

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 07/01/2024 and ending 06/30/2025	
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 CATHOLIC MEDICAL CENTER PENSION PLAN
1b	Three-digit plan number (PN) ▶ 005
1c	Effective date of plan 01/01/1969
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) CATHOLIC HEALTHCARE TRUST 100 MCGREGOR ST MANCHESTER, NH 03102-3730
2b	Employer Identification Number (EIN) 02-0315693
2c	Plan Sponsor's telephone number 603-663-6552
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.	04/15/2026	CHERYL MOREAU
	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	1951
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) 352
	6a(2)	0
	6b	974
	6c	889
	6d	1863
	6e	68
	6f	1931
	6g(1)	
6g(2)		
6h	1	
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:

1A 1I 3H

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan CATHOLIC MEDICAL CENTER PENSION PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CATHOLIC HEALTHCARE TRUST	D Employer Identification Number (EIN) 02-0315693
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 07 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	228002051	
b	Actuarial value	2b	214590884	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	967	158162527	158162527
b	For terminated vested participants	632	53581143	53581143
c	For active participants	352	43322340	43322340
d	Total	1951	255066010	255066010
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.28 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	0	
b	Expected plan-related expenses	6b	1900000	
c	Target normal cost	6c	1900000	

Statement by Enrolled Actuary

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

SIGN HERE	Signature of actuary ADAM VOS Type or print name of actuary FIDELITY INVESTMENTS Firm name 100 NEW MILLENNIUM WAY DURHAM, NC 27709 Address of the firm	03/31/2026 Date 23-08766 Most recent enrollment number 919-458-8542 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	5525350
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	5073420
9 Amount remaining (line 7 minus line 8)	0	451930
10 Interest on line 9 using prior year's actual return of <u>14.22</u> %	0	64264
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		5588342
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.27</u> %		27136
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		721440
c Total available at beginning of current plan year to add to prefunding balance		6336918
d Portion of (c) to be added to prefunding balance		6336918
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	6853112

Part III Funding Percentages

14 Funding target attainment percentage	14	81.44 %
15 Adjusted funding target attainment percentage	15	81.44 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.82 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/11/2024	1729000	0			
01/10/2025	1200000	0			
Totals ►			18(b)	2929000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2872109

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.12 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	1900000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	47328238	5461781	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	7361781	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	4489672	4489672
36 Additional cash requirement (line 34 minus line 35)	36	2872109	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2872109	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan CATHOLIC MEDICAL CENTER PENSION PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 CATHOLIC HEALTHCARE TRUST	D Employer Identification Number (EIN) 02-0315693	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FID MGMT TRUST CO
04-2723880

(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)

FID MGMT TRUST CO

04-2723880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 17 50	ADMIN	304045	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FID INV INST OPS CO

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARIAL	74986	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARATHON INTERNATIONAL

20-1575090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISORY	54161	Yes ☐ No ☒	Yes ☐ No ☐		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)

NEW ENGLAND PRIVATE WEALTH ADVISORS

36 WASHINGTON STREET
SUITE 280
WELLESLEY, MA 02481

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISORY	25125	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
(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
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(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:

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

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

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A Name of plan CATHOLIC MEDICAL CENTER PENSION PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 CATHOLIC HEALTHCARE TRUST	D Employer Identification Number (EIN) 02-0315693

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)	1068321	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	196128	364675
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7807397	7206702
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	8798	8798
(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)	212169900	235404870
(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	221250544	242985045
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	221250544	242985045

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)	9929000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		9929000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	361481	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		361481
(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)	6257298	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		6257298
(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)	55848	
(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)		20366144
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		36969771

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13293997	
(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)		13293997
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)	304045	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	79286	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	74986	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1482956	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1941273
j Total expenses. Add all expense amounts in column (b) and enter total	2j		15235270

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		21734501
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: **BAKER NEWMAN NOYES**

(2) EIN: **01-0494526**

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?	☒		2000000
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 567299.

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 07/01/2024 and ending 06/30/2025					
A Name of plan CATHOLIC MEDICAL CENTER PENSION PLAN				B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 CATHOLIC HEALTHCARE TRUST				D Employer Identification Number (EIN) 02-0315693	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-3275867					
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	0
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: 87.6 % Private Equity: 8.8 % Investment-Grade Debt and Interest Rate Hedging Assets: 0.0 %

High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 3.6 % Other: 0.0 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule SB, line 26a Schedule of Active Participant Data	2024 This Form is Open to Public Inspection
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Name of Plan	CATHOLIC MEDICAL CENTER PENSION PLAN						
Plan Year Begin Date	07/01/2024	Plan Year End Date	06/30/2025	EIN	02-0315693	PN	005

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34	1					
35 to 39				5		
40 to 44				21		
45 to 49				14		
50 to 54				15		
55 to 59				10		
60 to 64				17		
65 to 69				3		
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44	15					
45 to 49	9			13		
50 to 54	17			18		
55 to 59	26			16		
60 to 64	24			22		
65 to 69	8			11		
70 & Up				2		

Name of Plan	CATHOLIC MEDICAL CENTER PENSION PLAN						
Plan Year Begin Date	07/01/2024	Plan Year End Date	06/30/2025	EIN	02-0315693	PN	005

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54	10			1		
55 to 59	10			12		
60 to 64	13			15		
65 to 69	2			5		
70 & Up	1					

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59	3					
60 to 64	7					
65 to 69	4			2		
70 & Up						

Name of Plan	CATHOLIC MEDICAL CENTER PENSION PLAN					
Plan Year Begin Date	07/01/2024	Plan Year End Date	06/30/2025	EIN	02-0315693	PN 005

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

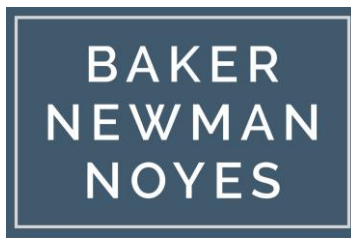
Structured Attachment Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Schedule SB, line 26b Schedule of Projection of Expected Benefit Payments		2024	
			This Form is Open to Public Inspection	

Name of Plan	CATHOLIC MEDICAL CENTER PENSION PLAN						
Plan Year Begin Date	07/01/2024	Plan Year End Date	06/30/2025	EIN	02-0315693	PN	005

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	566334	855401	12396028	13817763
2025	913300	1126449	12494445	14534194
2026	1263346	1596200	12520924	15380470
2027	1582721	2033377	12520701	16136799
2028	1843056	2284949	12492398	16620403
2029	2098920	2648082	12433166	17180168
2030	2310521	2889326	12340317	17540164
2031	2556678	3188900	12208205	17953783
2032	2733767	3391974	12037612	18163353
2033	2935060	3588865	11827779	18351704
2034	3133707	3788285	11575808	18497800
2035	3317798	3927007	11279912	18524717
2036	3449876	4058843	10938150	18446869
2037	3543557	4251247	10549278	18344082
2038	3619800	4299935	10113415	18033150
2039	3690449	4421840	9635615	17747904
2040	3719274	4448837	9121317	17289428
2041	3742638	4515058	8571987	16829683
2042	3765583	4561495	7993220	16320298
2043	3743151	4585733	7391713	15720597
2044	3723596	4590822	6775072	15089490
2045	3693527	4572068	6151616	14417211
2046	3639239	4522881	5530239	13692359
2047	3562456	4430342	4919971	12912769
2048	3472220	4344713	4329641	12146574

Name of Plan	CATHOLIC MEDICAL CENTER PENSION PLAN						
Plan Year Begin Date	07/01/2024	Plan Year End Date	06/30/2025	EIN	02-0315693	PN	005

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2049	3356678	4215970	3767415	11340063
2050	3229147	4069176	3240369	10538692
2051	3085778	3895886	2754220	9735884
2052	2930939	3709343	2313000	8953282
2053	2766236	3513140	1918992	8198368
2054	2595198	3304543	1572816	7472557
2055	2419497	3088917	1273546	6781960
2056	2241602	2869704	1018990	6130296
2057	2063697	2649921	805958	5519576
2058	1887834	2432487	630536	4950857
2059	1715944	2220051	488384	4424379
2060	1549842	2014909	375008	3939759
2061	1391123	1818971	285960	3496054
2062	1241093	1633697	217033	3091823
2063	1100765	1460128	164401	2725294
2064	970804	1298846	124700	2394350
2065	851565	1150036	95076	2096677
2066	743104	1013574	73175	1829853
2067	645202	889044	57105	1591351
2068	557429	775902	45377	1378708
2069	479189	673497	36842	1189528
2070	409798	581129	30626	1021553
2071	348559	498144	26072	872775
2072	294745	423897	22695	741337
2073	247660	357810	20137	625607



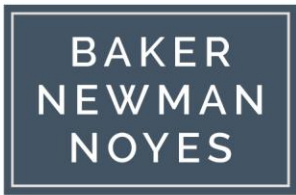
Catholic Medical Center Pension Plan

Financial Statements
and Supplemental Schedules

*Years Ended June 30, 2025 and 2024
With Independent Auditors' Report*

Baker Newman & Noyes LLC
MAINE | MASSACHUSETTS | NEW HAMPSHIRE
800.244.7444 | www.bnn CPA.com





INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants
Catholic Medical Center Pension Plan

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

We have performed audits of the financial statements of the Catholic Medical Center Pension Plan (the Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of June 30, 2025 and 2024, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended June 30, 2025 and 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Auditors' 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

To the Plan Administrator and Participants
Catholic Medical Center Pension Plan

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of June 30, 2025 and schedule of reportable transactions for the year ended June 30, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

To the Plan Administrator and Participants
Catholic Medical Center Pension Plan

In our opinion:

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

Baker Newman & Noyes LLC

Manchester, New Hampshire
April 13, 2026

CATHOLIC MEDICAL CENTER PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets:		
Investments, at fair value:		
Money market fund	\$ 7,206,702	\$ 7,807,397
Mutual funds and real estate investment trusts	218,211,557	197,700,619
Private investment funds	<u>17,202,111</u>	<u>14,478,079</u>
Total investments	242,620,370	219,986,095
Receivables:		
Employer contributions	—	1,068,321
Interest and dividends	<u>364,675</u>	<u>196,128</u>
Net assets available for benefits	<u>\$242,985,045</u>	<u>\$221,250,544</u>

See accompanying notes.

CATHOLIC MEDICAL CENTER PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions to net assets attributed to:		
Contributions:		
Employer contributions	\$ 9,929,000	\$ 1,068,321
Investment income:		
Interest and dividends	6,618,779	5,837,809
Net appreciation in fair value of investments	<u>20,421,992</u>	<u>21,972,725</u>
Total additions	36,969,771	28,878,855
Deductions from net assets attributed to:		
Benefit payments	13,293,997	12,029,826
Administrative expenses	<u>1,941,273</u>	<u>1,886,210</u>
Total deductions	<u>15,235,270</u>	<u>13,916,036</u>
Net increase in net assets available for benefits	21,734,501	14,962,819
Net assets available for benefits, beginning of year	<u>221,250,544</u>	<u>206,287,725</u>
Net assets available for benefits, end of year	<u>\$242,985,045</u>	<u>\$221,250,544</u>

See accompanying notes.

CATHOLIC MEDICAL CENTER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

June 30, 2025 and 2024

1. Description of the Plan

The following description of the Catholic Medical Center Pension Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan that covers all eligible employees of Catholic Medical Center and Physician Practice Associates (the Medical Center). The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA).

The Plan was frozen effective January 1, 2012, and future benefit accruals were frozen with respect to periods of employment after December 31, 2011. Any employee who was a participant of the Plan on that date will continue as a participant. No other person will become a participant after that date. Participant compensation is no longer credited as of January 1, 2012. The New Hampshire Medical Laboratories Retirement Income Plan (NHML Plan), a related plan administered by the Medical Center, was merged into the Plan effective June 30, 2023. Benefits to existing NHML Plan participants and beneficiaries are at least equal to the benefits they were entitled to before the merger when they were a participant in the NHML Plan. Each NHML Plan participant is eligible prospectively for benefits in accordance with the terms of the Plan. NHML Plan benefit accruals were frozen effective June 30, 1991.

On June 21, 2024, the Medical Center entered into an asset purchase agreement with Manchester Health Services, LLC, a wholly-owned subsidiary of HCA Healthcare, Inc. (HCA). On February 1, 2025, the Medical Center sold substantially all of its assets to HCA. As a plan that is insured by the Pension Benefit Guaranty Corporation (PBGC) and as a result of this change in control, the Plan filed the necessary filings and notifications with the PBGC, including Form 10 and Form 4062(e)-01. Within the controlled group structure, the Plan Sponsor changed its name from the Medical Center to Catholic Healthcare Trust, f/k/a Catholic Medical Center.

Contributions

The Plan Sponsor has agreed to voluntarily contribute amounts necessary to provide assets sufficient to meet the benefits to be paid to Plan members. The Plan Sponsor makes contributions in amounts sufficient to fund the Plan's current service cost on a current basis and any unfunded past service amounts, plus interest thereon, over a period prescribed by ERISA requirements. The Plan has met the ERISA minimum funding requirements for the years ended June 30, 2025 and 2024.

Vesting

Participants are 100% vested in their accrued retirement benefit after five years of service at 1,000 hours each year. If a participant is not vested and continues to work 1,000 hours a year, they will earn credited service towards vesting for each year completed until 100% vested.

CATHOLIC MEDICAL CENTER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

June 30, 2025 and 2024

1. **Description of the Plan (Continued)**

Pension Benefits

All participants with at least five years of credited service are entitled to a monthly benefit beginning the first day of the month on or after they attain the age of 65 once they stop working. The normal retirement benefit is calculated by multiplying 2% of a participant's compensation earned through December 2011. Generally, upon attainment of age 55 with ten years of credited service, participants are eligible for early retirement, which provides a benefit adjusted to its actuarial equivalent for early commencement. Subsequent to January 1, 2012, participants no longer receive compensation credit towards their benefit. However, benefits do continue to vest until fully vested. With respect to any NHML Plan participant who retires on or after his or her normal retirement date, such benefit shall be equal to 2% of earnings (as defined under the NHML Plan) through July 1, 1991 plus the accrued benefit, if any, under the Catholic Medical Center Retirement Income Plan as in effect June 30, 1987. This calculated annual normal retirement benefit shall not be less than \$1,200. NHML Plan participants' benefits do not include any benefit accrual with respect to periods commencing on or after July 1, 1991.

Plan Termination

Although it has not expressed any formal intention to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. Should the Plan terminate at some future time, its net assets will generally not be available on a pro-rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets of the Plan and the PBGC's benefit guarantee, while other benefits may not be provided for at all. Plan participants should refer to the Plan document for more complete information.

Administrative Expenses

Substantially all administrative expenses are paid by the Plan.

2. **Summary of Significant Accounting Policies**

Basis of Accounting

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

CATHOLIC MEDICAL CENTER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

June 30, 2025 and 2024

2. Summary of Significant Accounting Policies (Continued)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (Note 3) are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees through the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' compensation during their period of credited service. The accumulated plan benefits for active employees are based on their compensation during their period of credited service through January 1, 2012. Benefits payable under all circumstances – retirement, death and termination of employment – are included, to the extent they are deemed attributable to employee services rendered through the valuation date.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of plan assets available for benefits and changes therein and disclosures of the actuarial present value of accumulated plan benefits and changes therein as of the date of the financial statements. Accordingly, actual results may differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the notes to the financial statements.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, liquidity and credit risks. Market risk includes global events which could impact the value of investment securities, such as pandemics or international conflicts. 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 change could materially affect the amounts reported in the statements of net assets available for benefits.

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

Investment Valuation and Income Recognition

Investments are reported at fair value, as described in Note 5.

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/depreciation includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

CATHOLIC MEDICAL CENTER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

June 30, 2025 and 2024

2. Summary of Significant Accounting Policies (Continued)

Benefit Payments

Benefits are recorded when paid.

Contributions

Contributions are recognized in the Plan's financial statements when a formal commitment to fund the Plan has been made by the Plan Sponsor, or when required by law to meet the minimum funding requirements of ERISA. No voluntary employee contributions are permitted. At June 30, 2025 and 2024, the Plan was in compliance with the minimum funding requirements of ERISA.

Subsequent Events

Events occurring after the statement of net assets available for benefits date are evaluated by the Plan Administrator to determine whether such events should be recognized or disclosed in the financial statements. The Plan Administrator has evaluated subsequent events through April 13, 2026, the date the financial statements were available to be issued.

Subsequent to year end, the Plan was amended to provide certain terminated vested participants and deferred beneficiaries who are not currently receiving benefits the opportunity to elect an immediate lump-sum distribution or immediate annuity during an election period from April 2, 2026 to May 8, 2026 (as may be extended by the Plan Sponsor to no later than May 31, 2026). Eligible participants will be offered the actuarial equivalent of their vested accrued benefit as of June 1, 2026. The amendment also increases the Plan's mandatory cash-out threshold to \$7,000.

Subsequent to year end, the Plan Sponsor also implemented changes to the Plan's investment allocation to reduce investment risk by reallocating the majority of Plan assets into a money market fund. The Plan recognized approximately \$44 million of realized gains in February 2026 as a result of this reallocation.

Subsequent to year end, effective March 26, 2026, the Plan Sponsor entered into a Purchase and Administrative Services Agreement (the Agreement) with Pacific Life Insurance Company and Pacific Life & Annuity Company (collectively, Pacific Life) for the benefit of the Plan. The Agreement provides for the Plan Sponsor to purchase a buy-in single premium group annuity contract to provide monthly benefit payments to the Plan for covered annuitants. The total initial premiums due under the Agreement totaled approximately \$225 million and were funded on April 1, 2026. Under the terms of the Agreement, Pacific Life will make monthly payments to the Plan equal to the covered participant benefit payments until such time as payments are converted to be made directly to participants. The group annuity contracts will be issued following the finalization of participant data and receipt of related applicable regulatory approvals. In addition, additional premiums may become due or amounts refunded after the close of the lump-sum window previously discussed above, pursuant to the buy-in premium true-up provisions of the Agreement. This transaction did not affect amounts recognized in the accompanying financial statements as of June 30, 2025.

CATHOLIC MEDICAL CENTER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

June 30, 2025 and 2024

3. Accumulated Plan Benefits

An actuary from Fidelity Workplace Investing LLC estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and the expected date of payment. The accumulated plan benefit information is determined as of the beginning of each plan year.

The accumulated plan benefit information as of June 30, 2024 is as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments	\$170,141,159
Other participants	<u>31,904,131</u>
	<u>\$202,045,290</u>

The change in the actuarial present value of accumulated plan benefits for the year ended June 30, 2024 is summarized as follows:

Actuarial present value of accumulated plan benefits,	
beginning of year	\$194,829,852
Decrease due to benefits paid	(12,029,826)
Reduction in discount period	14,925,412
Assumption changes ⁽¹⁾	4,390,089
Actuarial gain	<u>(70,237)</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$202,045,290</u>

(1) The change in actuarial assumptions is primarily due to the interest rates.

Significant assumptions underlying the actuarial computations as of June 30, 2024 are:

Interest	7.70%
Mortality rates	Pri-2012 Total Mortality Tables with Scale MP-2021 Mortality Improvement Scale applied on a generational basis
Retirement rates	Graded from 62 to 70. Normal retirement age is 65
Cost of living assumption	3.00% per year
Funding method	Unit credit actuarial cost method

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

CATHOLIC MEDICAL CENTER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

June 30, 2025 and 2024

4. **Information Certified by the Trustee**

The Plan Administrator has elected the method of compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the auditors not to perform any auditing procedures with respect to the information certified by Fidelity Management Trust Company, the trustee, as of and for the years ended June 30, 2025 and 2024, except for comparing such information with the related information included in the accompanying financial statements and supplemental schedules. The Plan Administrator has obtained certifications from the trustee stating that the information provided to the Plan Administrator by the trustee is complete and accurate. Such information includes investments, investment income, including interest and dividends and net appreciation in fair value of investments, and investment transactions. The Plan Administrator has determined that the trustee meets the requirements of a qualified institution as defined by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

5. **Fair Value Measurements**

Fair value is the price that would be received upon sale of an asset or paid upon transfer of a liability in an orderly transaction between market participants at the measurement date and in the principal or most advantageous market for that asset or liability. The fair value should be calculated based on assumptions that market participants would use in pricing the asset or liability, not on assumptions specific to the entity.

The fair value hierarchy for valuation inputs prioritizes the inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Each fair value measurement is reported in one of the three levels which is determined by the lowest level input that is significant to the fair value measurement in its entirety. These levels are:

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

Level 2 – Inputs to the valuation methodology include:

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

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.

CATHOLIC MEDICAL CENTER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

June 30, 2025 and 2024

5. Fair Value Measurements (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2025 or 2024.

Money market fund: Valued based upon quoted prices in active markets for identical assets.

Mutual funds and real estate investment trusts (REITs): Valued at the closing price reported in the active market in which the security is traded.

Private investment funds: Valued at fair value based on net asset value (NAV) as determined by the fund managers and represent the Plan's proportionate share of the estimated fair value of the underlying net assets at the reporting date.

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 June 30:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>2025</u>				
Money market fund	\$ 7,206,702	\$ —	\$ —	\$ 7,206,702
Mutual funds and REITs	<u>218,211,557</u>	<u>—</u>	<u>—</u>	<u>218,211,557</u>
	<u>\$225,418,259</u>	<u>\$ —</u>	<u>\$ —</u>	225,418,259
Investments valued at NAV:				
Private investment funds				<u>17,202,111</u>
				<u>\$242,620,370</u>
<u>2024</u>				
Money market fund	\$ 7,807,397	\$ —	\$ —	\$ 7,807,397
Mutual funds and REITs	<u>197,700,619</u>	<u>—</u>	<u>—</u>	<u>197,700,619</u>
	<u>\$205,508,016</u>	<u>\$ —</u>	<u>\$ —</u>	205,508,016
Investments valued at NAV:				
Private investment funds				<u>14,478,079</u>
				<u>\$219,986,095</u>

CATHOLIC MEDICAL CENTER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

June 30, 2025 and 2024

5. Fair Value Measurements (Continued)

The following table discloses the unfunded commitment and redemption terms of the private investment funds held by the Plan as of June 30, 2025:

<u>Investment</u>	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Gleacher Diversified Strategies Funds LTD	\$ 8,798	\$ –	Quarterly	In liquidation
Marathon London International Investment Trust I	17,193,313	–	Monthly	5 business days

6. Income Tax Status

The Plan has received a determination letter from the IRS, dated June 18, 2014, stating that the Plan is qualified under Section 401(a) of the IRC and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of June 30, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) 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.

7. Party-in-Interest Transactions

Plan investments include certain investments managed by the trustee. Those transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA.

Administrative expenses charged to the Plan were \$1,941,273 and \$1,886,210 for the years ended June 30, 2025 and 2024, respectively. Administrative expenses include amounts paid for PBGC fees, trustee fees, recordkeeping fees, actuarial fees and other professional fees. Certain of the transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA.

CATHOLIC MEDICAL CENTER PENSION PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 02-0315693

Plan #005

June 30, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Values	(d) Cost	(e) Current Value
	Money market fund:			
*	Fidelity Government Money Market Fund	7,206,702 shares	\$ 7,206,702	\$ 7,206,702
	Mutual funds and real estate investment trusts:			
	American Funds New World R6	73,788 shares	6,203,203	6,566,355
	AQR Diversifying Strategies Fund R6	942,229 shares	11,379,699	12,578,756
	Broadstone Net Lease Inc.	310,264 shares	4,930,095	4,979,737
	Calvert Short Duration Income R6	471,401 shares	7,229,633	7,485,852
	Cohen & Steers Global Infrastructure Fund	143,367 shares	3,512,585	3,440,809
*	Fidelity 500 Index Fund Advantage	342,157 shares	46,761,171	73,943,511
*	Fidelity Advisor Multi-Asset Income Fund	616,319 shares	8,614,720	9,041,399
*	Fidelity Emerging Markets Index Fund	533,148 shares	6,416,980	6,456,425
*	Fidelity International Bond Index Fund	1,032,448 shares	9,520,988	9,684,359
*	Fidelity Mid Cap Index Fund Fidelity Adv	197,633 shares	5,401,658	6,978,409
*	Fidelity Real Estate Income Fund	283,209 shares	3,446,677	3,469,310
*	Fidelity Total Bond K6 Fund	1,104,883 shares	11,185,718	9,789,265
*	Fidelity Total International Index Fund	677,422 shares	8,986,872	10,811,652
	First Eagle Global R6	116,499 shares	7,468,321	9,020,545
	GQC Partners Emerging Markets Equity Inst	255,535 shares	4,003,585	4,441,199
	Lord Abbett Short Duration Income Fund	2,729,681 shares	10,804,421	10,591,163
	PGIM Jennison International Opps R6	338,769 shares	10,741,779	11,951,759
	PIMCO Income Instl	528,062 shares	6,242,940	5,687,229
	Putnam Large Cap Value R6	120,538 shares	4,211,633	4,436,997
	T Rowe Price Global Multi-Sect Bd I	686,369 shares	7,688,888	6,856,826
	Private investments funds:			
	Gleacher Diversified Strategies Funds LTD	9 shares	8,798	8,798
	Marathon London International Investment Trust I	145,314 shares	<u>13,509,704</u>	<u>17,193,313</u>
			<u>\$205,476,770</u>	<u>\$242,620,370</u>

* Represents a party-in-interest.

The above information has been certified by Fidelity Management Trust Company, the trustee, as complete and accurate.

CATHOLIC MEDICAL CENTER PENSION PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

EIN: 02-0315693

Plan #005

For the Year Ended June 30, 2025

(a) <u>Identity of Party Involved</u>	(b) <u>Description of Asset</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(e) <u>Lease Rental</u>	(f) <u>Expense Incurred With Transaction</u>	(g) <u>Cost of Asset</u>	(h) <u>Current Value of Asset on Transaction Date</u>	(i) <u>Net Gain (Loss)</u>
<u>Category (iii) – Series of transactions in excess of 5% of plan assets</u>								
* Fidelity Investments	Government Money Market Fund	\$14,588,905	\$ –	\$ –	\$ –	\$14,588,905	\$14,588,905	\$ –
* Fidelity Investments	Government Money Market Fund	–	15,189,600	–	–	15,189,600	15,189,600	–

There were no category (i), (ii) or (iv) transactions.

* Represents a party-in-interest

The above information has been certified by Fidelity Management Trust Company, the trustee, as complete and accurate.

Attachment to 2024 Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Name Catholic Medical Center Pension Plan **EIN:** 02-0315693
Plan Sponsor's Name Catholic Healthcare Trust **PN:** 005

Actuarial Assumptions and Methods

ERISA Interest Rates as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

“Minimum” means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

“Maximum” means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

	2024 Plan Year		2023 Plan Year	
Purpose	Minimum	Maximum	Minimum	Maximum
Interest Rate Type	Stabilized	Non-Stabilized	Stabilized	Non-Stabilized
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	4	4	4	4
First 5 years	4.75%	4.64%	4.75%	2.50%
Next 15 years	5.12%	5.12%	5.00%	3.83%
Over 20 years	5.59%	5.10%	5.74%	4.06%
Applicable Law for the segment rates corridor	ARPA	Not Applicable	ARPA	Not Applicable

Salary Scale: N/A

Increase in Consumer Price Index (CPI): N/A

Increase in Social Security Taxable Wage Base: N/A

Cost of Living Adjustment (COLA): 3.00%, occurring on May 1 of 2025, and 2.50% occurring on May 1 of all following years. This assumption is based on recent historical data, adjusted to reflect estimated future experience and professional judgement.

Administrative Expenses included in Target Normal Cost: \$1,900,000. Estimated based on recent historical data, adjusted to reflect estimated future experience and professional judgement.

Attachment to 2024 Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Name Catholic Medical Center Pension Plan **EIN:** 02-0315693
Plan Sponsor's Name Catholic Healthcare Trust **PN:** 005

Actuarial Assumptions and Methods (continued)

Mortality:

IRS 2024 Generational Mortality Table as prescribed by IRC Section 430 for plans with more than 500 participants (previously IRS 2023 Static Mortality Table). This is a fully generational mortality table based on the Pri-2012 Total Mortality Tables projected with the adjusted MP 2021 Mortality Improvement Scale with annual mortality improvements capped at 0.78% as required by Secure 2.0 Act.

Retirement Rates: Rates varying by age based on the assumption used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement. Late retirement factors are applied to retirements after age 65.

<u>Age</u>	<u>Rates</u>
62-64	15%
65-69	40%
70	100%

Termination Rates: Rates varying by age based on the assumption used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Sample rates are shown below:

<u>Age</u>	<u>Rates</u>
20	12.00%
25	11.00%
30	10.00%
35	9.00%
40	8.00%
45	7.00%
50	6.00%
55	5.00%
60	4.00%

Attachment to 2024 Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Name <u>Catholic Medical Center Pension Plan</u>	EIN: <u>02-0315693</u>
Plan Sponsor's Name <u>Catholic Healthcare Trust</u>	PN: <u>005</u>

Actuarial Assumptions and Methods (continued)

Marital Status: 90% of males and 60% of females are assumed married, with females 3 years younger than males.

Maximum Benefit: \$275,000 for 2024.

Maximum Salary: \$345,000 for 2024.

Form of Payment: It has been assumed benefits will be paid in the form of a single life annuity. To the extent optional forms of payment are elected and conversions are determined under an actuarial basis, which differs from the basis funded in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method.

Actuarial Value of Plan Assets for Funding Purposes:

The actuarial value of assets is equal to:

- a) the market value of assets, including discounted receivables, on the valuation date, less
- b) the following percentages of prior years' investment gains (losses):
 - i) 67% of the prior year, and
 - ii) 33% of the second prior year,

Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (not to exceed the third segment rate for that year) over the actual return on the market value of assets, including discounted receivables, for any given year.

- c) The actuarial value of assets can be neither less than 90% nor greater than 110% of the market value of assets, including discounted receivables.

Attachment to 2024 Form 5500
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Name <u>Catholic Medical Center Pension Plan</u>	EIN: <u>02-0315693</u>
Plan Sponsor's Name <u>Catholic Healthcare Trust</u>	PN: <u>005</u>

Actuarial Assumptions and Methods (continued)

Shortfall Amortization Charge for ERISA Funding Purposes: Per IRC Section 430(C), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 15-year period beginning with such plan year.

Actuarial Cost Method: The unit credit cost method is used for ERISA funding target (FT). Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits (PVAB) for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for IRS maximum deductible limit cushion amount. Under this method, accrued pension benefits are determined for all eligible active participants reflecting service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. This liability for active participants is then added to the present value of all benefits for inactive participants to determine the total liability under this method.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings and negotiated benefit increases projected to assumed retirement age in both cases. The total normal cost is based upon the sum of the individual normal costs.

CATHOLIC MEDICAL CENTER PENSION PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

EIN: 02-0315693

Plan #005

For the Year Ended June 30, 2025

(a) <u>Identity of Party Involved</u>	(b) <u>Description of Asset</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(e) <u>Lease Rental</u>	(f) <u>Expense Incurred With Transaction</u>	(g) <u>Cost of Asset</u>	(h) <u>Current Value of Asset on Transaction Date</u>	(i) <u>Net Gain (Loss)</u>
<u>Category (iii) – Series of transactions in excess of 5% of plan assets</u>								
* Fidelity Investments	Government Money Market Fund	\$14,588,905	\$ –	\$ –	\$ –	\$14,588,905	\$14,588,905	\$ –
* Fidelity Investments	Government Money Market Fund	–	15,189,600	–	–	15,189,600	15,189,600	–

There were no category (i), (ii) or (iv) transactions.

* Represents a party-in-interest

The above information has been certified by Fidelity Management Trust Company, the trustee, as complete and accurate.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

▶ **Round off amounts to nearest dollar.**

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

A Name of plan CATHOLIC MEDICAL CENTER PENSION PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CATHOLIC HEALTHCARE TRUST	D Employer Identification Number (EIN) 02-0315693
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 07 Day 01 Year 2024			
2 Assets:			
a Market value.....		2a	228,002,051
b Actuarial value.....		2b	214,590,884
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	967	158,162,527	158,162,527
b For terminated vested participants	632	53,581,143	53,581,143
c For active participants.....	352	43,322,340	43,322,340
d Total.....	1,951	255,066,010	255,066,010
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate	5	5.28 %	
6 Target normal cost			
a Present value of current plan year accruals		6a	0
b Expected plan-related expenses		6b	1,900,000
c Target normal cost		6c	1,900,000

Statement by Enrolled Actuary

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

SIGN HERE	<u>AcV</u> Signature of actuary	<u>3/31/26</u> Date
ADAM VOS	Type or print name of actuary	2308766 Most recent enrollment number
FIDELITY INVESTMENTS	Firm name	919-458-8542 Telephone number (including area code)
100 NEW MILLENNIUM WAY		
DURHAM NC 27709	Address of the firm	

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

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

Schedule SB (Form 5500) 2024 v. 240311

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.12 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	1,900,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	47,328,238	5,461,781	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	7,361,781	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	4,489,672	4,489,672
36 Additional cash requirement (line 34 minus line 35).....	36	2,872,109	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	2,872,109	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021
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Attachment to 2024 Form 5500
Schedule SB, line 22 - Weighted Average Retirement Age

Plan Name <u>Catholic Medical Center Pension Plan</u>	EIN: <u>02-0315693</u>
Plan Sponsor's Name <u>Catholic Healthcare Trust</u>	PN: <u>005</u>

Development of Weighted Average Retirement Age

(1)	(2)	(3)	(4)
Age	Assumed Retirement Rate	Assumed Number Retired	(1) * (3)
62	15%	15	930
63	15%	13	819
64	15%	11	704
65	40%	24	1,560
66	40%	15	990
67	40%	9	603
68	40%	5	340
69	40%	3	207
70	100%	5	350
		100	6,503
Weighted Average Retirement Age:			65

Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Plan Name <u>Catholic Medical Center Pension Plan</u>	EIN: <u>02-0315693</u>
Plan Sponsor's Name <u>Catholic Healthcare Trust</u>	PN: <u>005</u>

Plan Provisions

Name of Plan: Catholic Medical Center Pension Plan.

Employer Identification Number / Plan Number: 02-0315693 / 005.

Effective Date: January 1, 1969. Effective date of most recent plan restatement: July 1, 2013. Effective date of most recent plan amendment: June 30, 2023.

Plan Year: July 1 – June 30

Effective June 30, 2023, the plan was amended to merge the New Hampshire Medical Laboratories Retirement Income Plan with and into the Catholic Medical Center Pension Plan.

Definitions:

Participation Date: The January 1 or July 1 following the attainment of age 21 and completion of one year of service. The Plan was closed to new entrants effective January 1, 2009.

Year of Benefit Service: Plan year during which participant works 1,000 hours. Benefit service was frozen effective December 31, 2011 for all participants.

Year of Vesting Service: Plan year during which a participant works 1,000 hours.

Compensation: Gross wages paid in the Plan Year to the Employee as reported on the Form W-2, including salary, bonuses, commissions, and overtime pay. Only compensation earned through December 31, 2011 are considered for purposes of determining the participant's accrued benefit.

Cost of Living Adjustment: On May 1 of each Plan Year, the Current Retirement Income payable under the plan which commenced prior to January 1 of the same Plan Year shall be adjusted by multiplying such benefit by a fraction, the numerator of which is the Consumer Price Index for the month of January of the current Plan Year and the denominator of which is the Consumer Price Index for the month of January of the preceding Plan Year. In no event shall the cost-of-living adjustment be (a) greater than 103% of the Current Retirement Income; or (b) less than the Participant's Base Retirement Income.

For Employees who terminated employment or commenced benefit payments before July 1, 1996 and NHML plan participants, the Current Retirement Income payable to the Participant under the Plan after a cost-of-living adjustment shall never be greater than 150% of the Participant's Base Retirement Income.

Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Plan Name <u>Catholic Medical Center Pension Plan</u>	EIN: <u>02-0315693</u>
Plan Sponsor's Name <u>Catholic Healthcare Trust</u>	PN: <u>005</u>

Plan Provisions (continued)

Eligibility for Benefits:

Normal Retirement Date (NRD): First day of the month coinciding with or next following the attainment of age 65.

Early Retirement Date (ERD): The date on which a Participant separates from service after having attained age 55 and completed at least 10 Years of Vesting Service.

Late Retirement Date: The actual date on which a Participant retires, if such date occurs after his or her Normal Retirement Date.

Deferred Vested: Termination for reasons other than death, disability, or retirement after completing five Years of Vesting Service

Pre-Retirement Death Benefit: Death with a non-forfeitable right to his or her Accrued Benefit with a surviving spouse.

Disability: The first day of the sixth month coincident with or next following the date on which an active Participant has attained age 50, completed at least 10 Years of Vesting Service, and becomes entitled to receive long-term disability benefits under a plan sponsored by the Employer.

Monthly Benefits Paid Upon the Following Events:

Normal Retirement:

CMC:

A Participant's monthly accrued benefit payable at Normal Retirement Date is based on the sum of the following:

- a) 2% of the Participant's Compensation earned for employment during the period July 1, 2011 through December 31, 2011 for the Year of Benefit Service earned for the Plan Year July 1, 2011 through June 30, 2012; and
- b) 2% of the Participant's Compensation for each Year of Benefit Service from July 1, 1996 through June 30, 2011; and
- c) The Participant's Accrued Benefit determined as of June 30, 1996 in accordance with the terms of the Plan as then in effect.

Benefit accruals were frozen as of December 31, 2011.

Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Plan Name <u>Catholic Medical Center Pension Plan</u>	EIN: <u>02-0315693</u>
Plan Sponsor's Name <u>Catholic Healthcare Trust</u>	PN: <u>005</u>

Plan Provisions (continued)

NHML:

A Participant's annual accrued benefit payable at Normal Retirement Date is based on the sum of (a) and (b), but not less than (c):

- a) 2% of Earnings for each year of Credited Service completed prior to July 1, 1991; and
- b) The Participant's Accrued Benefit, if any, under the Prior Plan as of June 30, 1987.
- c) Twelve hundred dollars (\$1,200).

Benefit accruals were frozen effective June 30, 1991.

Early Retirement: The monthly accrued benefit payable at Normal Retirement, reduced by 6/10ths of 1% for the first 60 full months and 3/10ths of 1% for each additional full month by which a Participant's benefit commencement date precedes the Normal Retirement Date.

Late Retirement: The monthly accrued benefit payable at Normal Retirement Date, actuarially adjusted to the Late Retirement Date using 8.00% interest, the UP-1984 Mortality Table, and 3% annual COLA assumptions.

Deferred Vested Benefit: Monthly pension benefit determined as of termination date, payable at Normal Retirement Date. If the Participant elects to commence receiving benefits before the Normal Retirement Date, the benefit amount shall be reduced according to the Early Retirement reductions outlined above.

Death with Pre-Retirement Death Benefit:

- a) If a married Participant had met the requirements for an Early or Normal Retirement Benefit, his or her surviving spouse shall receive 50% of the amount which would have been payable to the Participant had he or she retired on the date of death and had elected the 50% Qualified Joint and Survivor option.
- b) If a married Participant had not met the requirements for an Early or Normal Retirement Benefit, his or her surviving Spouse shall receive 50% of the amount which would have been payable to the Participant if he or she had:
 - i. Terminated employment on the date of death (or on the actual Termination Date, if earlier);
 - ii. Survived to his or her earliest retirement date under the Plan; and
 - iii. Elected to commence benefits as a 50% Qualified Joint and Survivor Annuity on the earliest date on which he or she could have received a retirement benefit under the Plan.

Attachment to 2024 Form 5500
Schedule SB, Part V – Summary of Plan Provisions

Plan Name Catholic Medical Center Pension Plan **EIN:** 02-0315693
Plan Sponsor's Name Catholic Healthcare Trust **PN:** 005

Plan Provisions (continued)

Disability: A monthly amount equal to the Participant's Accrued Benefit determined as of the Disability Retirement Date reduced by the monthly value of any periodic payments provided to the Participant under Workers' Compensation law while such Participant is receiving disability benefit payments under the Plan.

Forms of Payment:

Normal form (single participants): Single life annuity.

Normal form (married participants): Actuarially reduced 50% joint and survivor annuity with spouse as beneficiary (Qualified Joint and Survivor Annuity).

Optional Forms: Single participants and married participants with spousal consent have the following options:

- a) five-year, ten-year, or fifteen-year certain and life annuity; or
- b) 50%, 66 2/3%, 75%, or 100% Joint and Survivor annuity.

If the present value of a Participant's benefit is \$5,000 or less, such amount shall be payable to the Participant in a single lump sum cash payment.

Optional forms of benefits are equal to the Actuarial Equivalent of the normal benefit form. Actuarial Equivalence is based on the following interest and mortality assumptions:

Interest:	6%
Mortality:	1971 Group Annuity Mortality Table for males, set back 5 years for Participants and 1 year for Beneficiaries

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

CATHOLIC MEDICAL CENTER PENSION PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN: 02-0315693

Plan #005

June 30, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Values	(d) Cost	(e) Current Value
	Money market fund:			
*	Fidelity Government Money Market Fund	7,206,702 shares	\$ 7,206,702	\$ 7,206,702
	Mutual funds and real estate investment trusts:			
	American Funds New World R6	73,788 shares	6,203,203	6,566,355
	AQR Diversifying Strategies Fund R6	942,229 shares	11,379,699	12,578,756
	Broadstone Net Lease Inc.	310,264 shares	4,930,095	4,979,737
	Calvert Short Duration Income R6	471,401 shares	7,229,633	7,485,852
	Cohen & Steers Global Infrastructure Fund	143,367 shares	3,512,585	3,440,809
*	Fidelity 500 Index Fund Advantage	342,157 shares	46,761,171	73,943,511
*	Fidelity Advisor Multi-Asset Income Fund	616,319 shares	8,614,720	9,041,399
*	Fidelity Emerging Markets Index Fund	533,148 shares	6,416,980	6,456,425
*	Fidelity International Bond Index Fund	1,032,448 shares	9,520,988	9,684,359
*	Fidelity Mid Cap Index Fund Fidelity Adv	197,633 shares	5,401,658	6,978,409
*	Fidelity Real Estate Income Fund	283,209 shares	3,446,677	3,469,310
*	Fidelity Total Bond K6 Fund	1,104,883 shares	11,185,718	9,789,265
*	Fidelity Total International Index Fund	677,422 shares	8,986,872	10,811,652
	First Eagle Global R6	116,499 shares	7,468,321	9,020,545
	GQC Partners Emerging Markets Equity Inst	255,535 shares	4,003,585	4,441,199
	Lord Abbett Short Duration Income Fund	2,729,681 shares	10,804,421	10,591,163
	PGIM Jennison International Opps R6	338,769 shares	10,741,779	11,951,759
	PIMCO Income Instl	528,062 shares	6,242,940	5,687,229
	Putnam Large Cap Value R6	120,538 shares	4,211,633	4,436,997
	T Rowe Price Global Multi-Sect Bd I	686,369 shares	7,688,888	6,856,826
	Private investments funds:			
	Gleacher Diversified Strategies Funds LTD	9 shares	8,798	8,798
	Marathon London International Investment Trust I	145,314 shares	<u>13,509,704</u>	<u>17,193,313</u>
			<u>\$205,476,770</u>	<u>\$242,620,370</u>

* Represents a party-in-interest.

The above information has been certified by Fidelity Management Trust Company, the trustee, as complete and accurate.

Attachment to 2024 Form 5500
Schedule SB, line 32 – Schedule of Amortization Bases

Plan Name <u>Catholic Medical Center Pension Plan</u>	EIN: <u>02-0315693</u>
Plan Sponsor's Name <u>Catholic Healthcare Trust</u>	PN: <u>005</u>

Schedule of Amortization Bases

<u>Type of Base</u>	<u>Present Value of Any Remaining Installments</u>	<u>Valuation Date</u>	<u>Years Remaining</u>	<u>Amortization Installment</u>
2024 Shortfall	\$ 3,780,881	July 1, 2024	15	\$ 348,350
2023 Shortfall	\$ 4,660,772	July 1, 2023	14	\$ 450,028
2022 Shortfall	\$ 9,583,027	July 1, 2022	13	\$ 974,467
2021 Shortfall	\$ (4,899,994)	July 1, 2021	12	\$ (527,740)
2020 Shortfall	\$ 662,561	July 1, 2020	11	\$ 76,091
2019 Shortfall	\$ 33,540,991	July 1, 2019	10	\$ 4,140,585
Total	\$ 47,328,238			\$ 5,461,781

Attachment to 2024 Form 5500
Schedule SB, line 24 – Change in Actuarial Assumptions

Plan Name <u>Catholic Medical Center Pension Plan</u>	EIN: <u>02-0315693</u>
Plan Sponsor's Name <u>Catholic Healthcare Trust</u>	PN: <u>005</u>

Change in Actuarial Assumptions

Cost of Living Adjustment (COLA): 3.00%, occurring on May 1 of 2025, and 2.50% occurring on May 1 of all following years (previously 3.00%, occurring on May 1 of 2024, and 2.50% occurring on May 1 of all following years). This assumption is based on recent historical data, adjusted to reflect estimated future experience and professional judgement.

Administrative Expenses included in Target Normal Cost: \$1,900,000 (previously \$1,800,000). Estimated based on recent historical data, adjusted to reflect estimated future experience and professional judgement.