2024

Check Here if Participant Loan Repayments are Included	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
X	\$ 20,779	\$ -	\$ 20,779	\$ -	\$ -

CARLE FOUNDATION HOSPITAL AND AFFILIATES MATCHING TSA PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
EIN # 37-1119538 Plan #004
December 31, 2024

(a) Party-In- Interest	(b) & (c) Identity of Party Involved and Description of Investment	(d) Cost	(e) Current Value
Investments, at Fair Value			
Money Market Fund			
*	Schwab Retirement Gov't Money Market	**	\$ 17,218,695
Mutual Funds			
	Vanguard Target Retirement 2040 Fund	**	148,619,525
	Vanguard Target Retirement 2030 Fund	**	128,522,961
	Fidelity 500 Index Fund	**	120,288,604
	Vanguard Target Retirement 2045 Fund	**	111,062,407
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	Vanguard Target Retirement 2055 Fund	**	83,921,743
	Vanguard Target Retirement 2025 Fund	**	66,452,895
	MFS Growth Fund	**	65,639,911
	Vanguard Windsor II Fund	**	46,880,962
	JP Morgan Core Bond Fund	**	46,687,196
	Vanguard Target Retirement 2060 Fund	**	44,499,308
	Vanguard Balanced Index Fund	**	27,478,429
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	Fidelity Extended Market Index Fund	**	21,679,934
	Fidelity Total International Index Fund	**	20,484,197
	Carillon Eagle Mid Cap Growth Fund	**	20,313,635
	Victory Sycamore Established Value Fund	**	18,770,901
	Vanguard Target Retirement 2065 Fund	**	13,465,754
	PIMCO Real Return Fund	**	9,569,177
	American Century Small Cap Value Fund	**	9,368,665
	Vanguard Target Retirement Income Fund	**	9,106,028
	Invesco Developing Markets Fund	**	8,069,169

Schedule 1 (Continued)

CARLE FOUNDATION HOSPITAL AND AFFILIATES MATCHING TSA PLAN
 Schedule H, Line 4i - Schedule of Assets Held at End of Year
 EIN # 37-1119538 Plan #004
 December 31, 2024

(a) Party-In- Interest	(b) & (c) Identity of Party Involved and Description of Investment	(d) Cost	(e) Current Value
	Loomis Sayles Small Cap Growth Fund	**	4,272,124
	Fidelity US Bond Index Fund	**	3,510,968
			<u>1,282,884,708</u>
*	Self-Directed Brokerage Account, at Fair Value		
	Self-Directed Brokerage Accounts	**	<u>53,558,833</u>
*	Notes Receivable from Participants		
	Interest Rate 4.25 to 9.50 Percent	- 0 -	<u>15,051,697</u>
	Total Assets Held for Investment		<u><u>\$ 1,368,713,933</u></u>

* = Represents a Party-In-Interest to the Plan

** = Cost information has been omitted, as all investments are participant directed.