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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

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

D Check box if filing under:
- [X] 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
SHARPSAVER RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1981

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)
SHARP HEALTHCARE

8695 SPECTRUM CENTER BLVD.
SAN DIEGO, CA 92123-1489

2b Employer Identification Number (EIN)
95-6077327

2c Plan Sponsor's telephone number
858-499-4541

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.	10/07/2026	SANDRA TOWNSEND
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2026	SUSAN GREEN
	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 [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	18811
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	**6a(1)**	13999
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	14175
b	Retired or separated participants receiving benefits	**6b**	622
c	Other retired or separated participants entitled to future benefits	**6c**	4179
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	18976
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	38
f	Total. Add lines **6d** and **6e**.	**6f**	19014
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	247
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 Characteristic Codes in the instructions:

1C 3H

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
SHARPSAVER RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SHARP HEALTHCARE

D Employer Identification Number (EIN)
95-6077327

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	683987097
b Actuarial value	**2b**	683987097

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	641	34376235	34376235
b For terminated vested participants	4171	153776213	153776213
c For active participants	13999	430942719	431825374
d Total	18811	619095167	619977822

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**	5.46 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	30462577
b Expected plan-related expenses	**6b**	2030000
c Target normal cost	**6c**	32492577

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

10/02/2026
Date

CHEUKMING KU
Type or print name of actuary

26-07059
Most recent enrollment number

AON CONSULTING, INC.
Firm name

949-725-4500
Telephone number (including area code)

MSC# 17819, AON
P.O. BOX 19640
IRVINE, CA 92623
Address of the firm

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

Part 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	115307868
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	32640000
9	Amount remaining (line 7 minus line 8)	0	82667868
10	Interest on line 9 using prior year's actual return of 1.57 %	0	1297886
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		25108522
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 5.16 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		394204
c	Total available at beginning of current plan year to add to prefunding balance		25502726
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	83965754

Part III Funding Percentages

14	Funding target attainment percentage	14	96.78 %
15	Adjusted funding target attainment percentage	15	110.32 %
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	91.46 %
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
10/15/2025	2000000	0			
11/14/2025	2000000	0			
12/15/2025	2000000	0			
12/31/2025	0	14193631			
01/15/2026	2000000	0			
02/13/2026	2000000	0			
			Totals ► 18(b)	10000000	18(c) 14193631

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	9506239

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used
b Applicable month (enter code)			**21b**	
22 Weighted average retirement age			**22**	64

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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			[X] Yes [ ] No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment			[ ] Yes [X] 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			[X] Yes [ ] No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment			[X] 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**	32492577
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	19956479	2583945
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**	35076522

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	26880000	26880000

36 Additional cash requirement (line 34 minus line 35)	**36**	8196522
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	9506239
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	1309717
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	1309717
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 [X] 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan	**B** Three-digit plan number (PN) ▶	
SHARPSAVER RETIREMENT PLAN		003
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
SHARP HEALTHCARE	95-6077327	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

RUSSELL INVESTMENTS TRUST COMPANY

91-1116938

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 25 28 50 51 52 99	TRUST	2574204	Yes [X] No [ ]	Yes [X] No [ ]	161720	Yes [X] 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
RUSSELL INVESTMENTS TRUST COMPANY	52	96131

(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.
EQUITY II FUND 91-1117282	MANAGEMENT FEES 10.75% OF FUND EXPENSES FOR CORE CLASSES EXCLUDING OTHER CLASSES, AUDIT AND MISC.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
RUSSELL INVESTMENTS TRUST COMPANY	52	23413

(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.
EMERGING MARKETS FUND 91-1117282	MANAGEMENT FEES 5.94% OF FUND EXPENSES FOR CORE CLASSES EXCLUDING OTHER CLASSES, AUDIT AND MISC.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
RUSSELL INVESTMENTS TRUST COMPANY	52	22170

(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.
INTERNATIONAL FUND 91-1117282	MANAGEMENT FEES 9.64% OF FUND EXPENSES FOR CORE CLASSES EXCLUDING OTHER CLASSES, AUDIT AND MISC.

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
RUSSELL INVESTMENTS TRUST COMPANY	52	5377
(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.	
14-YEAR LDI FIXED INCOME FUND 26-6609096	MANAGEMENT FEES 8.15% OF FUND EXPENSES FOR CORE CLASSES EXCLUDING OTHER CLASSES, AUDIT AND MISC.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
RUSSELL INVESTMENTS TRUST COMPANY	52	5003
(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.	
RITC 25 PLUS YEAR STRIPS FIXED 26-6609096	MANAGEMENT FEES 9.62% OF FUND EXPENSES FOR CORE CLASSES EXCLUDING OTHER CLASSES, AUDIT AND MISC.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
RUSSELL INVESTMENTS TRUST COMPANY	52	4549
(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.	
RITC RUSSELL 1000 INDEX FUND 26-6609096	MANAGEMENT FEES 11.66% OF FUND EXPENSES FOR CORE CLASSES EXCLUDING OTHER CLASSES, AUDIT AND MISC.	

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
RUSSELL INVESTMENTS TRUST COMPANY	52	3804
(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.	
15 TO 20 YR STRIPS FIXD INCOME FUND 26-6609096	MANAGEMENT FEES 11.53% OF FUND EXPENSES FOR CORE CLASSES EXCLUDING OTHER CLASSES, AUDIT AND MISC.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
RUSSELL INVESTMENTS TRUST COMPANY	52	1273
(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.	
10 TO 15 YR STRIPS FIXED INCOME FUN 26-6609096	MANAGEMENT FEES 4.72% OF FUND EXPENSES FOR CORE CLASSES EXCLUDING OTHER CLASSES, AUDIT AND MISC.	

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
SHARPSAVER RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SHARP HEALTHCARE

D Employer Identification Number (EIN)
95-6077327

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL FUND

b Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY

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)
91-1117282-005	C	136011529

a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY II FUND

b Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY

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)
91-1117282-006	C	38723432

a Name of MTIA, CCT, PSA, or 103-12 IE: 14-YEAR LDI FIXED INCOME FUND

b Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY

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)
26-6609096-008	C	158980481

a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS FUND

b Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY

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)
91-1117282-010	C	45050922

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 INDEX FUND SR I

b Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY

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)
91-1117282-033	C	148876402

a Name of MTIA, CCT, PSA, or 103-12 IE: 25-PLUS YR STRIPS FIXD INCOME FUND

b Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY

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)
26-6609096-001	C	128184471

a Name of MTIA, CCT, PSA, or 103-12 IE: 15 TO 20-YR STRIPS FIXD INCOME FUND

b Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY

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)
26-6609096-011	C	57323793

a Name of MTIA, CCT, PSA, or 103-12 IE: 10 TO 15-YR STRIPS FIXD INCOME FUND

b Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY

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)
26-6609096-010	C	36200796

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 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

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
SHARPSAVER RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
SHARP HEALTHCARE

D Employer Identification Number (EIN)
95-6077327

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)	21000000	4000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	665690111	749351826
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	686690111	753351826
Liabilities			
1g Benefit claims payable	1g	1781267	1980455
1h Operating payables	1h	623961	666305
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	2405228	2646760
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	684284883	750705066

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)	10000000	
(B) Participants	2a(1)(B)	14193631	
(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)		24193631
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		94777404
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		118971035
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	47982682	
(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)		47982682
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)	49546	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	2524658	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1993966	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		4568170
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		52550852
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		66420183
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) [X] 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) [X] 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: BDO USA,PC **(2)** EIN: 13-5381590

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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 588681.

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
SHARPSAVER RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
SHARP HEALTHCARE

D Employer Identification Number (EIN)
95-6077327

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): 04-3581074

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** 1049

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

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

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

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ 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: 47.4 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 48.7 %
High-Yield Debt: 0.3 % 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_____.

Sharp$aver Retirement Plan

Financial Statements
and ERISA-Required Supplemental Schedules
As of December 31, 2025 and 2024
and for the Year Ended December 31, 2025

The report accompanying these financial statements was issued by BDO USA, P.C., a Virginia professional corporation, and the U.S. member of BDO International Limited, a UK company limited by guarantee.

Sharp$aver Retirement Plan

Financial Statements and ERISA-Required Supplemental Schedules

As of December 31, 2025 and 2024 and for the Year Ended December 31, 2025

Sharp$aver Retirement Plan

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Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

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600 Anton Boulevard
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Costa Mesa, CA 92626

Independent Auditor's Report

The Plan Administrator
Sharp$aver Retirement Plan
San Diego, California

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

We have performed audits of the financial statements of Sharp$aver Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2025, 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 (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- 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 (GAAP); and

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

BDO USA, P.C., a Virginia professional corporation is the U.S. member of BDO International Limited a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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 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 ERISA-required Supplemental Schedule H, line 4i- Schedule of Assets (Held at End of Year) as of December 31, 2025 and the Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 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 were 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, have been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or



are 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.

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 certified investment information in the supplemental schedules agrees to, or are derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

BDO USA, P.C.

October 5, 2026

Financial Statements

Sharp$aver Retirement Plan

Statements of Net Assets Available for Benefits

December 31,	**2025**	2024
Assets		
Investments		
Collective investment funds	**$ 749,351,826**	$ 665,690,111
Receivables		
Employer contributions	**4,000,000**	21,000,000
Total Receivables	**4,000,000**	21,000,000
Total Assets	**753,351,826**	686,690,111
Liabilities		
Accrued expenses	**666,305**	623,961
Total Liabilities	**666,305**	623,961
Net Assets Available for Benefits	**$ 752,685,521**	$ 686,066,150

See accompanying notes to financial statements.

Sharp$aver Retirement Plan

Statement of Changes in Net Assets Available for Benefits

Year ended December 31,	2025
Additions	
Investment income:	
Net appreciation in fair value of investments	$ 94,777,404
Investment expenses	(2,524,658)
Total Net Investment Income	92,252,746
Contributions:	
Participant	14,193,631
Employer	10,000,000
Total Contributions	24,193,631
Total Additions	116,446,377
Deductions	
Benefits paid to participants	47,783,494
Administrative expenses	2,043,512
Total Deductions	49,827,006
Net Increase	66,619,371
Net Assets Available for Benefits, beginning of year	686,066,150
Net Assets Available for Benefits, end of year	$ 752,685,521

See accompanying notes to financial statements.

Sharp$aver Retirement Plan

Statements of Accumulated Plan Benefits

December 31,	**2025**	2024
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits:		
Participants currently receiving payments	**$ 35,128,572**	$ 33,073,229
Other participants	**573,205,010**	552,611,984
Total Vested Benefits	**608,333,582**	585,685,213
Nonvested benefits	**1,189,481**	1,575,012
Total Actuarial Present Value of Accumulated Plan Benefits	**$ 609,523,063**	$ 587,260,225

See accompanying notes to financial statements.

Sharp$aver Retirement Plan

Statement of Changes in Accumulated Plan Benefits

Year ended December 31,	2025
Actuarial Present Value of Accumulated Plan Benefits, beginning of year	$ 587,260,225
Interest accumulation	32,957,056
Benefits paid	(47,783,494)
Assumption changes	(8,451,535)
Other changes	45,540,811
Net Increase	22,262,838
Actuarial Present Value of Accumulated Plan Benefits, end of year	$ 609,523,063

See accompanying notes to financial statements.

1. Description of the Plan

The following description of the Sharp$aver Retirement 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 contributory, defined benefit plan covering the employees of Sharp HealthCare (the Employer) and certain of its affiliated entities (the Affiliated Entities). Employees are eligible to participate on their hire date. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Affiliated Entities, each of which is owned or managed by the Employer, that also sponsor the Plan are as follows: Sharp Memorial Hospital, Sharp Chula Vista Medical Center, Sharp Health Plan, and Sharp Coronado Hospital and Healthcare Center.

Effective January 1, 2023, Grossmont Hospital Retirement Plan (the Grossmont Plan) merged into the Plan. The net assets of the Grossmont Plan were transferred, and the actuarial present value of accumulated plan benefits as determined by the Plan's actuary was assumed by the surviving plan as of that date.

Contributions

The Plan allows participants to contribute, on an after-tax basis, 1% of their eligible monthly compensation up to the statutory limit. The Employer matches 2% of participant eligible compensation for the first 1% of compensation contributed by the employee. The Plan directs the investments of the 1% participant contributions and the 2% Employer matching contributions. The Plan reserves the right to reduce or refund contributions as necessary for nondiscrimination purposes.

The Employer shall make contributions in amounts deemed necessary by an independent actuary to fund benefits provided by the Plan. Any actuarial gains will be used to reduce future Employer contributions.

Normal Retirement Benefits

Generally, retirement benefits become payable at the participant's normal retirement age (65). The Plan requires the establishment and maintenance of an "account" for each participant solely for use in determining accumulated benefits and benefit payments under the Plan. The balance in the participant's account equals the sum of:

- The actuarially determined present value as of April 30, 1994 of the accumulated plan benefits to be provided under the Plan, plus interest for periods thereafter computed annually at a guaranteed rate of 6%.
- The participant's contributions subsequent to May 1, 1994, plus interest computed annually on required contributions guaranteed by the Employer at the greater of 6% or 120% of the Federal mid-term rate in effect at the beginning of the plan year.

- The Employer's required contributions subsequent to May 1, 1994, plus interest computed annually at a guaranteed rate of 6%.

Neither the maintenance of any account, nor the making of any credits thereto, is intended to be an allocation of assets of the Plan or the creation of the right of any person to receive specific assets of the Plan. Accumulated plan benefits are generally paid in a lump sum or monthly payment in the form of a life annuity or joint and survivor annuity (actuarially reduced), although other elections are available.

Early Retirement Benefits

Participants who have attained age 55 are eligible to receive early retirement benefits. The reduction from normal retirement benefits for early retirement is determined based on the participant's age and years of service as of the date of retirement.

Deferred Retirement Benefits

Participants who continue employment after the normal retirement date receive retirement benefits computed as of the deferred retirement date, as defined.

Disability and Death Benefits

Participants who become totally and permanently disabled while still active in the Plan are eligible to receive disability pension benefits which are equal to the actuarial equivalent of the participant's accrued normal retirement benefit. If the participant is not covered under a long-term disability (LTD) program maintained by the Employers, payments under the Plan may begin on the first day of the month following the date of disability. If the participant is covered under a LTD program maintained by the Employers, payments under the Plan may be deferred until the normal retirement date or the date benefits cease under such LTD plan, if earlier. If a participant dies prior to the retirement date, the beneficiary will receive the value of the participant's accumulated pension benefits as of the date of death.

Termination Benefits

In the event employment is terminated for any reason other than early retirement, normal retirement, deferred retirement, death or total and permanent disability, participants are entitled to the vested percentage of their accumulated pension benefits. Payment of such benefits begins at the normal or early retirement date unless immediate payment is elected. Vested benefit amounts with a lump sum present value of $7,000 or less will be paid as soon as administratively feasible after termination. If a participant does not direct the Plan Administrator, distribution is made in a direct rollover to an individual retirement account (IRA) in the participant's name (outside of the plan).

Withdrawals

Active participants may withdraw all or a portion of their account balances attributable to their own contributions. Withdrawals are generally subject to the withholding of income taxes and penalties, as specified by the Internal Revenue Code (the Code). After making a withdrawal, a participant is prohibited from making contributions for at least six months and from making additional withdrawals for a 12-month period.

As of January 1, 2010, the Plan was amended to take advantage of relief provided by the Pension Protection Act of 2006 (PPA) allowing cash balance plans to eliminate interest rate whipsaw. Interest rate whipsaw occurs when the interest crediting rate is greater than the discount rate used to convert the annuity benefit at age 65 to a cash lump sum benefit. The Plan was amended to eliminate the whipsaw effect for benefit payments made to Participants hired by the Employers on or after January 1, 2010. Specifically, lump sum benefits paid to Participants hired on or after January 1, 2010, will be equal to their balance. If the participant takes the benefit in the form of an annuity, the participant will receive an annuity that is the actuarial equivalent of the current cash balance. The methodology for calculating lump sum distributions and annuities to Participants hired prior to January 1, 2010 did not change.

Vesting

Participants are always fully vested in the portion of their accrued benefit attributable to their voluntary contributions to the Plan plus the actual earnings thereon. Vesting in the portion of their accrued benefit attributable to Employers' contributions and the earnings thereon is based on years of service. Years of service for vesting purposes is based upon the completion of 1,000 hours of service within the plan year. Participant vesting is as follows:

Years of Service	Vested Percentage (%)
Less than 1	-
1 but less than 2	25
2 but less than 3	50
3 or more	100

Additionally, participants shall be 100% vested without regard to years of service, upon attainment of age 55, or upon death or permanent disability while a participant in the Plan.

2. Summary of Accounting Policies

Basis of Accounting

The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP), using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities, as well as the actuarial present value of accumulated plan benefits. Actual results could differ materially from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

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

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments under the Plan, including lump sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits under the Plan are based on the compensation earned by participants during their years of credited service. Benefits payable under all circumstances are included to the extent they are deemed attributable to employee service rendered to the valuation date. The actuarial present value of accumulated plan benefits was determined by an actuary from AON and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money 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 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.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2026 and 2025. Had the computations of the actuarial present value of accumulated plan benefits been performed as of December 31, 2025 and 2024, there would be no material differences.

The following are the significant assumptions underlying the January 1, 2026 and 2025 actuarial computations.

Mortality - For the plan years ended December 31, 2025 and 2024, the Pri-2012 mortality tables, amount-weighted, without collar adjustment, with generational mortality projection starting in 2012. Plan years ended December 31, 2025 and 2024 were based on scale MP-2021.

Assumed Retirement Rates - For the plan years ended December 31, 2025 and 2024, retirement is assumed to occur between ages 55 to 72.

Commencement Timing - For the plan year ending December 31, 2025, it is assumed that terminated vested participants will commence benefits as follows: 40% will commence immediately, 10% will commence one year after termination, 10% will commence two years after termination, 5% will commence within three to fourteen years, and 100% will commence after fifteen years.

For the plan year ending December 31, 2024, it is assumed that terminated vested participants will commence benefits as follows: 10% will commence immediately, 10% will commence one year after termination, 10% will commence two years after termination, 5% will commence within three to 15 years, and 100% will commence after 15 years.

Net Investment Rate of Return - The net investment return used in the valuation for plan year ended December 31, 2025 and 2024 was 5.95%.

Lump Sum Value - For the purpose of determining lump sum value, the Plan defines actuarial equivalent factors as the greater of the factors as defined by (1) IRC Section 417(e)(3) applicable mortality table with look- back to the September preceding plan year, or (2) the 1994 Group Annuity Reserving Mortality Table (94GAR) projected to 2002, blended 50% male and 50% female and interest equal to the lesser of (i) 5% or (ii) the Pension Benefit Guaranty Corporation (PBGC) termination lump sum interest rate as of the beginning of the plan year. Effective January 1, 2021, PBGC termination lump sum interest rate is changed to the Section 417(e)(3) basis with look-back to the September preceding the plan year.

- For the plan year ended December 31, 2025, based on the current interest rate environment, the IRC Section 417(e) (i.e., segment rates and 417(e) mortality) produces the greater lump sum values between the two bases. The interest rates are the 417(e) segment rates in effect for September 2025 (First five years 4.06%; Next 15 years 5.12 %, 20+ years 5.93%).
- For the plan year ended December 31, 2024, based on the current interest rate environment, the IRC Section 417(e) (i.e., segment rates and 417(e) mortality) produces the greater lump sum values between the two bases. The interest rates are the 417(e) segment rates in effect for September 2024 (First five years 4.17%; Next 15 years 4.76%, 20+ years 5.25%).

Payment of Benefits

Benefits are recorded when paid. At December 31, 2025 and 2024, there were $ 1,980,455 and $1,781,267, respectively, in distributions outstanding on accounts of participants who had elected to withdraw from participation in the Plan but had not yet been paid.

Funding

As a condition of participation, employees are required to contribute 1% of their eligible monthly earnings, as defined, to the Plan. Accumulated contributions of participants still employed by the Employers as of December 31, 2025 and 2024 were approximately $ 191,986,659 and $182,308,946, respectively, including interest credited at a guaranteed rate of 6%, or if greater than 6% at 120% of the federal mid-term rate, compounded annually.

The Plan is then funded by the Employers in such amounts as are deemed necessary by an independent actuary to provide for the benefits required by the Plan. Contributions are made by the Employers in amounts that are estimated to remain a constant percentage of employees' compensation each year such that, when combined with the employees' contributions, all employees' benefits will be fully provided for by the time they retire, in accordance with the funding requirements of ERISA. Any actuarial gains arising from actual experience under the Plan are used to reduce future contributions by the Employers and are not used to increase any benefits payable under the Plan. Employers' contributions for 2025 met the minimum funding requirements of ERISA.

3. Certified Investment Information

Certain information disclosed in the accompanying financial statements and ERISA-required supplemental schedules, related to investments held as of December 31, 2025 and 2024, net investment income, and investment transactions for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by Russell Investments Trust Company (RITC), a qualified institution.

4. Risks and Uncertainties

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

As of December 31, 2025 and 2024, there were four investments held, respectively, which individually accounted for more than 10% of total investments, respectively. See the supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) for a complete listing of investments held at December 31, 2025.

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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would-be material to the financial statements.

5. Fair Value Measurements

Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides for a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described as follows:

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.

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

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

A financial instrument’s 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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 December 31, 2025 and 2024.

Collective investment funds (CIF) - Funds that are valued at the net asset value (NAV) of units held by the plan at year-end. The NAV as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Were the Plan to initiate a full redemption of the collective fund, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. These investments are direct filing entities.

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

There were no investments measured at fair value requiring disclosure within the fair value hierarchy at December 31, 2025 and 2024.

The following table summarizes investments measured at fair value based on NAV per share:

December 31, 2025

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective investment funds	$ 749,351,826	N/A	Daily	None

December 31, 2024

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective investment funds	$ 665,690,111	N/A	Daily	None

6. Income Tax Status

The Plan received a favorable determination letter from the Internal Revenue Service (IRS) dated May 18, 2021 from the IRS informing the Employer that the form of the Plan and related trust are designed in accordance with applicable sections of the Code. The Plan Administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income tax has been included in the Plan's financial statements.

GAAP requires 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 IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no IRS examinations for any tax periods in progress.

7. Plan Termination

Although they have not expressed any intent to do so, the Employers have the right to terminate the Plan at any time. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Benefits attributable to employee contributions.
- Annuity benefits former employees, or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- Other vested benefits insured by the PBGC up to the applicable limitations.
- All other vested benefits (that is, vested benefits not insured by the PBGC).
- All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan. In addition, the amount of benefit protection is subject to certain limitations. Whether all participants receive their benefits, should the Plan terminate at some future time, will depend on the sufficiency of the Plan's net assets to provide those benefits at that time and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

8. Related Party and Party-in-Interest Transactions

Certain Plan investments are invested in shares of funds managed by Russell Investments, the Trustee of the Plan. Therefore, these transactions qualify as party-in-interest transactions under ERISA.

9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying statements of net assets available for benefits to Form 5500:

December 31,	**2025**	2024
Net assets available for benefits per the financial statements	**$ 752,685,521**	$ 686,066,150
Participant distributions outstanding	**(1,980,455)**	(1,781,267)
Net Assets Available for Benefits, per Form 5500	**$ 750,705,066**	$ 684,284,883

The following is a reconciliation of net increase in net assets per the financial statements to the net increase per Form 5500:

Year ended December 31, 2025	
Net increase per the financial statements	$ **66,619,371**
Increase in participant distributions outstanding	**(199,188)**
Net Increase, per Form 5500	$ **66,420,183**

10. Subsequent Events

The Plan has evaluated subsequent events from the date of the statements of net assets available for benefits through October 5, 2026, the date the financial statements were available to be issued.

On July 22, 2026, the Board of Directors of the Employer resolved to freeze and terminate the Plan effective December 31, 2027. No additional employee or employer contributions will be allowed to the Plan after that date.

ERISA-Required Supplemental Schedules

Schedule SB Attachment (Form 5500)—2025 Plan Year
Sharp$aver Hospital Retirement Plan
EIN: 95-6077327 PN: 003

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2025

Schedule SB, Line 26a — Schedule of Active Participant Data
As of January 1, 2025

Sharp HealthCare
Sharp$aver Hospital Retirement Plan
Active Employees

EIN: 95-6077327 PN: 003

Number of Participants, Average Compensation, and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	64 $25,231 $526	219 $74,818 $2,802	2							
25-29	98 $30,097 $674	879 $89,781 $5,276	214 $85,657 $11,734	1						
30-34	93 $34,569 $763	825 $90,145 $6,107	727 $94,688 $15,879	120 $94,008 $20,320	2					
35-39	69 $38,065 $1,413	601 $93,361 $6,644	812 $98,738 $17,654	421 $100,864 $27,896	115 $101,065 $33,208	4				
40-44	62 $39,019 $2,190	392 $90,930 $6,676	569 $100,738 $18,380	460 $107,430 $30,382	369 $116,251 $43,685	93 $107,106 $40,725	6			
45-49	46 $35,406 $2,287	250 $98,004 $7,242	378 $105,408 $20,273	372 $110,506 $31,645	398 $118,571 $49,550	272 $121,864 $59,331	46 $107,367 $58,532	2		
50-54	36 $39,502 $2,738	193 $107,002 $7,843	296 $106,683 $21,541	293 $110,889 $34,438	361 $118,550 $50,410	321 $130,132 $67,705	139 $125,287 $75,081	39 $126,392 $86,054		
55-59	30 $34,637 $4,260	107 $88,492 $7,685	200 $112,368 $21,565	202 $110,459 $32,979	238 $109,128 $49,495	274 $125,400 $68,550	165 $121,330 $83,481	94 $137,980 $110,693	39 $114,466 $128,706	3
60-64	18	73 $98,667 $7,712	137 $105,609 $19,741	146 $99,759 $31,241	184 $101,957 $46,929	188 $118,474 $65,890	153 $121,705 $88,599	124 $134,011 $103,718	100 $134,816 $140,912	21 $115,898 $138,596
65-69	9	16	64 $111,411 $23,214	81 $126,242 $42,858	76 $98,246 $48,661	106 $114,257 $73,774	85 $116,225 $85,960	84 $117,551 $114,687	47 $140,648 $137,007	41 $134,592 $150,486
70+	1	4	11	31 $103,572 $32,910	29 $114,799 $58,355	43 $67,599 $44,777	27 $93,738 $75,818	42 $85,180 $71,467	20 $136,340 $144,849	27 $96,483 $101,789

N=13,999

Schedule SB Attachment (Form 5500)—2025 Plan Year

Sharp$aver Hospital Retirement Plan

EIN: 95-6077327 PN: 003

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on corporate bond yield curve as defined in IRC §430(h)(2)(D) for January 2025, which reflects the average yields for the month of December 2024 ("full yield curve").
Effective Interest Rate	5.46%.
Salary Increases	Age graded per year according to Table 1, plus a one-time pay adjustment of 6.8% for 2025 only.
Retirement Rates	See Table 2.
Withdrawal Rates	See Table 3.
Disability Rates	None assumed.

Commencement Timing for Terminated Vested Participants

Years Since Termination	Rate
0	10%
1	10%
2	10%
3-14	5%
15	100%

Schedule SB Attachment (Form 5500)—2025 Plan Year
Sharp$aver Hospital Retirement Plan
EIN: 95-6077327 PN: 003

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods (continued)

Optional Payment Form Election Percentage	95% lump sum, 5% single life annuity.
Optional Payment Form Conversion Interest Rate	Same as funding interest rates.
Optional Payment Form Conversion Mortality	Section 417(e) applicable mortality table in effect for 2025.
Mortality Rates	
Healthy	Base table: Amounts-weighted rates from the Pri-2012 mortality study, without collar adjustment. Projection: Mortality rates are projected generationally from 2012 using Scale MP-2021.
Contingent Survivor	Base table: Amounts-weighted contingent survivor rates from the Pri-2012 mortality study, without collar adjustment. Projection: Mortality rates are projected generationally from 2012 using Scale MP-2021.
Surviving Spouse Benefit	It is assumed that 100% of all participants have an eligible spouse, and that males are three years older than their spouses.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $280,000 and the 401(a)(17) compensation limit of $350,000.
Valuation of Plan Assets	Fair market value.
Trust Expense Included in Target Normal Cost	105% of the prior year's administrative expenses (excluding the prior year's PBGC premiums), plus estimated PBGC premiums for the current year, rounded to the nearest $5,000. The amount for 2025 is $2,030,000.
Actuarial Method	Standard Unit Credit Cost Method.
Valuation Date	January 1, 2025.

Schedule SB Attachment (Form 5500)—2025 Plan Year

Sharp$aver Hospital Retirement Plan

EIN: 95-6077327 PN: 003

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods (continued)

Table 1

Sample Salary Increase Rates

Age	Rate
25	4.50%
30	4.00%
35	4.00%
40	4.00%
45	4.00%
50	3.50%
55	2.50%
60	2.00%
65	2.00%

Table 2

Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	6.00%
61	7.00%
62	10.00%
63	10.00%
64	13.00%
65	18.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70	20.00%
71	20.00%
72	100.00%

Table 3

Sample Termination Rates

	Years of Service			
	0	**1**	**2**	**3**
20	19.00%	19.00%	17.00%	15.00%
25	19.00%	19.00%	17.00%	15.00%
30	16.00%	15.50%	12.00%	11.50%
35	15.00%	13.50%	9.50%	9.00%
40	14.00%	13.00%	7.00%	6.50%
45	13.50%	13.00%	5.50%	5.00%
50	17.00%	13.00%	5.00%	4.50%
55	0.00%	0.00%	0.00%	0.00%

Sharp$aver Retirement Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 95-6077327 **Plan Number: 003**

Year Ended December 31, 2025

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transactions	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (ii) - Series Transaction in Excess of the Current Value of 5% of Plan Assets								
*	RITC	RUSS INV RUSS 1000 IND FD SR I	$ 13,725,187	$ 29,316,674	$ -	$ 10,030,570	$ 43,041,862	$ 19,286,104
*	RITC	INTL FD	9,511,551	26,765,943	-	15,238,648	36,277,494	11,527,295
*	RITC	25 PLUS YR STRIPS FIXED INC FD	32,835,839	17,088,691	-	22,922,774	49,924,530	(5,834,083)
Total Category (ii)			$ 56,072,578	$ 73,171,308	$ -	$ 48,191,992	$129,243,886	$ 24,979,315

Notes:

(1) Transactions included herein represent transactions or a series of transactions in securities of the same issue or with respect to the same issuer in excess of 5% of the current value of Plan assets at the beginning of the year.

(2) This schedule incorporates all disclosures required by the Department of Labor for assets purchased and sold within the year.

* Represents a party-in-interest to the Plan, as defined by ERISA.

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
SHARPSAVER RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SHARP HEALTHCARE

D Employer Identification Number (EIN)
95-6077327

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	683,987,097
b Actuarial value	**2b**	683,987,097

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	641	34,376,235	34,376,235
b For terminated vested participants	4,171	153,776,213	153,776,213
c For active participants	13,999	430,942,719	431,825,374
d Total	18,811	619,095,167	619,977,822

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**	5.46%

6 Target normal cost

a Present value of current plan year accruals	**6a**	30,462,577
b Expected plan-related expenses	**6b**	2,030,000
c Target normal cost	**6c**	32,492,577

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 CHEUKMING KU CK — Signature of actuary — 10/02/2026 — Date

CHEUKMING KU — Type or print name of actuary — 2607059 — Most recent enrollment number

AON CONSULTING, INC. — Firm name — 949-725-4500 — Telephone number (including area code)

MSC# 17819, AON
P.O. BOX 19640
IRVINE CA 92623
Address of the firm

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

Part 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	115,307,868
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	32,640,000
9	Amount remaining (line 7 minus line 8)	0	82,667,868
10	Interest on line 9 using prior year's actual return of 1.57 %	0	1,297,886
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		25,108,522
	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 5.16 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		394,204
	c Total available at beginning of current plan year to add to prefunding balance		25,502,726
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	83,965,754

Part III Funding Percentages

14	Funding target attainment percentage	14	96.78 %
15	Adjusted funding target attainment percentage	15	110.32 %
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	91.46 %
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
10/15/2025	2,000,000	0			
11/14/2025	2,000,000	0			
12/15/2025	2,000,000	0			
12/31/2025	0	14,193,631			
01/15/2026	2,000,000	0			
02/13/2026	2,000,000	0			
			Totals ► 18(b)	10,000,000	18(c) 14,193,631

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	9,506,239

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b**

22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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. [X] Yes [ ] No

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment [X] 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**	32,492,577
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	19,956,479	2,583,945
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**	35,076,522

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	26,880,000	26,880,000

36 Additional cash requirement (line 34 minus line 35)	**36**	8,196,522
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	9,506,239

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

a Total (excess, if any, of line 37 over line 36)	**38a**	1,309,717
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	1,309,717
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 [X] 2021

Schedule SB Attachment (Form 5500)—2025 Plan Year
Sharp$aver Hospital Retirement Plan
EIN: 95-6077327 PN: 003

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2025

Date	Amount	Interest Rate	Days to Discount to 1/1/2025	Interest Adjusted Contribution
October 15, 2025	$ 2,000,000	5.46%	287	$ 1,918,121
November 14, 2025	2,000,000	5.46%	317	1,909,758
December 15, 2025	2,000,000	5.46%	348	1,901,155
January 15, 2026	2,000,000	5.46%	379	1,892,591
February 13, 2026	2,000,000	5.46%	408	1,884,614
Total Contribution	$ 10,000,000			$ 9,506,239

Schedule SB Attachment (Form 5500)—2025 Plan Year
Sharp$aver Hospital Retirement Plan
EIN: 95-6077327 PN: 003

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	6.00%	0.7738	2.81
61.5	7.00%	0.7274	3.13
62.5	10.00%	0.6765	4.23
63.5	10.00%	0.6089	3.87
64.5	13.00%	0.5480	4.59
65.5	18.00%	0.4768	5.62
66.5	20.00%	0.3910	5.20
67.5	20.00%	0.3128	4.22
68.5	20.00%	0.2502	3.43
69.5	20.00%	0.2002	2.78
70.5	20.00%	0.1602	2.26
71.5	20.00%	0.1282	1.83
72.0	100.00%	0.1026	7.39
		Weighted Average	64.34

Schedule SB Attachment (Form 5500)—2025 Plan Year

Sharp$aver Hospital Retirement Plan

EIN: 95-6077327 PN: 003

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on corporate bond yield curve as defined in IRC §430(h)(2)(D) for January 2025, which reflects the average yields for the month of December 2024 ("full yield curve").
Effective Interest Rate	5.46%.
Salary Increases	Age graded per year according to Table 1, plus a one-time pay adjustment of 6.8% for 2025 only.
Retirement Rates	See Table 2.
Withdrawal Rates	See Table 3.
Disability Rates	None assumed.

Commencement Timing for Terminated Vested Participants

Years Since Termination	Rate
0	10%
1	10%
2	10%
3-14	5%
15	100%

Schedule SB Attachment (Form 5500)—2025 Plan Year
Sharp$aver Hospital Retirement Plan
EIN: 95-6077327 PN: 003

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods (continued)

Optional Payment Form Election Percentage	95% lump sum, 5% single life annuity.
Optional Payment Form Conversion Interest Rate	Same as funding interest rates.
Optional Payment Form Conversion Mortality	Section 417(e) applicable mortality table in effect for 2025.
Mortality Rates	
Healthy	Base table: Amounts-weighted rates from the Pri-2012 mortality study, without collar adjustment. Projection: Mortality rates are projected generationally from 2012 using Scale MP-2021.
Contingent Survivor	Base table: Amounts-weighted contingent survivor rates from the Pri-2012 mortality study, without collar adjustment. Projection: Mortality rates are projected generationally from 2012 using Scale MP-2021.
Surviving Spouse Benefit	It is assumed that 100% of all participants have an eligible spouse, and that males are three years older than their spouses.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $280,000 and the 401(a)(17) compensation limit of $350,000.
Valuation of Plan Assets	Fair market value.
Trust Expense Included in Target Normal Cost	105% of the prior year's administrative expenses (excluding the prior year's PBGC premiums), plus estimated PBGC premiums for the current year, rounded to the nearest $5,000. The amount for 2025 is $2,030,000.
Actuarial Method	Standard Unit Credit Cost Method.
Valuation Date	January 1, 2025.

Schedule SB Attachment (Form 5500)—2025 Plan Year

Sharp$aver Hospital Retirement Plan

EIN: 95-6077327 PN: 003

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods (continued)

Table 1

Sample Salary Increase Rates

Age	Rate
25	4.50%
30	4.00%
35	4.00%
40	4.00%
45	4.00%
50	3.50%
55	2.50%
60	2.00%
65	2.00%

Table 2

Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	6.00%
61	7.00%
62	10.00%
63	10.00%
64	13.00%
65	18.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70	20.00%
71	20.00%
72	100.00%

Table 3

Sample Termination Rates

	Years of Service			
	0	**1**	**2**	**3**
20	19.00%	19.00%	17.00%	15.00%
25	19.00%	19.00%	17.00%	15.00%
30	16.00%	15.50%	12.00%	11.50%
35	15.00%	13.50%	9.50%	9.00%
40	14.00%	13.00%	7.00%	6.50%
45	13.50%	13.00%	5.50%	5.00%
50	17.00%	13.00%	5.00%	4.50%
55	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2025 Plan Year
Sharp$aver Hospital Retirement Plan
EIN: 95-6077327 PN: 003

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	January 1, 1981, as amended through January 1, 2024. Effective January 1, 2023 the Grossmont Hospital Retirement Plan was merged into the Sharp$aver Retirement Plan.
Plan Year	Calendar year.
Plan Participation	Since August 6, 2007, an Eligible Employee shall become eligible to participate on his date of hire.
Accrued Benefit	An employee elects to participate by means of a regular payroll deduction equal to one percent (1%) of Plan Compensation for which an additional two percent (2%) of Plan Compensation is credited to the Employer Matching Credits Account. For participants with hire dates on or after January 1, 2010, Accrued Benefit means the participant's Cash Balance Account, expressed as a lump-sum based benefit. For participants with hire dates prior to January 1, 2010, Accrued Benefit means the Cash Balance Account projected to age 65 at an interest rate of six percent (6%) multiplied by a life expectancy factor equal to one-thirteenth (1/13).
Normal Retirement	
Eligibility	Age 65.
Benefit	Accrued Benefit.

Schedule SB, Part V—Summary of Plan Provisions (continued)

Early Retirement

Eligibility — Age 55.

Benefit — Actuarial Equivalent of Accrued Benefit.

For a participant with a hire date before January 1, 2010 who elects to receive Early Retirement Benefit in the form of an annuity, the following reduction schedule applies in lieu of Actuarial Equivalent adjustment:

Retirement Age	Immediate Annuity as a Percentage of Accrued Benefit
65	100.00%
64	93.33%
63	86.67%
62	80.00%
61	73.33%
60	66.67%
59	63.33%
58	60.00%
57	56.67%
56	53.33%
55	50.00%

Disability Retirement

Eligibility — Total and permanent disability.

Benefit — The Accrued Benefit as under Normal Retirement, adjusted in the same manner as in Early or Vested Retirement, if applicable.

Schedule SB, Part V—Summary of Plan Provisions (continued)

In-Service Retirement

Eligibility — Participant who attains age 65 on or after December 1, 2006, or age 62 on or after January 1, 2007, and is 100% vested in his Employer Matching Credits Account.

Benefit — Entire vested Accrued Benefit earned as of In-Service Retirement date.

A participant continues to accrue benefits after commencing In-Service Retirement. Subsequent in-service distributions are limited to one per 12-month period.

Vested Retirement

Eligibility — A participant shall be 100% vested in his Accrued Benefit upon attainment of age 55. A participant shall be 100% vested in the portion of his Accrued Benefit attributable to his Participant Accumulated Contributions Account at all times. A participant shall be vested in the portion of his Accrued Benefit attributable to his Employer Matching Credits Account according to the following schedule.

Years of Service	Vesting Percentage
Less than 1	0%
1	25%
2	50%
3 or more	100%

Benefit — Actuarial Equivalent of vested Accrued Benefit.

Preretirement Surviving Spouse's Benefit

Eligibility — None.

Benefit — Actuarial Equivalent of vested Accrued Benefit.

Unreduced Form of Payment — Life annuity.

Normal Form of Payment

Married Participant — 50% joint and survivor annuity actuarially equivalent to a life annuity.

Unmarried Participant — Life annuity.

Schedule SB, Part V—Summary of Plan Provisions (continued)

Optional Forms of Payment	(1) Life annuity; (2) Lump sum; (3) Installment payments for a guaranteed period of 5, 10, or 15 years; (4) Life annuity with a guaranteed period of 5, 10, or 15 years; (5) Joint and survivor annuity with 50%, 75%, or 100% continuation to the survivor; and (6) Level income option which is reduced after Social Security payments begin to provide a level income throughout retirement.

Definitions

Actuarial Equivalent	
Lump Sum, Installments, and Social Security Level Income Option	Based on the greater of (1) or (2) below: (1) Section 417(e)(3) applicable mortality table for the plan year and interest with look-back to the September preceding the plan year;[1] or (2) 1994 Group Annuity Reserving Mortality Table (94 GAR), projected to 2002, blended 50% male and 50% female and interest equal to the lesser of (i) 5% or (ii) PBGC termination lump sum interest rate as of the beginning of the plan year. Effective January 1, 2021, PBGC termination lump sum interest rate is changed to the Section 417(e)(3) basis with look-back to the September preceding the plan year.[2]
All Other Payment Forms	5% interest and the Section 417(e)(3) applicable mortality table as in effect for 2018.
Cash Balance Account	Sum of Participant Accumulated Contributions Account and Employer Matching Credits Account.

[1] Installments and Social Security level income option for participants with hire dates on or after January 1, 2010 use actuarial equivalent for all other payment forms.
[2] PBGC termination lump sum interest rate is applicable to the lump sum payment form only.

Schedule SB, Part V—Summary of Plan Provisions (continued)

Definitions (continued)

Eligible Employee	An employee not in the following groups, which are excluded from plan participation: (1) Employees covered by collective bargaining agreement which does not provide for coverage under the plan; (2) Leased and temporary employees; (3) Non-resident aliens who receive no compensation from the employer which is classified as United States source taxable income; or (4) Effective January 1, 2006, traveling nurses. (5) Effective January 1, 2006, employees with titles of senior vice presidents, chief executive officer or higher.
Employer Matching Credits Account	Sum of all employer contributions plus interest credited at 6% per annum.
Participant Accumulated Contributions Account	Sum of all after-tax contributions made by a participant plus interest credited at the greater of (i) 6% per annum, or (ii) 120% of the federal mid-term rate in effect for the first month of the plan year.
Plan Compensation	W-2 pay, less bonuses, shift differential, automobile allowances, and similar pay, plus Sections 403(b) and 125 contributions.
Year of Service	A plan year in which an employee is credited with at least 1,000 hours of service.

Plan Changes Since the Prior Year

There have been no plan changes since the prior year.

Schedule SB Attachment (Form 5500)—2025 Plan Year
Sharp$aver Hospital Retirement Plan
EIN: 95-6077327 PN: 003

Schedule SB, Part V—Summary of Plan Provisions (continued)

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

The actuarial valuation was conducted on an ongoing (not termination) basis using personnel data furnished as of January 1, 2025 by Sharp HealthCare. Asset information and the dates and amounts of contributions are based on information supplied by Sharp HealthCare.

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2025 Plan Year
Sharp$aver Hospital Retirement Plan
EIN: 95-6077327 PN: 003

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A one-time pay adjustment of 6.8% for 2025 only in anticipation of salary increases reflected at the end of 2024 and beginning of 2025. The changes increased the funding shortfall and thus do not require IRS approval according to Code §430(h)(5)(B)(iii)

- The expected return on plan assets was changed from 6.15% as of January 1, 2024 to 6.25% as of January 1, 2025 to better reflect anticipated trust asset performance. The change resulted in no impact on the value of plan assets calculations for the current plan year and therefore no impact on the funding shortfall.

Schedule SB Attachment (Form 5500)—2025 Plan Year
Sharp$aver Hospital Retirement Plan
EIN: 95-6077327 PN: 003

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2025

Schedule SB, Line 26a — Schedule of Active Participant Data
As of January 1, 2025

Sharp HealthCare
Sharp$aver Hospital Retirement Plan
Active Employees

EIN: 95-6077327 PN: 003

Number of Participants, Average Compensation, and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	64 $25,231 $526	219 $74,818 $2,802	2							
25-29	98 $30,097 $674	879 $89,781 $5,276	214 $85,657 $11,734	1						
30-34	93 $34,569 $763	825 $90,145 $6,107	727 $94,688 $15,879	120 $94,008 $20,320	2					
35-39	69 $38,065 $1,413	601 $93,361 $6,644	812 $98,738 $17,654	421 $100,864 $27,896	115 $101,065 $33,208	4				
40-44	62 $39,019 $2,190	392 $90,930 $6,676	569 $100,738 $18,380	460 $107,430 $30,382	369 $116,251 $43,685	93 $107,106 $40,725	6			
45-49	46 $35,406 $2,287	250 $98,004 $7,242	378 $105,408 $20,273	372 $110,506 $31,645	398 $118,571 $49,550	272 $121,864 $59,331	46 $107,367 $58,532	2		
50-54	36 $39,502 $2,738	193 $107,002 $7,843	296 $106,683 $21,541	293 $110,889 $34,438	361 $118,550 $50,410	321 $130,132 $67,705	139 $125,287 $75,081	39 $126,392 $86,054		
55-59	30 $34,637 $4,260	107 $88,492 $7,685	200 $112,368 $21,565	202 $110,459 $32,979	238 $109,128 $49,495	274 $125,400 $68,550	165 $121,330 $83,481	94 $137,980 $110,693	39 $114,466 $128,706	3
60-64	18	73 $98,667 $7,712	137 $105,609 $19,741	146 $99,759 $31,241	184 $101,957 $46,929	188 $118,474 $65,890	153 $121,705 $88,599	124 $134,011 $103,718	100 $134,816 $140,912	21 $115,898 $138,596
65-69	9	16	64 $111,411 $23,214	81 $126,242 $42,858	76 $98,246 $48,661	106 $114,257 $73,774	85 $116,225 $85,960	84 $117,551 $114,687	47 $140,648 $137,007	41 $134,592 $150,486
70+	1	4	11	31 $103,572 $32,910	29 $114,799 $58,355	43 $67,599 $44,777	27 $93,738 $75,818	42 $85,180 $71,467	20 $136,340 $144,849	27 $96,483 $101,789

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Schedule SB Attachment (Form 5500)—2025 Plan Year

Sharp$aver Hospital Retirement Plan

EIN: 95-6077327 PN: 003

Schedule SB, line 26b—Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	$3,137,379	$20,496,359	$4,172,246	$27,805,984
2026	5,355,734	16,584,889	3,963,803	25,904,426
2027	7,771,848	14,917,386	3,753,428	26,442,662
2028	9,703,045	14,253,534	3,517,228	27,473,807
2029	11,864,917	12,984,185	3,245,601	28,094,703
2030	14,002,733	11,252,549	3,083,491	28,338,773
2031	16,168,693	12,507,096	2,906,195	31,581,984
2032	18,346,546	14,680,003	2,691,969	35,718,518
2033	20,671,491	13,003,468	2,475,087	36,150,046
2034	23,109,640	11,213,896	2,203,480	36,527,016
2035	25,537,689	11,201,775	2,062,226	38,801,690
2036	27,884,031	9,444,130	1,911,048	39,239,209
2037	30,262,652	12,027,116	1,756,996	44,046,764
2038	32,649,272	12,566,281	1,584,220	46,799,773
2039	34,978,036	8,867,811	1,408,714	45,254,561
2040	38,402,757	8,885,874	1,288,369	48,577,000
2041	39,254,006	1,166,499	1,186,264	41,606,769
2042	40,459,322	888,860	1,084,885	42,433,067
2043	41,712,571	965,365	984,818	43,662,754
2044	42,722,038	1,135,594	886,752	44,744,384
2045	43,445,479	827,454	791,457	45,064,390
2046	44,061,153	827,331	699,751	45,588,235
2047	44,664,034	782,557	612,457	46,059,048
2048	44,910,335	713,612	530,363	46,154,310
2049	45,073,614	859,627	454,175	46,387,416
2050	45,160,018	624,052	384,473	46,168,543
2051	44,738,637	559,494	321,658	45,619,789
2052	43,918,427	545,621	265,922	44,729,970
2053	42,679,240	395,424	217,249	43,291,913
2054	41,319,474	382,810	175,427	41,877,711
2055	39,785,831	361,895	140,079	40,287,805
2056	38,109,890	342,969	110,694	38,563,553

Schedule SB Attachment (Form 5500)—2025 Plan Year

Sharp$aver Hospital Retirement Plan

EIN: 95-6077327 PN: 003

Schedule SB, line 26b—Schedule of Projection of Expected Benefit Payments (continued)

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2057	$36,300,477	$320,082	$86,669	$36,707,228
2058	34,348,433	280,529	67,347	34,696,309
2059	32,386,007	263,655	52,057	32,701,719
2060	30,290,843	247,420	40,142	30,578,405
2061	28,214,258	231,828	30,985	28,477,071
2062	26,127,563	216,873	24,031	26,368,467
2063	24,060,629	202,544	18,793	24,281,966
2064	22,012,402	188,821	14,867	22,216,090
2065	20,063,137	175,681	11,924	20,250,742
2066	18,168,744	163,101	9,707	18,341,552
2067	16,376,880	151,060	8,019	16,535,959
2068	14,636,169	139,538	6,713	14,782,420
2069	13,018,694	128,518	5,683	13,152,895
2070	11,500,557	117,986	4,851	11,623,394
2071	10,108,567	107,934	4,162	10,220,663
2072	8,818,801	98,356	3,577	8,920,734
2073	7,641,297	89,250	3,069	7,733,616
2074	6,573,573	80,617	2,621	6,656,811

Schedule SB Attachment (Form 5500)—2025 Plan Year
Sharp$aver Hospital Retirement Plan
EIN: 95-6077327 PN: 003

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 108,240,104	January 1, 2023	13	$ 10,954,871
Shortfall	$ (58,726,794)	January 1, 2024	14	$ (5,652,080)
Shortfall	$ (29,556,831)	January 1, 2025	15	$ (2,718,846)

Schedule SB Attachment (Form 5500)—2025 Plan Year
Sharp$aver Hospital Retirement Plan
EIN: 95-6077327 PN: 003

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2025

Date	Amount	Interest Rate	Days to Discount to 1/1/2025	Interest Adjusted Contribution
October 15, 2025	$ 2,000,000	5.46%	287	$ 1,918,121
November 14, 2025	2,000,000	5.46%	317	1,909,758
December 15, 2025	2,000,000	5.46%	348	1,901,155
January 15, 2026	2,000,000	5.46%	379	1,892,591
February 13, 2026	2,000,000	5.46%	408	1,884,614
Total Contribution	$ 10,000,000			$ 9,506,239

Schedule SB Attachment (Form 5500)—2025 Plan Year
Sharp$aver Hospital Retirement Plan
EIN: 95-6077327 PN: 003

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	6.00%	0.7738	2.81
61.5	7.00%	0.7274	3.13
62.5	10.00%	0.6765	4.23
63.5	10.00%	0.6089	3.87
64.5	13.00%	0.5480	4.59
65.5	18.00%	0.4768	5.62
66.5	20.00%	0.3910	5.20
67.5	20.00%	0.3128	4.22
68.5	20.00%	0.2502	3.43
69.5	20.00%	0.2002	2.78
70.5	20.00%	0.1602	2.26
71.5	20.00%	0.1282	1.83
72.0	100.00%	0.1026	7.39
		Weighted Average	64.34

Schedule SB Attachment (Form 5500)—2025 Plan Year

Sharp$aver Hospital Retirement Plan

EIN: 95-6077327 PN: 003

Schedule SB, line 26b—Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	$3,137,379	$20,496,359	$4,172,246	$27,805,984
2026	5,355,734	16,584,889	3,963,803	25,904,426
2027	7,771,848	14,917,386	3,753,428	26,442,662
2028	9,703,045	14,253,534	3,517,228	27,473,807
2029	11,864,917	12,984,185	3,245,601	28,094,703
2030	14,002,733	11,252,549	3,083,491	28,338,773
2031	16,168,693	12,507,096	2,906,195	31,581,984
2032	18,346,546	14,680,003	2,691,969	35,718,518
2033	20,671,491	13,003,468	2,475,087	36,150,046
2034	23,109,640	11,213,896	2,203,480	36,527,016
2035	25,537,689	11,201,775	2,062,226	38,801,690
2036	27,884,031	9,444,130	1,911,048	39,239,209
2037	30,262,652	12,027,116	1,756,996	44,046,764
2038	32,649,272	12,566,281	1,584,220	46,799,773
2039	34,978,036	8,867,811	1,408,714	45,254,561
2040	38,402,757	8,885,874	1,288,369	48,577,000
2041	39,254,006	1,166,499	1,186,264	41,606,769
2042	40,459,322	888,860	1,084,885	42,433,067
2043	41,712,571	965,365	984,818	43,662,754
2044	42,722,038	1,135,594	886,752	44,744,384
2045	43,445,479	827,454	791,457	45,064,390
2046	44,061,153	827,331	699,751	45,588,235
2047	44,664,034	782,557	612,457	46,059,048
2048	44,910,335	713,612	530,363	46,154,310
2049	45,073,614	859,627	454,175	46,387,416
2050	45,160,018	624,052	384,473	46,168,543
2051	44,738,637	559,494	321,658	45,619,789
2052	43,918,427	545,621	265,922	44,729,970
2053	42,679,240	395,424	217,249	43,291,913
2054	41,319,474	382,810	175,427	41,877,711
2055	39,785,831	361,895	140,079	40,287,805
2056	38,109,890	342,969	110,694	38,563,553

Schedule SB Attachment (Form 5500)—2025 Plan Year

Sharp$aver Hospital Retirement Plan

EIN: 95-6077327 PN: 003

Schedule SB, line 26b—Schedule of Projection of Expected Benefit Payments (continued)

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2057	$36,300,477	$320,082	$86,669	$36,707,228
2058	34,348,433	280,529	67,347	34,696,309
2059	32,386,007	263,655	52,057	32,701,719
2060	30,290,843	247,420	40,142	30,578,405
2061	28,214,258	231,828	30,985	28,477,071
2062	26,127,563	216,873	24,031	26,368,467
2063	24,060,629	202,544	18,793	24,281,966
2064	22,012,402	188,821	14,867	22,216,090
2065	20,063,137	175,681	11,924	20,250,742
2066	18,168,744	163,101	9,707	18,341,552
2067	16,376,880	151,060	8,019	16,535,959
2068	14,636,169	139,538	6,713	14,782,420
2069	13,018,694	128,518	5,683	13,152,895
2070	11,500,557	117,986	4,851	11,623,394
2071	10,108,567	107,934	4,162	10,220,663
2072	8,818,801	98,356	3,577	8,920,734
2073	7,641,297	89,250	3,069	7,733,616
2074	6,573,573	80,617	2,621	6,656,811

Schedule SB Attachment (Form 5500)—2025 Plan Year
Sharp$aver Hospital Retirement Plan
EIN: 95-6077327 PN: 003

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	January 1, 1981, as amended through January 1, 2024. Effective January 1, 2023 the Grossmont Hospital Retirement Plan was merged into the Sharp$aver Retirement Plan.
Plan Year	Calendar year.
Plan Participation	Since August 6, 2007, an Eligible Employee shall become eligible to participate on his date of hire.
Accrued Benefit	An employee elects to participate by means of a regular payroll deduction equal to one percent (1%) of Plan Compensation for which an additional two percent (2%) of Plan Compensation is credited to the Employer Matching Credits Account. For participants with hire dates on or after January 1, 2010, Accrued Benefit means the participant's Cash Balance Account, expressed as a lump-sum based benefit. For participants with hire dates prior to January 1, 2010, Accrued Benefit means the Cash Balance Account projected to age 65 at an interest rate of six percent (6%) multiplied by a life expectancy factor equal to one-thirteenth (1/13).
Normal Retirement	
Eligibility	Age 65.
Benefit	Accrued Benefit.

Schedule SB, Part V—Summary of Plan Provisions (continued)

Early Retirement

Eligibility — Age 55.

Benefit — Actuarial Equivalent of Accrued Benefit.

For a participant with a hire date before January 1, 2010 who elects to receive Early Retirement Benefit in the form of an annuity, the following reduction schedule applies in lieu of Actuarial Equivalent adjustment:

Retirement Age	Immediate Annuity as a Percentage of Accrued Benefit
65	100.00%
64	93.33%
63	86.67%
62	80.00%
61	73.33%
60	66.67%
59	63.33%
58	60.00%
57	56.67%
56	53.33%
55	50.00%

Disability Retirement

Eligibility — Total and permanent disability.

Benefit — The Accrued Benefit as under Normal Retirement, adjusted in the same manner as in Early or Vested Retirement, if applicable.

Schedule SB, Part V—Summary of Plan Provisions (continued)

In-Service Retirement

Eligibility — Participant who attains age 65 on or after December 1, 2006, or age 62 on or after January 1, 2007, and is 100% vested in his Employer Matching Credits Account.

Benefit — Entire vested Accrued Benefit earned as of In-Service Retirement date.

A participant continues to accrue benefits after commencing In-Service Retirement. Subsequent in-service distributions are limited to one per 12-month period.

Vested Retirement

Eligibility — A participant shall be 100% vested in his Accrued Benefit upon attainment of age 55. A participant shall be 100% vested in the portion of his Accrued Benefit attributable to his Participant Accumulated Contributions Account at all times. A participant shall be vested in the portion of his Accrued Benefit attributable to his Employer Matching Credits Account according to the following schedule.

Years of Service	Vesting Percentage
Less than 1	0%
1	25%
2	50%
3 or more	100%

Benefit — Actuarial Equivalent of vested Accrued Benefit.

Preretirement Surviving Spouse's Benefit

Eligibility — None.

Benefit — Actuarial Equivalent of vested Accrued Benefit.

Unreduced Form of Payment — Life annuity.

Normal Form of Payment

Married Participant — 50% joint and survivor annuity actuarially equivalent to a life annuity.

Unmarried Participant — Life annuity.

Schedule SB, Part V—Summary of Plan Provisions (continued)

Optional Forms of Payment	(1) Life annuity; (2) Lump sum; (3) Installment payments for a guaranteed period of 5, 10, or 15 years; (4) Life annuity with a guaranteed period of 5, 10, or 15 years; (5) Joint and survivor annuity with 50%, 75%, or 100% continuation to the survivor; and (6) Level income option which is reduced after Social Security payments begin to provide a level income throughout retirement.

Definitions

Actuarial Equivalent	
Lump Sum, Installments, and Social Security Level Income Option	Based on the greater of (1) or (2) below: (1) Section 417(e)(3) applicable mortality table for the plan year and interest with look-back to the September preceding the plan year;[1] or (2) 1994 Group Annuity Reserving Mortality Table (94 GAR), projected to 2002, blended 50% male and 50% female and interest equal to the lesser of (i) 5% or (ii) PBGC termination lump sum interest rate as of the beginning of the plan year. Effective January 1, 2021, PBGC termination lump sum interest rate is changed to the Section 417(e)(3) basis with look-back to the September preceding the plan year.[2]
All Other Payment Forms	5% interest and the Section 417(e)(3) applicable mortality table as in effect for 2018.
Cash Balance Account	Sum of Participant Accumulated Contributions Account and Employer Matching Credits Account.

[1] Installments and Social Security level income option for participants with hire dates on or after January 1, 2010 use actuarial equivalent for all other payment forms.
[2] PBGC termination lump sum interest rate is applicable to the lump sum payment form only.

Schedule SB, Part V—Summary of Plan Provisions (continued)

Definitions (continued)

Eligible Employee	An employee not in the following groups, which are excluded from plan participation: (1) Employees covered by collective bargaining agreement which does not provide for coverage under the plan; (2) Leased and temporary employees; (3) Non-resident aliens who receive no compensation from the employer which is classified as United States source taxable income; or (4) Effective January 1, 2006, traveling nurses. (5) Effective January 1, 2006, employees with titles of senior vice presidents, chief executive officer or higher.
Employer Matching Credits Account	Sum of all employer contributions plus interest credited at 6% per annum.
Participant Accumulated Contributions Account	Sum of all after-tax contributions made by a participant plus interest credited at the greater of (i) 6% per annum, or (ii) 120% of the federal mid-term rate in effect for the first month of the plan year.
Plan Compensation	W-2 pay, less bonuses, shift differential, automobile allowances, and similar pay, plus Sections 403(b) and 125 contributions.
Year of Service	A plan year in which an employee is credited with at least 1,000 hours of service.

Plan Changes Since the Prior Year

There have been no plan changes since the prior year.

Schedule SB Attachment (Form 5500)—2025 Plan Year
Sharp$aver Hospital Retirement Plan
EIN: 95-6077327 PN: 003

Schedule SB, Part V—Summary of Plan Provisions (continued)

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

The actuarial valuation was conducted on an ongoing (not termination) basis using personnel data furnished as of January 1, 2025 by Sharp HealthCare. Asset information and the dates and amounts of contributions are based on information supplied by Sharp HealthCare.

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Sharp$aver Retirement Plan

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

EIN: 95-6077327 **Plan Number: 003**

December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	RITC	15 TO 20 YR STRIPS FIXED IN FD	$ 61,809,588	$ 57,323,793
*	RITC	10 TO 15 YR STRIPS FIXED IN FD	35,476,278	36,200,796
*	RITC	RUSS INV RUSS 1000 IND FD SR I	49,386,313	148,876,402
*	RITC	INTL FDINTL FD	70,340,775	136,011,529
*	RITC	EMERGING MKTS FD	27,679,505	45,050,922
*	RITC	EQUITY II FD	22,648,083	38,723,432
*	RITC	25 PLUS YR STRIPS FIXED INC FD	167,959,446	128,184,471
*	RITC	14 YR LDI FIXED INCOME FD	145,210,139	158,980,481
	Total Investments, per Form 5500		$ 580,510,127	$ 749,351,826

* Represents a party-in-interest to the Plan as defined by ERISA.

Schedule SB Attachment (Form 5500)—2025 Plan Year
Sharp$aver Hospital Retirement Plan
EIN: 95-6077327 PN: 003

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 108,240,104	January 1, 2023	13	$ 10,954,871
Shortfall	$ (58,726,794)	January 1, 2024	14	$ (5,652,080)
Shortfall	$ (29,556,831)	January 1, 2025	15	$ (2,718,846)

Schedule SB Attachment (Form 5500)—2025 Plan Year
Sharp$aver Hospital Retirement Plan
EIN: 95-6077327 PN: 003

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A one-time pay adjustment of 6.8% for 2025 only in anticipation of salary increases reflected at the end of 2024 and beginning of 2025.

The change increased the funding shortfall and thus does not require IRS approval according to Code §430(h)(5)(B)(iii)