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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) _____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
COTTAGE HEALTH PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1998

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)
COTTAGE HEALTH

P.O BOX 689
SANTA BARBARA, CA 93102-0689

2b Employer Identification Number (EIN)
77-0431902

2c Plan Sponsor's telephone number
805-682-7111

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.	10/09/2026	MICHELLE VOSS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	5426
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)**	3796
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3963
b	Retired or separated participants receiving benefits	**6b**	768
c	Other retired or separated participants entitled to future benefits	**6c**	854
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	5585
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	44
f	Total. Add lines **6d** and **6e**.	**6f**	5629
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**	148
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:

1A 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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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
COTTAGE HEALTH PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
77-0431902

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**	886083055
b Actuarial value	**2b**	886083055

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	791	179040323	179040323
b For terminated vested participants	867	77691121	77691121
c For active participants	3839	412244436	430704105
d Total	5497	668975880	687435549

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**	5.40 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	35157318
b Expected plan-related expenses	**6b**	1400000
c Target normal cost	**6c**	17706585

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

08/31/2026
Date

DAVID M ANDERSON
Type or print name of actuary

26-07493
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

713-754-5400
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267

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	17892863
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	17892863
10	Interest on line 9 using prior year's actual return of 7.57 %	0	1354490
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		298
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 5.26 %		16
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		314
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	19247353

Part III Funding Percentages

14	Funding target attainment percentage	14	126.09 %
15	Adjusted funding target attainment percentage	15	128.89 %
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	125.36 %
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
07/01/2025	0	18133211			
			Totals ► 18(b)	0	18(c) 18133211

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	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	67

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

Part VI Miscellaneous Items

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

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	17706585
b Excess assets, if applicable, but not greater than line 31a	**31b**	17706585

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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
COTTAGE HEALTH PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COTTAGE HEALTH

D Employer Identification Number (EIN)
77-0431902

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

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

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

JP MORGAN INVESTMENT MANAGEMENT INC

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	2629915	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 65 50 15	NONE	709176	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHERN TRUST COMPANY

36-1561860

(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 50	NONE	235247	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MILL POINT CAPITAL PARTNERS II-A

85-3386561

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	141560	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FRONTEC XII PRIVATE CAPITAL (PARALL

87-2207464

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	111241	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADVENT INTERNATIONAL GPE X-C LIMITE

98-1635891

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	83797	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EMK CAPITAL PARTNERS III LP

98-1539717

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	79964	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ERNST & YOUNG LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	57989	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THOMA BRAVO FUND XV-A, LP

87-3222238

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	57014	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

KING STREET GLOBAL DRAWDOWN FUND

98-1648454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	55633	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMK CAPITAL PARTNERS II - B, LP

98-1539717

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	55444	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

5Y CAPITAL GROWTH FUND I LP

98-1598041

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	45683	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

5Y CAPITAL EVOLUTION FUND II, LP

98-1598026

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	45459	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STGVI-A, L.P

85-1749593

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	43856	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THOMA BRAVO FUND XIV-A, LP

85-0597268

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	37427	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NUT TREE DRAWDOWN OFFSHORE FUND

98-1508561

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	32000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SANDTON CAPITAL SOLUTIONS OFFSSHORE

98-1774812

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	30000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNICORN PARTNERS FUND IV LP

98-1599754

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	22000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

AEA INVESTORS SBF IV LP

98-1467089

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	19182	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIAM BLAIR & COMPANY

36-2214610

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	16684	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DALFEN LAST MILE INDUSTRIAL FUND IV

82-4680768

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	16645	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PONTIFAX GLOBAL FOOD AND AGRICULTUR

84-3259142

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	10425	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNICORN PARTNERS FUND III, LP

98-1487008

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	8800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GLENDOWER CAPITAL SOF IV

98-1417674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	5784	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THOMA BRAVO FUND XVI-A, LP

98-1572447

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	5685	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(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
COTTAGE HEALTH PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
77-0431902

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: LONG DURATION INVESTMENT GRADE

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.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)
77-0431902-001	C	169193784

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL SELECT EQUITY

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.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)
77-0431902-001	C	96671166

a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. ACTIVE CORE EQUITY

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.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)
77-0431902-001	C	80477495

a Name of MTIA, CCT, PSA, or 103-12 IE: GROWTH ADVANTAGE

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.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)
30-0958532-001	C	30941970

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

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.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)
77-0431902-001	C	62472233

a Name of MTIA, CCT, PSA, or 103-12 IE: VALUE ADVANTAGE

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.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)
77-0431902-001	C	30943419

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

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.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)
77-0431902-001	C	44260198

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG CREDIT- INVEST CLASS

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.

c EIN-PN 77-0431902-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56398553

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP EQUITY INDEX - INV

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.

c EIN-PN 77-0431902-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG SECURIT FD-INVT SH CL

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.

c EIN-PN 77-0431902-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94717360

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

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.

c EIN-PN 77-0431902-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35806447

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

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.

c EIN-PN 77-0431902-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41593917

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

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.

c EIN-PN 77-0431902-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6268623

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
COTTAGE HEALTH PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COTTAGE HEALTH

D Employer Identification Number (EIN)
77-0431902

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	6906126	6917096
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	46832174	26128011
(2) U.S. Government securities	1c(2)	2813158	3101263
(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)	129433220	186815181
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	10972527	11403419
(9) Value of interest in common/collective trusts	1c(9)	693466221	749745165
(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	890423426	984110135
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	4340371	3064289
1k Total liabilities (add all amounts in lines 1g through1j)	1k	4340371	3064289
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	886083055	981045846

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)	0	
(B) Participants	2a(1)(B)	18133211	
(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)		18133211
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	115581	
(B) U.S. Government securities	2b(1)(B)	139164	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	190970	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		445715
(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)	11422841	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	9171311	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		2251530
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	18857844	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		18857844

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		90059523
(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		2467798
d Total income. Add all **income** amounts in column (b) and enter total	2d		132215621
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	32107250	
(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)		32107250
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)	546937	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	57989	
(5) Investment advisory and investment management fees	2i(5)	3547500	
(6) Bank or trust company trustee/custodial fees	2i(6)	235247	
(7) Actuarial fees	2i(7)	162240	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	595667	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		5145580
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		37252830
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		94962791
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) [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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: ERNST & YOUNG LLP **(2)** EIN: 34-6565596

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**	X		4747
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 582917.

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
COTTAGE HEALTH PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COTTAGE HEALTH

D Employer Identification Number (EIN)
77-0431902

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): 36-1561860

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** 100

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: 41.0 % Private Equity: 11.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 34.0 %
High-Yield Debt: 0.0 % Real Assets: 5.0 % Cash or Cash Equivalents: 3.0 % Other: 6.0 %

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_____.

Financial Statements and Supplemental Schedules (Modified Cash Basis)

Cottage Health Pension Plan
As of and For the Years Ended December 31, 2025 and 2024
With Report of Independent Auditors

The better the question.
The better the answer.
The better the world works.

Shape the future
with confidence

Cottage Health Pension Plan

Financial Statements and Supplemental Schedules
(Modified Cash Basis)

Years Ended December 31, 2025 and 2024

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Report of Independent Auditors

Board of Directors
Cottage Health Pension Plan

Opinion

We have audited the financial statements of Cottage Health Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits (modified cash basis) of the Plan at December 31, 2025 and 2024, and the changes in its net assets available for benefits (modified cash basis) for the years then ended, in accordance with the modified cash basis of accounting described in Note 2.

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 audit opinion.

Modified Cash Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

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Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting as described in Note 2 and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management also is responsible 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 is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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.

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- 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.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion of the financial statements as a whole. The supplemental schedules (modified cash basis) of assets (held at year end) as of December 31, 2025, delinquent participant contributions and reportable transactions for the year then ended (referred to as the "supplemental schedules"), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the supplemental schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Ernst & Young LLP

October 6, 2026

A member firm of Ernst & Young Global Limited

Cottage Health Pension Plan

Statements of Net Assets Available for Benefits
(Modified Cash Basis)

	December 31	
	2025	**2024**
Assets		
Investments at fair value:		
Money market funds	**$ 26,128,012**	$ 46,715,900
Commingled funds	**749,745,165**	693,466,221
Fixed-income securities	**3,101,263**	2,764,000
Alternative investments	**186,815,180**	129,433,220
Total investments	**965,789,620**	872,379,341
Receivables:		
Notes receivable from participants	**11,403,419**	10,972,527
Due from broker for securities sold	**6,917,096**	7,071,558
Liabilities		
Payable:		
Due to broker for securities purchased	**3,064,289**	4,340,371
Net assets available for benefits	**$ 981,045,846**	$ 886,083,055

See accompanying notes.

Cottage Health Pension Plan

Statements of Changes in Net Assets Available for Benefits
(Modified Cash Basis)

	Year Ended December 31	
	2025	**2024**
Additions to (deductions from) net assets attributed to:		
Investment income:		
Interest and dividends	**$ 4,357,346**	$ 22,268
Net realized and unrealized appreciation in fair value of investments	**109,202,881**	66,544,547
Net investment income	**113,560,227**	66,566,815
Interest from notes receivable from participants	**522,183**	493,938
Contributions:		
Employer	**–**	306
Employee	**18,133,211**	18,625,728
Total contributions	**18,133,211**	18,626,034
Benefits paid directly to participants	**(32,107,250)**	(28,835,820)
Administrative expenses	**(5,145,580)**	(5,615,314)
Net increase	**94,962,791**	51,235,653
Net assets available for benefits at beginning of year	**886,083,055**	834,847,402
Net assets available for benefits at end of year	**$ 981,045,846**	$ 886,083,055

See accompanying notes.

Cottage Health Pension Plan

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2025

1. Plan Description

The following description of the Cottage Health Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

General

The Plan is a defined benefit pension plan covering substantially all employees of Cottage Health, Santa Barbara Cottage Hospital, Santa Ynez Valley Cottage Hospital, Goleta Valley Cottage Hospital, Cottage Clinic Network, LLC, Cottage Clinical Associates, Cottage Medical Group, and Pacific Diagnostic Laboratories (PDL) (collectively known as Cottage). The Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA) of 1974. Cottage is the sponsor of the Plan.

Employees hired on or after September 1, 2019 and employees of PDL participate in the Plan under a stable value formula (the MyFuture Retirement benefits formula) and have the ability to make participant contributions matched by Cottage through a separate defined contribution plan, the MyFuture 401(k) Retirement Savings Plan. The MyFuture Retirement benefits formula provides employees a defined benefit plan pension credit between 7.0–8.5% of eligible compensation based upon the employee's age on January 1 each year, which is payable at age 65. Employees hired before September 2019 and not employees of PDL had the choice to switch to the MyFuture Retirement benefits formula or continue in the Plan's Cash Balance benefits formula, as described below.

For employees that chose not to switch, the Cash Balance benefits formula calls for a minimum contribution by Cottage to the participants' accounts equal to 2% of their salary, and additional voluntary contributions by the participants up to 3% of their salary, which will be matched 100% by Cottage. Participants may contribute up to 25% of their salary, subject to the Internal Revenue Code (the Code) annual limit. Currently, interest is credited to active participants and terminated employees at 6% and 5%, respectively.

Employees are eligible for participation following completion of one year of service during which they were credited with at least 1,000 hours of service, however, PDL employees participating in the PDL 401(k) Retirement Savings Plan (PDL 401(k) Plan) as of December 31, 2019 were immediately eligible for the Plan. Normal retirement is age 65, but early retirement may be elected at any age upon the attainment of the applicable years of vesting service. Participants' retirement

1. Plan Description (continued)

benefits are determined by converting the account balance into an annuity or by taking a lump-sum payment for the account balance.

Vesting Schedule

Upon completion of five years of service, participants are vested in 100% of all accrued MyFuture Retirement benefits. PDL employees participating in the PDL 401(k) Plan on December 31, 2019 are immediately vested in the MyFuture Retirement benefit. Participants in the Plan prior to September 1, 2019 with an accrued Cash Balance benefit are vested upon completion of three years of service and are immediately vested for participant voluntary contributions and interest thereon.

Notes Receivable from Participants

Participants in the Cash Balance benefits feature of the Plan may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their total vested Cash Balance benefits. Loan terms can be up to five years, except for loans to purchase a principal residence, whereby the loan term is up to 15 years. The loans are secured by the balance in the participant's account and bear interest at a fixed rate based on Moody's corporate bond fund rate in effect on the first day of the quarter of the loan application. Principal and interest are paid ratably through semi-monthly payroll deductions. Participants in the MyFuture Retirement benefits formula are only able to borrow from their account balance in the MyFuture 401(k) Plan.

Death Benefits

If a participant dies before retirement, the beneficiary shall be entitled to receive a benefit equal to the participant's vested account balance.

Payment of Benefits

Benefits are payable in cash as either a lump sum or an annuity payment, as permitted. A participant whose vested account balance is $1,000 or less will automatically receive an immediate lump sum distribution equal to their vested account balance. If the vested account balance exceeds $1,000 but is $5,000 or less, it will be distributed into an Individual Retirement Account or Annuity chosen by the plan administrator. Benefit payments to participants are recorded when paid.

2. Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements have been prepared on a modified cash basis, permitted under the Department of Labor's Rules and Regulations and Disclosure under ERISA. Consequently, investments are stated at fair value; revenues and the related assets are recognized when received rather than when earned; and expenses are recognized when paid rather than when the obligation is incurred. Accordingly, the accompanying financial statements are not intended to, and do not, present assets and the changes in assets in conformity with U.S. generally accepted accounting principles (U.S. GAAP).

Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance. Interest income on notes receivable from participants is recorded when it is received. No allowance for credit losses has been recorded as of December 31, 2025 or 2024.

If a required monthly payment is not made as scheduled, the loan is deemed to be in "unpaid status" until all payments scheduled to date have been made. After three consecutive months in unpaid status, the loan defaults and no further monthly payments are required. If the participant is an employee on the date of the default, and is not yet eligible for an in-service distribution, then the default is a deemed distribution for tax purposes only, and the outstanding balance of the loan continues to accrue interest at the same rate as it did before the default. However, if the date of default coincides with the attainment of normal retirement age, the cash balance of the participant is reduced to pay off the outstanding balance of the loan, including accrued interest, and a benefit payment is recorded. Any outstanding loan balance is due within 30 days of a participant's termination of employment or the cash balance of the participant's account is reduced to pay off the outstanding balance of the loan.

Investment Valuation and Income Recognition

Investments including shares of money market funds and mutual funds are carried at fair value based on quoted market prices in an active market. Investments in fixed-income securities are carried at fair value based on evaluated bid prices from recent trading activity. Investments in units of commingled funds and alternative investments are valued at net asset value (NAV) as the practical expedient based on the fair value of the underlying investments.

2. Summary of Significant Accounting Policies (continued)

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

Use of Estimates

The preparation of financial statements in conformity with the cash basis of accounting described above requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates. The Plan is subject to risks and uncertainties that may cause actual results to differ from estimated results, such as changes in legislation. The principal area requiring the use of estimates is the actuarial present value of accumulated plan benefits.

Subsequent Events

Management evaluated subsequent events for the Plan through October 6, 2026, the date the accompanying financial statements were available to be issued.

3. Contributions and Funding

Contributions towards the participants' account benefit shall be made by Cottage, up to 8.5% of salary, and by those employees who are eligible and elected to contribute to the Plan under the Cash Balance benefit formula. Employee contributions for the years ended December 31, 2025 and 2024, were $18,133,211 and $18,625,728, respectively. Total accumulated employee contributions (including interest income) included in participants' accounts as of December 31, 2025 and 2024, were $243,309,495 and $231,361,200, respectively. Employees are 100% vested in the contributions that they defer from their salary, as well as the investment earnings on those contributions, based on the credited interest rate. Participants of the MyFuture Retirement benefit formula cannot elect to contribute to the Plan but rather to the MyFuture 401(k) Plan.

Cottage makes annual contributions necessary to fund the projected retirement benefits to the participants. The funding policy requires that Cottage make a sufficient contribution to the Trust for the plan year to meet the minimum funding standards prescribed by ERISA. Cottage's contributions for the years ended December 31, 2025 and 2024, met these minimum funding standards.

4. Actuarial Present Value of Accumulated Plan Benefits

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

The actuarial present value of accumulated plan benefits as of December 31 is as follows:

	2025	2024
Vested benefits:		
Participants currently in pay status	**$ 182,546,501**	$ 164,136,352
All other vested benefits	**474,092,167**	451,598,978
Total vested liability	**656,638,668**	615,735,330
Non-vested benefits	**17,463,188**	15,288,914
Total actuarial present value of accumulated plan benefits	**$ 674,101,856**	$ 631,024,244

The change in the accumulated plan benefits for the years ended December 31 is as follows:

	2025	2024
Accumulated plan benefits, beginning of year	**$ 631,024,244**	$ 586,586,110
Benefits accumulated	**31,525,967**	30,497,386
Increase for interest due to decrease in discount period	**42,034,687**	39,173,263
Contributions by plan participants	**–**	–
Actuarial losses	**883,798**	3,612,324
Assumption changes	**740,410**	(9,019)
Benefits paid	**(32,107,250)**	(28,835,820)
Accumulated plan benefits, end of year	**$ 674,101,856**	$ 631,024,244

Assumption changes for the year ended December 31, 2025 represent an increase of $740,410 due to updates to the 417(e) interest rate and mortality tables for stable value conversions consistent with provisions of the Plan.

4. Actuarial Present Value of Accumulated Plan Benefits (continued)

Actuarial assumptions utilized in determining the present value of accumulated plan benefits as of December 31, 2025 and 2024, are as follows:

Discount rate	6.5%
Turnover	Examples of turnover rates used are as follows:

Age	Annual Probability of Termination
25	16.00%
40	6.70%
55	3.40%
Retirement age 60–74	5–30%

The mortality scale applied is based on the pri-2012 table with updates made to reflect the MP-2021 as of December 31, 2025 and 2024.

The foregoing 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.

5. Plan Termination

While Cottage has not expressed any intent to discontinue its contributions, it is free to do so at any time, subject to penalties set forth by ERISA. In the event of a discontinuance resulting in the termination of the Plan: (a) the Plan provides that its net assets shall be allocated among the participants and beneficiaries of the Plan in the order provided for in ERISA and (b) to the extent unfunded guaranteed benefits exist, ERISA provides that such benefits are payable by the Pension Benefit Guaranty Corporation (PBGC) to participants, up to specified limitations, as described in ERISA.

5. Plan Termination (continued)

Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

6. Trust Fund Management

Management, investment, and control of the Plan's assets are exercised by the trustee, Northern Trust Company, except to the extent that the Cottage Health Finance Committee (the Committee), elected by Cottage's Board of Directors, is granted under the Plan or Trust the authority to direct the management and investment of the assets of the Plan and Trust. The Committee has appointed outside investment managers to direct the trustee in the management, control, and investment of trust assets.

7. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated June 13, 2020, stating that the Plan is qualified under Section 401(a) of the Code, and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended and restated. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. Plan management has indicated that it will take the necessary steps, if any, to bring the Plan's operations into compliance with the Code.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions.

8. Plan Expenses

All expenses incurred in the administration of the Plan, other than those services provided by Cottage, are paid from the Plan's assets.

9. Investments

Investments are diversified among money market funds, fixed-income securities, commingled funds, including common collective trusts and 103-12 investments, and alternative investments, including hedge funds and private market funds. Commingled funds and alternative investments reported at NAV have a range of strategies, including, but not limited to, long- short-/equity positions, arbitrage investment activities, emerging markets investments, and real estate. Some of these partnership/funds have a specific industry focus in their investment assets or specific asset investments in their strategic focus.

Commingled funds afford cost savings to qualified investors. Commingled funds utilize three major strategies; equity funds, fixed income funds and global asset allocation funds. Commingled funds are redeemable daily, biweekly or trimonthly with 1 to 30 days' notice.

Private market funds typically hold capital for the life of the fund, as much as ten years, except for distributions that may occur. The Plan has private market unfunded commitments of $120,279,693 and $89,750,798 as of December 31, 2025 and 2024, respectively. Hedge funds are typically redeemable monthly or quarterly with a 30 to 90 days' notice. As of December 31, 2025, all hedge funds were redeemed, except for one hedge fund that is in the wind down process and redemptions were suspended. The fund will make distributions pro rate on an ad hoc basis as liquidity of the fund assets is achieved over an expected three-year period.

Fair Value Measurement

As defined in Accounting Standards Codification 820, *Fair Value Measurement* (ASC 820), fair value is based on 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. In order to increase consistency and comparability in fair value measurements, ASC 820 establishes a fair value hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels, which are described below:

Level 1 – Quoted prices (unadjusted) in active markets that are accessible at the measurement date for assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

Level 2 – Observable prices that are based on inputs not quoted on active markets, but corroborated by market data.

Level 3 – Unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs.

9. Investments (continued)

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measurement in its entirety.

In determining fair value, the Plan utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs, to the extent possible, as well as considers counterparty credit risk in its assessment of fair value.

Financial assets carried at fair value as of December 31, 2025, are classified in the table below in one of the three categories described above or held at NAV:

	Assets at Fair Value			
	Level 1	**Level 2**	**Assets Held at NAV**	**Total**
Money market funds	**$ 26,128,012**	**$ –**	**$ –**	**$ 26,128,012**
Fixed-income securities	**–**	**3,101,263**	**–**	**3,101,263**
Commingled funds	**–**	**–**	**749,745,165**	**749,745,165**
Alternative investments	**–**	**–**	**186,815,180**	**186,815,180**
Total asset at fair value	**$ 26,128,012**	**$ 3,101,263**	**$ 936,560,345**	**$ 965,789,620**

Financial assets carried at fair value as of December 31, 2024, are classified in the table below in one of the three categories described above or held at NAV:

	Assets at Fair Value			
	Level 1	**Level 2**	**Assets Held at NAV**	**Total**
Money market funds	$ 46,715,900	$ –	$ –	$ 46,715,900
Fixed-income securities	–	2,764,000	–	2,764,000
Commingled funds	–	–	693,466,221	693,466,221
Alternative investments	–	–	129,433,220	129,433,220
Total asset at fair value	$ 46,715,900	$ 2,764,000	$ 822,899,441	$ 872,379,341

9. Investments (continued)

The fair values of the instruments included in Level 1 were determined through quoted market prices. Level 1 instruments include cash and short-term investments such as money market funds. The fair values of Level 2 fixed-income securities instruments were determined through evaluated bid prices based on recent trading activity and other relevant information, including market interest rate curves and referenced credit spreads; estimated prepayment rates, where applicable, are used for valuation purposes and are provided by third-party services where quoted market values are not available. The valuation of commingled funds and alternative investments is based on NAV as the practical expedient, as reported by the asset manager or investment company based on the fair values of the underlying investments and adjusted for cash flows, if necessary.

Cottage holds over-the-counter equity, fixed income, and cash equivalent derivative contracts. These contracts are used to manage and adjust exposures within Cottage's investment portfolio. The fair value of the derivative contracts is zero as of December 31, 2025, as mark to market adjustments are cash settled daily. The notional value of the derivative contracts held at December 31, 2025 and 2024, are summarized in the table below.

	2025	2024
Fixed-income securities	**$ 69,030,000**	$ 60,213,968
Total derivative contracts	**$ 69,030,000**	$ 60,213,968

10. Risks and Uncertainties

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

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

Supplemental Schedules

Cottage Health Pension Plan

EIN #77-0431902 Plan #001

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
(Modified Cash Basis)

Year Ended December 31, 2025

Participant Contributions Transferred Late to Plan	Total That Constitute Nonexempt Prohibited Transactions			
Check Here if Late Participant Loan Repayments are included: ☒	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 4,747 [1]	$ –	$ 4,747	$ –	$ –

[1] For the year ended December 31, 2025.

Cottage Health Pension Plan

EIN #77-0431902 Plan #001

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

Year Ended December 31, 2025

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	See attached schedule of assets (held at end of year) as provided by Northern Trust Company, trustee (Northern Trust Company Statement of Asset Detail pages 1 to 19)			
	Net assets as reported by Northern Trust Company, trustee	$ –	$ –	**$ 981,045,846**

* Party-in-interest

Cottage Health Pension Plan

EIN #77-0431902 Plan #001

Schedule H, Line 4j – Schedule of Reportable Transactions
(Modified Cash Basis)

Year Ended December 31, 2025

(a) Identity of Party Involved	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)

(i) Single securities transactions with an aggregate in excess of 5% of plan assets

See attached schedule of reportable transactions as provided by Northern Trust Company.

(iii) Series of securities transactions with an aggregate in excess of 5% of plan assets

See attached schedule of reportable transactions as provided by Northern Trust Company.

There were no category (ii) or (iv) transactions required to be reported for the year ended December 31, 2025.

◆ 09. Asset Detail - Base Currency

Description / Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ local market price	Accrued income/expense	Market Value	Cost	Unrealized gain/loss Market	 Translation	 Total
Equities							
Funds - common stock							
United States - USD							
CF JPMCB STRATEGIC PROPERTY FUND CUSIP : GB999GK62							
3,097,443.512	11.56	0.00	35,806,447.00	34,946,286.92	860,160.08	0.00	860,160.08
CF JPMCB EME MKT RES ENHA EQ FD- INV CUSIP : 77999A058							
1,650,883.921	26.81	0.00	44,260,197.92	31,874,709.31	12,385,488.61	0.00	12,385,488.61
CF JPMCB EQUITY INDEX FUND CUSIP : ESD999AS1							
318,800.622	130.47	0.00	41,593,917.15	41,817,077.53	-223,160.38	0.00	-223,160.38
CF JPMCB GLOBAL SEL EQY FND- INV CL CUSIP : 77999A025							
2,332,235.610	41.45	0.00	96,671,166.03	67,649,418.68	29,021,747.35	0.00	29,021,747.35
CF JPMCB GROWTH ADVANTAGE FUND CUSIP : 77999A116							
442,028.147	70.00	0.00	30,941,970.29	18,229,345.07	12,712,625.22	0.00	12,712,625.22
CF JPMCB INTER EQ FND -INVEST CLASS CUSIP : 77999A132							
1,169,235.137	53.43	0.00	62,472,233.37	51,310,921.35	11,161,312.02	0.00	11,161,312.02
CF JPMCB US ACTIVE CORE EQUITY FUND CUSIP : 77999A090							
727,842.046	110.57	0.00	80,477,495.03	60,875,446.65	19,602,048.38	0.00	19,602,048.38
CF JPMCB VALUE ADVANTAGE FUND CUSIP : 77999A041							
253,696.966	121.97	0.00	30,943,418.94	22,286,447.54	8,656,971.40	0.00	8,656,971.40
MFO CF JPMCB EAFE EQUITY INDEX FUND CUSIP : 999489255							
99,077.333	63.27	0.00	6,268,622.86	6,197,287.20	71,335.66	0.00	71,335.66
Total USD		0.00	429,435,468.59	335,186,940.25	94,248,528.34	0.00	94,248,528.34

◆ 09. Asset Detail - Base Currency

Description / Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ local market price	Accrued income/expense	Market Value	Cost	Unrealized gain/loss Market	 Translation	 Total
Equities							
Funds - common stock							
Total United States		0.00	429,435,468.59	335,186,940.25	94,248,528.34	0.00	94,248,528.34
Total Funds - Common Stock							
10,091,243.294		**0.00**	**429,435,468.59**	**335,186,940.25**	**94,248,528.34**	**0.00**	**94,248,528.34**
Total Equities							
10,091,243.294		**0.00**	**429,435,468.59**	**335,186,940.25**	**94,248,528.34**	**0.00**	**94,248,528.34**
Fixed Income							
Government bonds							
United States - USD							
UNITED STATES OF AMER TREAS NOTES 4.125% 01-31-2027 SEDOL : BSPRXZ7							
3,082,000.000	100.625	53,202.19	3,101,262.50	3,101,744.06	-481.56	0.00	-481.56
Issue Date: 31 Jan 25 Rate: 4.125% Yield to Maturity: 3.53% Maturity Date: 31 Jan 27							
Total USD		53,202.19	3,101,262.50	3,101,744.06	-481.56	0.00	-481.56
Total United States		53,202.19	3,101,262.50	3,101,744.06	-481.56	0.00	-481.56
Total Government Bonds							
3,082,000.000		**53,202.19**	**3,101,262.50**	**3,101,744.06**	**-481.56**	**0.00**	**-481.56**
Funds - corporate bond							
United States - USD							
CF JPMCB LONG DURATION INVESTMENT GRADEFUND-INVESTMENT CLS CUSIP : 4R999BA96							
7,496,401.548	22.57	0.00	169,193,782.94	161,511,257.34	7,682,525.60	0.00	7,682,525.60

◆ 09. Asset Detail - Base Currency

Description / Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ local market price	Accrued income/expense	Market Value	Cost	Unrealized gain/loss Market	 Translation	 Total
Fixed Income							
Funds - corporate bond							
United States - USD							
CF JPMCB LONG SECURIT FD - INVT SH CL CUSIP : 995789146							
11,854,488.163	7.99	0.00	94,717,360.42	87,708,849.91	7,008,510.51	0.00	7,008,510.51
Total USD		0.00	263,911,143.36	249,220,107.25	14,691,036.11	0.00	14,691,036.11
Total United States		0.00	263,911,143.36	249,220,107.25	14,691,036.11	0.00	14,691,036.11
Total Funds - Corporate Bond							
19,350,889.711		**0.00**	**263,911,143.36**	**249,220,107.25**	**14,691,036.11**	**0.00**	**14,691,036.11**
Funds - other fixed income							
United States - USD							
CF JPMCB LONG CREDIT FUND CUSIP : 5JY999D14							
1,350,863.544	41.75	0.00	56,398,552.96	51,686,819.01	4,711,733.95	0.00	4,711,733.95
Total USD		0.00	56,398,552.96	51,686,819.01	4,711,733.95	0.00	4,711,733.95
Total United States		0.00	56,398,552.96	51,686,819.01	4,711,733.95	0.00	4,711,733.95
Total Funds - Other Fixed Income							
1,350,863.544		**0.00**	**56,398,552.96**	**51,686,819.01**	**4,711,733.95**	**0.00**	**4,711,733.95**
Fixed income derivatives - futures							
United States - USD							
FUT MAR 26 CBT UL T-BONDS CUSIP : 999599GH0							
576.000	118.00	0.00	67,968,000.00	69,030,000.00	-1,062,000.00	0.00	-1,062,000.00
Yield to Maturity: 4.867% Maturity Date: 20 Mar 26							
Total USD		0.00	67,968,000.00	69,030,000.00	-1,062,000.00	0.00	-1,062,000.00
Total United States		0.00	67,968,000.00	69,030,000.00	-1,062,000.00	0.00	-1,062,000.00

◆ 09. Asset Detail - Base Currency

Description / Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ local market price	Accrued income/expense	Market Value	Cost	Unrealized gain/loss Market	 Translation	 Total
Fixed Income							
Total Fixed Income Derivatives - Futures							
576.000		**0.00**	**67,968,000.00**	**69,030,000.00**	**-1,062,000.00**	**0.00**	**-1,062,000.00**
Total Fixed Income							
23,784,329.255		**53,202.19**	**391,378,958.82**	**373,038,670.32**	**18,340,288.50**	**0.00**	**18,340,288.50**
Real Estate							
Real estate							
United States - USD							
CERBERUS REAL ESTATE DEBT FUND II LP CUSIP : 995147998							
5,338,962.350	1.156672	0.00	6,175,428.26	5,338,962.35	836,465.91	0.00	836,465.91
LYRICAL-ANTHEUS REALTY PARTNERS IV LP CUSIP : 994UH7991							
2,684,650.330	1.81679	0.00	4,877,445.07	2,684,650.33	2,192,794.74	0.00	2,192,794.74
Total USD		0.00	11,052,873.33	8,023,612.68	3,029,260.65	0.00	3,029,260.65
Total United States		0.00	11,052,873.33	8,023,612.68	3,029,260.65	0.00	3,029,260.65
Total Real Estate							
8,023,612.680		**0.00**	**11,052,873.33**	**8,023,612.68**	**3,029,260.65**	**0.00**	**3,029,260.65**
Total Real Estate							
8,023,612.680		**0.00**	**11,052,873.33**	**8,023,612.68**	**3,029,260.65**	**0.00**	**3,029,260.65**
Venture Capital and Partnerships							
Partnerships							

◆ 09. Asset Detail - Base Currency

Description / Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ local market price	Accrued income/expense	Market Value	Cost	Unrealized gain/loss Market	 Translation	 Total
Venture Capital and Partnerships							
Partnerships							
Cayman Islands - USD							
FORTRESS LENDING FUND II (A) LP CUSIP : 995790169							
531,865.960	1.00	0.00	531,865.96	531,865.96	0.00	0.00	0.00
Total USD		0.00	531,865.96	531,865.96	0.00	0.00	0.00
Total Cayman Islands		0.00	531,865.96	531,865.96	0.00	0.00	0.00
China - USD							
ORCHID ASIA V, LP CUSIP : 994UK0992							
2,022,370.000	0.450616	0.00	911,312.08	2,022,370.00	-1,111,057.92	0.00	-1,111,057.92
UNICORN PARTNERS FUND III, LP CUSIP : 994UM6997							
1,950,729.080	1.243262	0.00	2,425,267.92	1,950,729.08	474,538.84	0.00	474,538.84
UNICORN PARTNERS FUND IV, LP CUSIP : 994UM7995							
2,779,131.210	1.214696	0.00	3,375,799.01	2,779,131.21	596,667.80	0.00	596,667.80
XIANG HE FUND II, LP CUSIP : 994UM9991							
1,377,657.980	1.215695	0.00	1,674,811.78	1,377,657.98	297,153.80	0.00	297,153.80
Total USD		0.00	8,387,190.79	8,129,888.27	257,302.52	0.00	257,302.52
Total China		0.00	8,387,190.79	8,129,888.27	257,302.52	0.00	257,302.52
Europe Region - EUR							
EMK CAPITAL PARTNERS II - B, LP (EUR) CUSIP : 9944CS998							
2,076,622.780	1.498084	0.00	3,653,661.41	2,275,386.52	1,214,771.54	163,503.35	1,378,274.89
EMK CAPITAL PARTNERS III (FEEDER) LP CUSIP : 995DDG992							
2,306,322.160	0.802761	0.00	2,174,406.07	2,622,174.52	-534,254.27	86,485.82	-447,768.45

◆ 09. Asset Detail - Base Currency

Description / Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ local market price	Accrued income/expense	Market Value	Cost	Unrealized gain/loss Market	 Translation	 Total
Venture Capital and Partnerships							
Partnerships							
Europe Region - EUR							
PROJECT PINEAPPLE CO-INVEST FUND, L.P. -EUR CUSIP : 9958JP997							
585,531.000	1.542064	0.00	1,060,442.08	634,276.48	372,765.12	53,400.48	426,165.60
T6 CO-INVEST B L.P. - EUR CUSIP : 995WQ4993							
406,624.000	0.995682	0.00	475,497.26	474,631.91	-2,062.35	2,927.70	865.35
THOMA BRAVO EUROPE FUND, L.P. - EUR CUSIP : 995KMZ994							
196,020.000	1.168244	0.00	268,948.03	206,732.98	38,732.32	23,482.73	62,215.05
UFENAU CONTINUATION 4 CUSIP : 995145992							
692,041.000	1.358347	0.00	1,104,020.72	743,113.72	291,253.08	69,653.92	360,907.00
Total EUR		0.00	8,736,975.57	6,956,316.13	1,381,205.44	399,454.00	1,780,659.44
Total Europe Region		0.00	8,736,975.57	6,956,316.13	1,381,205.44	399,454.00	1,780,659.44
Global Region - USD							
AEA INVESTORS SBF IV LP CUSIP : 994UF3992							
1,656,840.000	1.40027	0.00	2,320,024.01	1,656,840.00	663,184.01	0.00	663,184.01
GLENDOWER CAPITAL SOF IV (FEEDER) LP CUSIP : 994UH1994							
794,186.280	2.820473	0.00	2,239,980.88	794,186.28	1,445,794.60	0.00	1,445,794.60
Total USD		0.00	4,560,004.89	2,451,026.28	2,108,978.61	0.00	2,108,978.61
Total Global Region		0.00	4,560,004.89	2,451,026.28	2,108,978.61	0.00	2,108,978.61
United Kingdom - EUR							
LAKESTAR GROWTH I LP CUSIP : 993435999							
1,403,117.370	1.50527	0.00	2,480,520.93	1,591,824.87	832,629.57	56,066.49	888,696.06

◆ 09. Asset Detail - Base Currency

Description / Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ local market price	Accrued income/expense	Market Value	Cost	Unrealized gain/loss Market	 Translation	 Total
Venture Capital and Partnerships							
Partnerships							
Total EUR		0.00	2,480,520.93	1,591,824.87	832,629.57	56,066.49	888,696.06
United Kingdom - GBP							
BOWMARK CAPITAL PARTNERS VII, L.P - GBP CUSIP : 995NR5999							
221,411.000	0.817949	0.00	243,592.60	295,509.39	-54,216.30	2,299.51	-51,916.79
SW EUROPEAN II FEEDER LP CUSIP : 995EDB991							
1,954,128.000	0.990917	0.00	2,604,526.94	2,526,588.55	-23,873.23	101,811.62	77,938.39
Total GBP		0.00	2,848,119.54	2,822,097.94	-78,089.53	104,111.13	26,021.60
Total United Kingdom		0.00	5,328,640.47	4,413,922.81	754,540.04	160,177.62	914,717.66
United States - EUR							
Triton Fund 6 US SCSp - EUR CUSIP : 995W64995							
29,574.960	2.379151	0.00	82,638.16	34,491.40	47,903.85	242.91	48,146.76
Total EUR		0.00	82,638.16	34,491.40	47,903.85	242.91	48,146.76
United States - USD							
5Y CAPITAL EVOLUTION FUND II, LP CUSIP : 994UE6996							
1,696,231.310	1.248524	0.00	2,117,786.01	1,696,231.31	421,554.70	0.00	421,554.70
5Y CAPITAL GROWTH FUND I, LP CUSIP : 994UE8992							
1,879,471.910	1.262035	0.00	2,371,958.96	1,879,471.91	492,487.05	0.00	492,487.05
Accel Growth Fund VII L.P. CUSIP : 995RH1990							
191,100.000	0.93696	0.00	179,053.00	191,100.00	-12,047.00	0.00	-12,047.00
ACCEL INDIA VIII L.P. CUSIP : 995RH2998							
89,610.000	0.92483	0.00	82,874.00	89,610.00	-6,736.00	0.00	-6,736.00

◆ 09. Asset Detail - Base Currency

Description / Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ local market price	Accrued income/expense	Market Value	Cost	Unrealized gain/loss Market	 Translation	 Total
Venture Capital and Partnerships							
Partnerships							
United States - USD							
ACCEL XVI L.P. CUSIP : 995MJR992							
154,715.000	0.952138	0.00	147,310.00	154,715.00	-7,405.00	0.00	-7,405.00
ACCESS CAR WASH CO-INVESTMENT LP CUSIP : 995DM3991							
101,501.210	1.206311	0.00	122,442.00	101,501.21	20,940.79	0.00	20,940.79
Access Holdings Fund I LP CUSIP : 995689999							
990,686.500	0.963011	0.00	954,042.00	990,686.50	-36,644.50	0.00	-36,644.50
ACORE OPPORTUNISTIC CREDIT II, LP CUSIP : 995QKE990							
2,593,934.800	1.053082	0.00	2,731,625.27	2,593,934.80	137,690.47	0.00	137,690.47
ADVENT INTERNATIONAL GPE X-C LIMITEDPARTNERSHIP CUSIP : 994UF1996							
4,009,889.000	1.424818	0.00	5,713,362.03	4,009,889.00	1,703,473.03	0.00	1,703,473.03
Aliment Growth Equity Fund-A L.P. CUSIP : 995SQ3994							
187,430.000	10.155546	0.00	1,903,454.01	187,430.00	1,716,024.01	0.00	1,716,024.01
ANCHORAGE CREDIT OPPORTUNITIES OFFSHOREFUND VIII (B) LP CUSIP : 995159993							
6,933,620.780	1.411615	0.00	9,787,601.02	6,933,620.78	2,853,980.24	0.00	2,853,980.24
ANCHORAGE CREDIT OPPORTUNITIES ONSHOREFUND IX, TE, L.P. CUSIP : 995EA8991							
2,680,000.000	1.11693	0.00	2,993,372.94	2,680,000.00	313,372.94	0.00	313,372.94
BAIN CAPITAL FUND XIII, LP CUSIP : 994UF9999							
3,415,247.860	1.119143	0.00	3,822,151.08	3,415,247.86	406,903.22	0.00	406,903.22

◆ 09. Asset Detail - Base Currency

Description / Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ local market price	Accrued income/expense	Market Value	Cost	Unrealized gain/loss Market	 Translation	 Total
Venture Capital and Partnerships							
Partnerships							
United States - USD							
BOND II LP CUSIP : 994UG3991							
4,729,852.500	0.958372	0.00	4,532,960.09	4,729,852.50	-196,892.41	0.00	-196,892.41
CASTLELAKE ASSET-BASED PRIVATE CREDITIII, LP CUSIP : 995WM6992							
2,085,831.000	1.017453	0.00	2,122,235.01	2,085,831.00	36,404.01	0.00	36,404.01
CASTLELAKE OPPORTUNISTIC ASSET SOLUTIONSVI, L.P CUSIP : 9953RL998							
4,387,118.000	1.306576	0.00	5,732,100.89	4,387,118.00	1,344,982.89	0.00	1,344,982.89
CHROME INVESTORS LP CUSIP : 995NG2998							
640,181.000	1.043864	0.00	668,262.03	640,181.00	28,081.03	0.00	28,081.03
CONTAINMENT INVESTMENT HOLDINGS, LLCCO-INVEST (VI) CUSIP : 9959C8990							
1,101,409.370	1.874773	0.00	2,064,892.99	1,101,409.37	963,483.62	0.00	963,483.62
CRESTLINE EUROPEAN CAPITAL SOLUTIONSFUND II (TE) LP CUSIP : 995WYL996							
992,593.000	1.070869	0.00	1,062,936.97	992,593.00	70,343.97	0.00	70,343.97
DALFEN LAST MILE INDUSTRIAL FUND IV LP CUSIP : 994UG7992							
3,515,829.830	1.366416	0.00	4,804,087.19	3,515,829.83	1,288,257.36	0.00	1,288,257.36
ESCALATE CAPITAL V LP CUSIP : 995KCE992							
1,565,650.980	0.9988	0.00	1,563,772.04	1,565,650.98	-1,878.94	0.00	-1,878.94
FCO VI COINVESTMENT FUND (G) LP CUSIP : 998876106							
253,057.200	1.00	0.00	253,057.20	253,057.20	0.00	0.00	0.00

◆ 09. Asset Detail - Base Currency

Description / Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ local market price	Accrued income/expense	Market Value	Cost	Unrealized gain/loss Market	 Translation	 Total
Venture Capital and Partnerships							
Partnerships							
United States - USD							
FORTRESS LENDING FUND III (A) LP CUSIP : 993408558							
1,956,766.690	1.00	0.00	1,956,766.69	1,956,766.69	0.00	0.00	0.00
FRONTENAC XII PRIVATE CAPITAL (PARALLEL)LP CUSIP : 994UG8990							
5,416,547.000	1.20498	0.00	6,526,831.89	5,416,547.00	1,110,284.89	0.00	1,110,284.89
GC XI ALPHA CO-INVEST, L.P. CUSIP : 9956RQ990							
764,080.970	1.388638	0.00	1,061,032.02	764,080.97	296,951.05	0.00	296,951.05
GTCR (C) INVESTORS LP CUSIP : 995125994							
409,376.110	2.218009	0.00	907,999.69	409,376.11	498,623.58	0.00	498,623.58
GTCR FUND XI LP CUSIP : 998421119							
147,844.660	1.00	0.00	147,844.66	147,844.66	0.00	0.00	0.00
GTCR FUND XII CUSIP : 995703790							
228,612.960	1.00	0.00	228,612.96	228,612.96	0.00	0.00	0.00
GTCR FUND XIV CUSIP : 995VP6991							
18,245.110	0.000055	0.00	1.00	18,245.11	-18,244.11	0.00	-18,244.11
GTCR STRATEGIC GROWTH CUSIP : 995VQ0993							
42,148.690	0.989829	0.00	41,720.00	42,148.69	-428.69	0.00	-428.69
GTCR XIII LP CUSIP : 992202861							
166,985.760	1.00	0.00	166,985.76	166,985.76	0.00	0.00	0.00

◆ 09. Asset Detail - Base Currency

Description / Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ local market price	Accrued income/expense	Market Value	Cost	Unrealized gain/loss Market	 Translation	 Total
Venture Capital and Partnerships							
Partnerships							
United States - USD							
HOMETOWN FOOD HOLDINGS, LLC CUSIP : 995TGF996							
653,412.460	1.000033	0.00	653,434.02	653,412.46	21.56	0.00	21.56
InSolve Global Credit Feeder Fund VI,L.P. CUSIP : 995KTE994							
4,586,645.800	1.154795	0.00	5,296,636.55	4,586,645.80	709,990.75	0.00	709,990.75
Kinderhook Capital Fund 8-B, L.P. CUSIP : 995UJ2999							
152,344.840	1.283089	0.00	195,471.97	152,344.84	43,127.13	0.00	43,127.13
KING STREET GLOBAL DRAWDOWN FUND(OFFSHORE) II, L.P. CUSIP : 9953DT996							
6,430,198.000	1.138557	0.00	7,321,146.94	6,430,198.00	890,948.94	0.00	890,948.94
KLCP OFFSHORE FUND LP CUSIP : 994UH4998							
2,151,175.000	1.970991	0.00	4,239,945.92	2,151,175.00	2,088,770.92	0.00	2,088,770.92
MERITECH CAPITAL PARTNERS VII L.P. CUSIP : 994UH9997							
2,500,000.000	1.305997	0.00	3,264,993.00	2,500,000.00	764,993.00	0.00	764,993.00
Meritech Capital Partners VIII, L.P. CUSIP : 995RAN999							
1,740,000.000	0.999287	0.00	1,738,759.90	1,740,000.00	-1,240.10	0.00	-1,240.10
MERITECH CAPITAL SIDECAR III L.P. CUSIP : 995W65992							
132,500.000	0.990128	0.00	131,192.00	132,500.00	-1,308.00	0.00	-1,308.00
MILL POINT CAPITAL PARTNERS II-A, LP CUSIP : 994UJ1992							
4,468,723.000	1.348155	0.00	6,024,532.15	4,468,723.00	1,555,809.15	0.00	1,555,809.15

◆ 09. Asset Detail - Base Currency

Description / Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ local market price	Accrued income/expense	Market Value	Cost	Unrealized gain/loss Market	 Translation	 Total
Venture Capital and Partnerships							
Partnerships							
United States - USD							
NUT TREE DRAWDOWN OFFSHORE FUND, LP CUSIP : 994UJ4996							
1.000	1,319,672.93	0.00	1,319,672.93	1.00	1,319,671.93	0.00	1,319,671.93
OCEAN AVENUE FUND IV, LP CUSIP : 994UJ5993							
463,707.080	4.634662	0.00	2,149,125.58	463,707.08	1,685,418.50	0.00	1,685,418.50
ORBIMED ROYALTY & CREDIT OPPORTUNITIES V, LP CUSIP : 991649740							
425,000.000	0.969838	0.00	412,181.02	425,000.00	-12,818.98	0.00	-12,818.98
PONTIFAX GLOBAL FOOD AND AGRICULTURETECH FUND II A LP CUSIP : 994UK3996							
1,306,372.000	1.429223	0.00	1,867,097.04	1,306,372.00	560,725.04	0.00	560,725.04
Project Phoenix Co-Invest Fund, LP CUSIP : 9954VX995							
81,228.070	3.380218	0.00	274,568.55	81,228.07	193,340.48	0.00	193,340.48
PSC CREDIT IV (A) SCSP - USD CUSIP : 995UCN990							
3,215,372.660	0.98316	0.00	3,161,224.18	3,215,372.66	-54,148.48	0.00	-54,148.48
QUAD-C PARTNERS X LP CUSIP : 990002941							
210,939.980	1.00	0.00	210,939.98	210,939.98	0.00	0.00	0.00
RS FEEDER (USD) V, LP CUSIP : 995HY2991							
2,450,491.800	1.040218	0.00	2,549,044.70	2,450,491.80	98,552.90	0.00	98,552.90
SANDTON CAPITAL SOLUTIONS OFFSHORE FUNDVI, LP CUSIP : 995BAQ997							
3,305,658.050	1.264184	0.00	4,178,959.36	3,305,658.05	873,301.31	0.00	873,301.31

◆ 09. Asset Detail - Base Currency

Description / Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ local market price	Accrued income/expense	Market Value	Cost	Unrealized gain/loss Market	 Translation	 Total
Venture Capital and Partnerships							
Partnerships							
United States - USD							
SPARK CAPITAL GROWTH FUND III LP CUSIP : 994UL1999							
1,222,547.380	1.481203	0.00	1,810,841.21	1,222,547.38	588,293.83	0.00	588,293.83
SPARK CAPITAL GROWTH FUND IV, L.P. CUSIP : 994UL3995							
4,600,000.000	2.115155	0.00	9,729,713.92	4,600,000.00	5,129,713.92	0.00	5,129,713.92
SPARK CAPITAL VI LP CUSIP : 994UL5990							
599,650.000	1.386224	0.00	831,248.98	599,650.00	231,598.98	0.00	231,598.98
SPARK CAPITAL VII, LP CUSIP : 994UL7996							
2,062,500.000	1.429117	0.00	2,947,554.02	2,062,500.00	885,054.02	0.00	885,054.02
STELLUS CREDIT VCOC FUND IV LLC CUSIP : 995GJH997							
2,139,951.040	1.013829	0.00	2,169,543.78	2,139,951.04	29,592.74	0.00	29,592.74
STG VI-A, L.P. CUSIP : 994UL9992							
2,614,087.000	1.400407	0.00	3,660,784.95	2,614,087.00	1,046,697.95	0.00	1,046,697.95
TENNENBAUM OPPORTUNITIES FUND VI CUSIP : 994UM0990							
517,336.930	0.000002	0.00	0.98	517,336.93	-517,335.95	0.00	-517,335.95
THOMA BRAVO DISCOVER FUND V-A, L.P. CUSIP : 990128951							
43,355.000	0.886541	0.00	38,436.00	43,355.00	-4,919.00	0.00	-4,919.00
Thoma Bravo Fund XIV-A, L.P. CUSIP : 994UM2996							
3,930,866.000	1.0964	0.00	4,309,801.88	3,930,866.00	378,935.88	0.00	378,935.88

◆ 09. Asset Detail - Base Currency

Description / Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ local market price	Accrued income/expense	Market Value	Cost	Unrealized gain/loss Market	 Translation	 Total
Venture Capital and Partnerships							
Partnerships							
United States - USD							
THOMA BRAVO FUND XV-A, L.P. CUSIP : 994UM4992							
5,993,990.000	1.36926	0.00	8,207,331.35	5,993,990.00	2,213,341.35	0.00	2,213,341.35
THOMA BRAVO FUND XVI-A, L.P. CUSIP : 995838679							
39,574.000	1.00	0.00	39,574.00	39,574.00	0.00	0.00	0.00
VENROCK ASSOCIATES X, L.P. CUSIP : 995NRJ999							
99,280.000	0.923237	0.00	91,659.00	99,280.00	-7,621.00	0.00	-7,621.00
VENROCK HEALTHCARE CAPITAL PARTNERS XP,L.P. CUSIP : 995LAX990							
157,325.000	0.926967	0.00	145,835.00	157,325.00	-11,490.00	0.00	-11,490.00
WARREN EQUITY PARTNERS ELIDO FUND II-A,L.P. CUSIP : 995EHF998							
179,754.770	1.090844	0.00	196,084.32	179,754.77	16,329.55	0.00	16,329.55
WEP TERRA FUND, L.P CUSIP : 995JNY999							
489,887.490	1.490653	0.00	730,252.01	489,887.49	240,364.52	0.00	240,364.52
Total USD		0.00	146,666,718.59	112,309,443.55	34,357,275.04	0.00	34,357,275.04
Total United States		0.00	146,749,356.75	112,343,934.95	34,405,178.89	242.91	34,405,421.80
Total Partnerships							
133,293,616.330		**0.00**	**174,294,034.43**	**134,826,954.40**	**38,907,205.50**	**559,874.53**	**39,467,080.03**
Total Venture Capital and Partnerships							
133,293,616.330		**0.00**	**174,294,034.43**	**134,826,954.40**	**38,907,205.50**	**559,874.53**	**39,467,080.03**
Other Assets							

◆ 09. Asset Detail - Base Currency

Description / Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ local market price	Accrued income/expense	Market Value	Cost	Unrealized gain/loss Market	 Translation	 Total
Other Assets							
Miscellaneous							
United States - USD							
&&& COTTAGE HEALTH SYSTEM PARTICIPANTLOANS CUSIP : 000699389							
10,983,967.300	1.00	22,929.16	10,983,967.30	10,983,967.30	0.00	0.00	0.00
&&& COTTAGE HEALTH SYSTEM POOLEDPARTICIPANT LOANS - CUSIP : 000699280							
419,451.720	1.00	1,125.52	419,451.72	419,451.72	0.00	0.00	0.00
Total USD		24,054.68	11,403,419.02	11,403,419.02	0.00	0.00	0.00
Total United States		24,054.68	11,403,419.02	11,403,419.02	0.00	0.00	0.00
Total Miscellaneous							
11,403,419.020		**24,054.68**	**11,403,419.02**	**11,403,419.02**	**0.00**	**0.00**	**0.00**
Total Other Assets							
11,403,419.020		**24,054.68**	**11,403,419.02**	**11,403,419.02**	**0.00**	**0.00**	**0.00**
Derivative Offsets							
Fixed income futures							
United States - USD							
FUT MAR 26 CBT UL T-BONDS CUSIP : 999599GH0							
-576.000	118.00	0.00	-67,968,000.00	-69,030,000.00	1,062,000.00	0.00	1,062,000.00
Total USD		0.00	-67,968,000.00	-69,030,000.00	1,062,000.00	0.00	1,062,000.00
Total United States		0.00	-67,968,000.00	-69,030,000.00	1,062,000.00	0.00	1,062,000.00
Total Fixed Income Futures							
-576.000		**0.00**	**-67,968,000.00**	**-69,030,000.00**	**1,062,000.00**	**0.00**	**1,062,000.00**

◆ 09. Asset Detail - Base Currency

Description / Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ local market price	Accrued income/expense	Market Value	Cost	Unrealized gain/loss Market	 Translation	 Total
Derivative Offsets							
Total Derivative Offsets							
-576.000		**0.00**	**-67,968,000.00**	**-69,030,000.00**	**1,062,000.00**	**0.00**	**1,062,000.00**
Hedge Fund							
Hedge equity							
United States - USD							
CF ORCHARD LANDMARK LIMITED CLASS A UNRESTRICTED 11/2022 CUSIP : 4JY999D56							
1,778.866	825.39841	0.00	1,468,273.17	1,778,866.28	-310,593.11	0.00	-310,593.11
Total USD		0.00	1,468,273.17	1,778,866.28	-310,593.11	0.00	-310,593.11
Total United States		0.00	1,468,273.17	1,778,866.28	-310,593.11	0.00	-310,593.11
Total Hedge Equity							
1,778.866		**0.00**	**1,468,273.17**	**1,778,866.28**	**-310,593.11**	**0.00**	**-310,593.11**
Total Hedge Fund							
1,778.866		**0.00**	**1,468,273.17**	**1,778,866.28**	**-310,593.11**	**0.00**	**-310,593.11**
Cash and Cash Equivalents							
Cash							
GBP - British pound sterling							
	0.7434667	-279.02	0.00	0.00	0.00	0.00	0.00

◆ 09. Asset Detail - Base Currency

Description / Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ local market price	Accrued income/expense	Market Value	Cost	Unrealized gain/loss Market	 Translation	 Total
Cash and Cash Equivalents							
Cash							
USD - United States dollar							
	1.00	0.00	-72,000.00	-72,000.00	0.00	0.00	0.00
Total cash - all currencies		-279.02	-72,000.00	-72,000.00	0.00	0.00	0.00
Total cash - all countries		-279.02	-72,000.00	-72,000.00	0.00	0.00	0.00
Total Cash **-72,000.000**		**-279.02**	**-72,000.00**	**-72,000.00**	**0.00**	**0.00**	**0.00**
Funds - short term investment							
United States - USD							
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP : 66586U445							
26,416,009.490	1.00	99,424.18	26,416,009.49	26,416,009.49	0.00	0.00	0.00
Total USD		99,424.18	26,416,009.49	26,416,009.49	0.00	0.00	0.00
Total United States		99,424.18	26,416,009.49	26,416,009.49	0.00	0.00	0.00
Total Funds - Short Term Investment **26,416,009.490**		**99,424.18**	**26,416,009.49**	**26,416,009.49**	**0.00**	**0.00**	**0.00**
Variation margin							
USD - United States dollar							
	1.00	0.00	-215,997.73	-215,997.73	0.00	0.00	0.00
Total variation margin - all currencies		0.00	-215,997.73	-215,997.73	0.00	0.00	0.00
Total variation margin - all countries		0.00	-215,997.73	-215,997.73	0.00	0.00	0.00

◆ 09. Asset Detail - Base Currency

Description / Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ local market price	Accrued income/expense	Market Value	Cost	Unrealized gain/loss Market	 Translation	 Total
Cash and Cash Equivalents							
Total Variation Margin **-215,997.730**		**0.00**	**-215,997.73**	**-215,997.73**	**0.00**	**0.00**	**0.00**
Total Cash and Cash Equivalents **26,128,011.760**		**99,145.16**	**26,128,011.76**	**26,128,011.76**	**0.00**	**0.00**	**0.00**
Adjustments To Cash							
Pending trade purchases							
USD - United States dollar							
	1.00	0.00	-2,880,233.15	-2,880,233.15	0.00	0.00	0.00
Total pending trade purchases - all currencies		0.00	-2,880,233.15	-2,880,233.15	0.00	0.00	0.00
Total pending trade purchases - all countries		0.00	-2,880,233.15	-2,880,233.15	0.00	0.00	0.00
Total Pending trade purchases **0.000**		**0.00**	**-2,880,233.15**	**-2,880,233.15**	**0.00**	**0.00**	**0.00**
Pending trade sales							
USD - United States dollar							
	1.00	0.00	6,740,693.49	6,740,693.49	0.00	0.00	0.00
Total pending trade sales - all currencies		0.00	6,740,693.49	6,740,693.49	0.00	0.00	0.00
Total pending trade sales - all countries		0.00	6,740,693.49	6,740,693.49	0.00	0.00	0.00
Total Pending trade sales **0.000**		**0.00**	**6,740,693.49**	**6,740,693.49**	**0.00**	**0.00**	**0.00**

◆ 09. Asset Detail - Base Currency

Description / Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ local market price	Accrued income/expense	Market Value	Cost	Unrealized gain/loss Market	 Translation	 Total
Adjustments To Cash							
Other payables							
USD - United States dollar							
	1.00	0.00	-184,055.48	-184,055.48	0.00	0.00	0.00
Total other payables - all currencies		0.00	-184,055.48	-184,055.48	0.00	0.00	0.00
Total other payables - all countries		0.00	-184,055.48	-184,055.48	0.00	0.00	0.00
Total Other Payables							
0.000		**0.00**	**-184,055.48**	**-184,055.48**	**0.00**	**0.00**	**0.00**
Total Adjustments To Cash							
0.000		**0.00**	**3,676,404.86**	**3,676,404.86**	**0.00**	**0.00**	**0.00**
Total							
212,725,435.205		**176,402.03**	**980,869,443.98**	**825,032,879.57**	**155,276,689.88**	**559,874.53**	**155,836,564.41**

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◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
United States - USD									
CF JPMCB LONG DURATION INVESTMENT GRADE FUND-INVESTMENT CLS CUSIP: 4R999BA96	3,764,297.429	30 Jun 25	21.8900			0.00	82,400,470.73	82,400,470.73	0.00
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	48,162,109.760	11 Dec 25	1.0000			0.00	48,162,109.76	48,162,109.76	0.00
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	-48,097,364.730	12 Dec 25		1.0000		0.00	48,097,364.73	48,097,364.73	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 886,083,055.33

5% Report - Part B

Series of Non-Security Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 886,083,055.33

5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID		Number of Transactions	Transaction Aggregate Acquisition Price	Transaction Aggregate Disposition Price	Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
CF JPMCB GLOBAL SEL EQY FND- INV CL CUSIP: 77999A025	Total dispositions	2		53,769,759.14		0.00	38,983,845.43	53,769.759.14
CF JPMCB INTER EQ FND -INVEST CLASS CUSIP: 77999A132	Total acquisitions	5	37,153,588.10			0.00	37,153,588.10	37,153.588.10
	Total dispositions	6		40,892,027.30		0.00	36,759,091.68	40,892.027.30
CF JPMCB LONG DURATION INVESTMENT GRADE FUND-INVESTMENT CLS CUSIP: 4R999BA96	Total acquisitions	7	117,535,133.98			0.00	117,535,133.98	117,535.133.98
	Total dispositions	10		40,117,036.46		0.00	39,017,727.30	40,117.036.46
CF JPMCB US ACTIVE CORE EQUITY FUND CUSIP: 77999A090	Total acquisitions	1	7,986,799.28			0.00	7,986,799.28	7,986.799.28
	Total dispositions	10		64,817,888.76		0.00	55,257,864.93	64,817.888.76
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	Total acquisitions	365	235,039,954.35			0.00	235,039,954.35	235,039.954.35
	Total dispositions	332		255,342,252.46		0.00	255,342,252.46	255,342.252.46

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 886,083,055.33

5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 886,083,055.33

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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2025

Number and average account balance distributed by attained age and attained years of credited service

	Attained Years of Credited Service[2]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	107	0	0	0	0	0	0	0	0	107
	-	3,104	-	-	-	-	-	-	-	-	3,104
25-29	0	265	63	2	0	0	0	0	0	0	330
	-	8,421	54,193	-	-	-	-	-	-	-	17,662
30-34	0	267	217	43	5	0	0	0	0	0	532
	-	9,816	124,798	172,503	-	-	-	-	-	-	70,848
35-39	0	198	202	112	40	1	0	0	0	0	553
	-	13,385	164,270	299,492	348,152	-	-	-	-	-	151,020
40-44	1	158	128	117	96	31	3	0	0	0	534
	-	17,789	205,055	346,621	460,380	511,324	-	-	-	-	245,901
45-49	0	95	77	74	78	49	14	0	0	0	387
	-	17,620	179,728	386,012	575,415	740,538	-	-	-	-	351,099
50-54	0	86	80	43	68	43	39	12	0	0	371
	-	17,457	174,000	406,804	678,420	871,791	957,685	-	-	-	435,633
55-59	0	70	56	41	60	46	45	27	8	1	354
	-	21,120	247,377	481,508	565,469	941,605	1,036,578	1,249,608	-	-	579,179
60-64	0	48	41	42	57	45	39	25	27	10	334
	-	23,683	142,974	326,397	572,915	792,099	1,072,985	1,467,147	1,480,564	-	671,345
65-69	0	18	30	19	24	22	14	12	20	9	168
	-	-	242,476	-	654,882	1,055,102	-	-	1,406,748	-	806,867
70 & over	0	6	5	9	14	14	7	13	9	24	101
	-	-	-	-	-	-	-	-	-	891,538	738,288
Total	1	1,318	899	502	442	251	161	89	64	44	3,771
	-	12,849	161,181	352,094	534,629	819,818	1,015,452	1,169,148	1,433,066	1,264,115	317,038

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

Plan Name: Cottage Health
EIN / PN: 77-0431902/001
Plan Sponsor: Cottage Health Pension Plan
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant as of January 1, 2025

Number and average plan compensation limited by IRC §401(a)(17) distributed by attained age and attained years of credited service

	Attained Years of Credited Service[3]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	115	0	0	0	0	0	0	0	0	115
	-	39,182	-	-	-	-	-	-	-	-	39,182
25-29	0	278	64	2	0	0	0	0	0	0	344
	-	70,948	79,461	-	-	-	-	-	-	-	72,685
30-34	0	277	221	43	5	0	0	0	0	0	546
	-	76,715	104,606	95,685	-	-	-	-	-	-	89,557
35-39	0	209	203	113	40	1	0	0	0	0	566
	-	87,820	105,710	113,050	116,290	-	-	-	-	-	101,270
40-44	1	162	129	117	96	31	3	0	0	0	539
	-	109,789	115,981	118,846	120,268	101,336	-	-	-	-	114,453
45-49	0	97	78	74	78	49	14	0	0	0	390
	-	103,397	128,172	142,199	139,785	128,303	-	-	-	-	126,381
50-54	0	88	80	43	68	43	39	12	0	0	373
	-	98,332	120,511	129,202	138,900	139,551	119,585	-	-	-	120,825
55-59	0	73	56	41	60	46	45	27	8	1	357
	-	119,700	123,383	123,221	111,173	143,652	140,590	124,844	-	-	126,337
60-64	0	53	41	42	57	45	39	25	27	10	339
	-	126,549	100,879	113,388	109,817	103,382	109,742	133,056	126,574	-	114,917
65-69	0	18	30	19	24	22	14	12	20	9	168
	-	-	118,727	-	97,369	128,283	-	-	127,073	-	120,480
70 & over	0	7	5	9	14	14	7	13	9	24	102
	-	-	-	-	-	-	-	-	-	101,687	105,046
Total	1	1,377	907	503	442	251	161	89	64	44	3,839
	-	85,941	109,350	120,865	120,541	125,025	121,079	122,855	129,404	114,691	105,962

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

Plan Name: Cottage Health
EIN / PN: 77-0431902/001
Plan Sponsor: Cottage Health Pension Plan
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

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

Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.40%	5.34%

Annual rates of increase

- Compensation

Percentages by age[1]

Age	Percentages
< 25	7.0%
25-29	6.0%
30-34	5.5%
35-39	4.5%
40-49	4.0%
50-59	3.5%
> 59	2.5%

- Cash balance interest credit rate: 6% for active Cash Balance participants; 5% for vested terminated participants and active Stable Value participants with frozen Cash Balance beginning January 1, 2020
- Future Social Security wage bases: N/A
- Statutory limits on compensation: 2.50%

[1] This table has been increased by a multiplier of 1.5 through valuation year 2025, then a multiplier of 1.4 though valuation year 2027 to reflect Cottage Health's best-estimate for near-term salary increases. The assumption will revert to the age-graded scale without any multiplier after fiscal year 2028.

• Cost of living adjustments for in payment benefits	4.50%
Plan-related expenses	$1,400,000

Demographic Assumptions

Inclusion date

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

Mortality

- Healthy

Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024)

- Disabled

N/A

Termination

Representative rates at which participants are assumed to terminate employment by age are shown below. Termination decrement ends when participants meet retirement eligibility as described in the next section.

Percentage assumed to leave during the year	
Age	Percentages
20	20.0%
25	16.0%
30	11.0%
35	8.50%
40	6.70%
45	5.80%
50	4.60%
55	3.40%

SCHEDULE SB ATTACHMENTS

Retirement from Active Status

Rates at which participants are assumed to retire by age are shown below. Retirement eligibility is assumed to start at the earlier of age 60 with 3 years vesting service or age 65.

Percentage assumed to retire during the year	
Age	Percentages
60	5%
61	6%
62	7%
63	9%
64	12%
65	15%
66-67	18%
68-69	20%
70-71	23%
72-73	25%
74	30%
> 74	100%

Retirement from Vested Terminated Status

Assumed to commence at age 68

Benefit commencement date:

- Preretirement death benefit — Payable to beneficiary immediately upon death
- Deferred vested benefit for active participants
  - Cash Balance

    Immediate upon termination for 30% of active participants, otherwise deferred to age 68 with 50% electing a lump sum and 20% electing a single life annuity
  - Stable Value

    Immediate upon termination for 30% of active participants, otherwise deferred to age 68 with 50% electing a lump sum and 20% electing a single life annuity
- Retirement benefit — Immediate upon retirement

SCHEDULE SB ATTACHMENTS

Form of payment	50% of participants who retire from active status are assumed to elect a lump sum and 50% are assumed to elect a single life annuity 70% of vested terminated participants are assumed to elect a lump sum and 30% are assumed to elect a single life annuity. • Cash Balance Lump sums are equivalent to the Cash Balance amount Single life annuities are converted from the Cash Balance account using 7% interest rate and 1971 Group Annuity Table for males set back 4 years, as specified by the Plan document • Stable Value Lump sums are equivalent to the Stable Value account balance, 5% (compounded) for each year (prorated monthly) before age 65 Single life annuities are converted from the Stable Value account using the applicable IRS 417(e) mortality tables and interest rates with August lookback month, as specified by the Plan document
Percent married	Assumed 70% are married
Spouse age	Assumed spouse is the same age as participant if missing data for pre-retirement death benefit
Covered pay	Assumed plan compensation for the year beginning on the valuation date was determined as actual earnings during the prior year provided by the employer, annualized for participants who did not work for a full year, and increased with a full year's assumed salary increase
Cash Balance Employee Contributions	Employees who elected to continue accruing the Cash Balance benefit are assumed to continue contributing into the future at the same percentage of their covered pay as they were contributing as of the valuation date
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets	The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year, discounted using the effective interest rate for the prior plan year.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2025. Information on assets, contributions, and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name	**Cottage Health Pension Plan**
Plan Sponsor EIN	**77-0431902**
ERISA Plan #	**001**
Plan Year Ending	**December 31, 2025**

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

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

SCHEDULE SB (Form 5500)

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
Cottage Health Pension Plan

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
77-0431902

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**	886,083,055
b Actuarial value	**2b**	886,083,055

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	791	179,040,323	179,040,323
b For terminated vested participants	867	77,691,121	77,691,121
c For active participants	3,839	412,244,436	430,704,105
d Total	5,497	668,975,880	687,435,549

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**	5.40%

6 Target normal cost

a Present value of current plan year accruals	**6a**	35,157,318
b Expected plan-related expenses	**6b**	1,400,000
c Target normal cost	**6c**	17,706,585

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 David M Anderson

Signature of actuary

8/31/2026
Date

David M Anderson
Type or print name of actuary

2607493
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

713-754-5400
Telephone number (including area code)

PO Box 674401

Houston TX 77267
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	17,892,863
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	17,892,863
10	Interest on line 9 using prior year's actual return of 7.57 %	0	1,354,490
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		298
	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 5.26 %		16
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		314
	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	19,247,353

Part III Funding Percentages

14	Funding target attainment percentage	14	126.09 %
15	Adjusted funding target attainment percentage	15	128.89 %
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	125.36 %
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
07/01/2025	0	18,133,211			
			Totals ► 18(b)	0	18(c) 18,133,211

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	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	67

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	17,706,585
b Excess assets, if applicable, but not greater than line 31a	**31b**	17,706,585

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 18
Contributions Made to the Plan for the Plan Year

(a) Date	(b) Amount Paid by Employers	(c) Amount Paid by Employees
1/6/2025	$0.00	$937.33
1/6/2025	$0.00	$521.14
1/9/2025	$0.00	$693,252.85
1/16/2025	$0.00	$2,003.04
1/21/2025	$0.00	$2,119.88
1/23/2025	$0.00	$697,629.59
1/29/2025	$0.00	$1,911.81
2/5/2025	$0.00	$750,714.37
2/10/2025	$0.00	$455.37
2/12/2025	$0.00	$10,339.97
2/18/2025	$0.00	$146.40
2/20/2025	$0.00	$723,421.09
2/27/2025	$0.00	$177.45
3/6/2025	$0.00	$735,126.26
3/13/2025	$0.00	$23,558.30
3/20/2025	$0.00	$626,834.14
3/24/2025	$0.00	$757.13
3/27/2025	$0.00	$2,965.45
3/31/2025	$0.00	$657.18
4/3/2025	$0.00	$763,160.00
4/10/2025	$0.00	$644.81
4/14/2025	$0.00	$669.53
4/17/2025	$0.00	$683,208.42
4/21/2025	$0.00	$104.53
4/24/2025	$0.00	$245,181.36
4/28/2025	$0.00	$1,845.57
5/1/2025	$0.00	$688,567.33
5/5/2025	$0.00	$488.83
5/8/2025	$0.00	$127.71
5/15/2025	$0.00	$686,147.58
5/22/2025	$0.00	$1,118.10
5/27/2025	$0.00	$4,558.36
5/29/2025	$0.00	$693,268.89
6/2/2025	$0.00	$4,613.49
6/5/2025	$0.00	$740.38
6/9/2025	$0.00	$9.36
6/12/2025	$0.00	$693,352.16
6/16/2025	$0.00	$1,886.51
6/20/2025	$0.00	$8,442.17
6/26/2025	$0.00	$669,090.08

Plan Name: Cottage Health
EIN / PN: 77-0431902/001
Plan Sponsor: Cottage Health Pension Plan
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

(a) Date	(b) Amount Paid by Employers	(c) Amount Paid by Employees
7/3/2025	$0.00	$2,811.06
7/10/2025	$0.00	$704,721.24
7/14/2025	$0.00	$150.30
7/17/2025	$0.00	$255.68
7/24/2025	$0.00	$673,023.60
7/28/2025	$0.00	$471.41
7/31/2025	$0.00	$1,130.91
8/4/2025	$0.00	$1,944.82
8/7/2025	$0.00	$663,137.49
8/11/2025	$0.00	$6,954.83
8/14/2025	$0.00	$3,673.71
8/21/2025	$0.00	$667,213.77
8/25/2025	$0.00	$6,527.11
9/2/2025	$0.00	$231.95
9/4/2025	$0.00	$665,706.72
9/8/2025	$0.00	$164.01
9/15/2025	$0.00	$494.62
9/18/2025	$0.00	$659,740.67
9/25/2025	$0.00	$3,109.50
9/29/2025	$0.00	$1,058.92
10/2/2025	$0.00	$690,912.93
10/6/2025	$0.00	$816.57
10/9/2025	$0.00	$248.66
10/16/2025	$0.00	$642,197.30
10/23/2025	$0.00	$4,542.12
10/27/2025	$0.00	$200.99
10/30/2025	$0.00	$644,478.78
11/6/2025	$0.00	$2,856.75
11/13/2025	$0.00	$643,311.03
11/17/2025	$0.00	$916.58
11/20/2025	$0.00	$1,137.34
11/28/2025	$0.00	$661,202.26
12/4/2025	$0.00	$125.18
12/11/2025	$0.00	$733,655.58
12/15/2025	$0.00	$455.05
12/18/2025	$0.00	$185.86
12/24/2025	$0.00	$622,516.96
12/29/2025	$0.00	$174.50
Total (Unrounded)	$0.00	$18,133,210.68
Total (Rounded for Schedule SB)	**$0**	**$18,133,211**

Plan Name: Cottage Health
EIN / PN: 77-0431902/001
Plan Sponsor: Cottage Health Pension Plan
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

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

x	q_x^r	l_x	${}_{x-60}p_{60} = l_x / l_{60}$	$q_x^r * l_x / l_{60}$	$x * q_x * l_x / l_{60}$
60	0.05	1,000	1.000000	0.050000	3.000000
61	0.06	950	0.950000	0.057000	3.477000
62	0.07	893	0.893000	0.062510	3.875620
63	0.09	830	0.830490	0.074744	4.708878
64	0.12	756	0.755746	0.090690	5.804129
65	0.15	665	0.665056	0.099758	6.484300
66	0.18	565	0.565298	0.101754	6.715739
67	0.18	464	0.463544	0.083438	5.590344
68	0.20	380	0.380106	0.076021	5.169446
69	0.20	304	0.304085	0.060817	4.196374
70	0.23	243	0.243268	0.055952	3.916616
71	0.23	187	0.187316	0.043083	3.058877
72	0.25	144	0.144234	0.036058	2.596205
73	0.25	108	0.108175	0.027044	1.974198
74	0.30	81	0.081131	0.024339	1.801117
75	1.00	57	0.056792	0.056792	4.259399
Average age at retirement (Unrounded)					66.628243
Average age at retirement (Rounded for Schedule SB)					**67**

Plan Name: Cottage Health
EIN / PN: 77-0431902/001
Plan Sponsor: Cottage Health Pension Plan
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

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

Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.40%	5.34%

Annual rates of increase

- Compensation

Percentages by age[1]

Age	Percentages
< 25	7.0%
25-29	6.0%
30-34	5.5%
35-39	4.5%
40-49	4.0%
50-59	3.5%
> 59	2.5%

- Cash balance interest credit rate: 6% for active Cash Balance participants; 5% for vested terminated participants and active Stable Value participants with frozen Cash Balance beginning January 1, 2020
- Future Social Security wage bases: N/A
- Statutory limits on compensation: 2.50%

[1] This table has been increased by a multiplier of 1.5 through valuation year 2025, then a multiplier of 1.4 though valuation year 2027 to reflect Cottage Health's best-estimate for near-term salary increases. The assumption will revert to the age-graded scale without any multiplier after fiscal year 2028.

• Cost of living adjustments for in payment benefits	4.50%
Plan-related expenses	$1,400,000

Demographic Assumptions

Inclusion date

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

Mortality

- Healthy

Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024)

- Disabled

N/A

Termination

Representative rates at which participants are assumed to terminate employment by age are shown below. Termination decrement ends when participants meet retirement eligibility as described in the next section.

Percentage assumed to leave during the year	
Age	Percentages
20	20.0%
25	16.0%
30	11.0%
35	8.50%
40	6.70%
45	5.80%
50	4.60%
55	3.40%

SCHEDULE SB ATTACHMENTS

Retirement from Active Status

Rates at which participants are assumed to retire by age are shown below. Retirement eligibility is assumed to start at the earlier of age 60 with 3 years vesting service or age 65.

Percentage assumed to retire during the year	
Age	Percentages
60	5%
61	6%
62	7%
63	9%
64	12%
65	15%
66-67	18%
68-69	20%
70-71	23%
72-73	25%
74	30%
> 74	100%

Retirement from Vested Terminated Status

Assumed to commence at age 68

Benefit commencement date:

- Preretirement death benefit — Payable to beneficiary immediately upon death
- Deferred vested benefit for active participants
  - Cash Balance

    Immediate upon termination for 30% of active participants, otherwise deferred to age 68 with 50% electing a lump sum and 20% electing a single life annuity
  - Stable Value

    Immediate upon termination for 30% of active participants, otherwise deferred to age 68 with 50% electing a lump sum and 20% electing a single life annuity
- Retirement benefit — Immediate upon retirement

SCHEDULE SB ATTACHMENTS

Form of payment	50% of participants who retire from active status are assumed to elect a lump sum and 50% are assumed to elect a single life annuity 70% of vested terminated participants are assumed to elect a lump sum and 30% are assumed to elect a single life annuity. • Cash Balance Lump sums are equivalent to the Cash Balance amount Single life annuities are converted from the Cash Balance account using 7% interest rate and 1971 Group Annuity Table for males set back 4 years, as specified by the Plan document • Stable Value Lump sums are equivalent to the Stable Value account balance, 5% (compounded) for each year (prorated monthly) before age 65 Single life annuities are converted from the Stable Value account using the applicable IRS 417(e) mortality tables and interest rates with August lookback month, as specified by the Plan document
Percent married	Assumed 70% are married
Spouse age	Assumed spouse is the same age as participant if missing data for pre-retirement death benefit
Covered pay	Assumed plan compensation for the year beginning on the valuation date was determined as actual earnings during the prior year provided by the employer, annualized for participants who did not work for a full year, and increased with a full year's assumed salary increase
Cash Balance Employee Contributions	Employees who elected to continue accruing the Cash Balance benefit are assumed to continue contributing into the future at the same percentage of their covered pay as they were contributing as of the valuation date
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets	The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year, discounted using the effective interest rate for the prior plan year.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2025. Information on assets, contributions, and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The plan was originally effective January 1, 1998 with the most recent restatement effective January 1, 2021.

Covered employees

Qualified employees who have completed one year of service during which they were credited with at least 1000 hours.

Employees of Pacific Diagnostic Laboratories (PDL) participating in the Pacific Diagnostic Laboratories 401(k) Retirement Savings Plan as of December 31, 2019 are immediately eligible for the Pension Plan.

Participation date

The date of becoming a covered employee

Plan Year

January 1 through December 31

Prior Plans

The Cash Balance portion of the Plan was created by the merger of three prior Plans as of January 1, 1998.The three prior Plans and their effective dates are as follows:

1. The Santa Barbara Cottage Hospital Restated Pension Plan was effective October 1, 1971. The July 1, 1991 restatement converted the Plan into a contributory cash balance plan.
2. The Santa Barbara Cottage Care Center Restated Pension Plan was effective January 1, 1988. The July 1, 1991 restatement converted the Plan into a contributory cash balance plan.
3. The Goleta Valley Cottage Hospital Restated Pension Plan was effective September 1, 1970. The October 1, 1996 restatement converted the Plan into a contributory cash balance plan. Prior to the October 1, 1996 restatement, the Plan was a defined contribution money purchase plan.

The Plan was restated as of January 1, 2020 to incorporate the Stable Value benefit portion and various plan provision changes related to the Cash Balance portion.

SCHEDULE SB ATTACHMENTS

Definitions

Vesting service	All years and completed months during which the participant is an employee, including years before becoming eligible to participate in the Plan
Vesting	Vesting requires five (5) complete Years of Service. For participant in the Cash Balance Plan prior to September 1, 2019, and accrued a Cash Balance Plan benefit, the vesting requirement will be three (3) complete Years of Service, unless the participant terminates employment and is not rehired before a five-year-break-in-service. 100% vesting is granted for participants who attained age 65. Pacific Diagnostic Laboratories employees participating in the Pacific Diagnostic Laboratories 401(k) Retirement Savings Plan on December 31, 2019 are immediately vested.
Cash Balance Benefit	Participants actively accruing cash balance benefit do not accrue a Stable Value benefit. These include participants who elected the Cash Balance benefit during the 2019 Choice window, or participants who did not make an election during the 2019 Choice window and were defaulted to accruing the Cash Balance benefit.
Stable Value Benefit	The benefit accrued by employees first hired on or after September 1, 2019, or any rehired employees following a one-year leave, or by employees who elected to be covered after December 31, 2019, by the Stable Value benefit instead of the Cash Balance benefit. Pacific Diagnostic Laboratories employees as of December 31, 2019 who are participating in the Pacific Diagnostic Laboratories 401(k) Retirement Savings Plan as of that date immediately begin to accrue the Stable Value benefit beginning January 1, 2020.
Pensionable pay	Total salary paid including base pay, overtime, incentive pay, special awards, and other similar types of payments

SCHEDULE SB ATTACHMENTS

Contribution Credit

- Cash Balance

  Sum of employer contribution and employee contribution

- Stable Value

  Employer age-based contribution

Employee contribution

- Cash Balance

  Basic Employee Contribution Credit:

  The participant may elect to contribute 1%, 2%, or 3% of their salary to the Plan through payroll deduction, which is matched 100% by Cottage Health. Alternatively, the participant may elect not to contribute at all.

  Supplemental Employee Contribution Credit:

  The participant may elect to contribute amounts in excess of 3% of their salary to the Plan through payroll deduction. The amounts in excess of 3% are not matched by Cottage Health, and must be one of the following total percentage of salary: 5%, 10%, 15%, 20%, or 25%.

- Stable Value

  There are no employee contributions allowed

SCHEDULE SB ATTACHMENTS

Employer contribution

- Cash Balance

  Automatic Contribution Credit

  Each employee participant automatically receives a contribution credit equal to 2% of the salary, regardless of the amount of employee contribution

  Matching Contribution Credit

  Cottage Health provides an additional matching contribution credit equal to 100% of the employees' own basic employee contribution credits

- Stable Value

  Each employee participant receives a contribution credit equal to a percentage of salary, calculated on an annual basis and added to the balance at the end of each Plan Year. The percentage of salary to be credited is based upon age:

  - Less than 35: 7%
  - 35 – 49: 8%
  - 50 or older: 8.5%

Interest crediting rate

As specified by the Plan provision, the plan credits interest to cash balance accounts using:

- 6% for active Cash Balance participants, and
- 5% for vested terminated participants and active Stable Value participants with frozen Cash Balance beginning January 1, 2020.

There is no interest crediting rate for the Stable Value benefit

Annuity conversion rate

- Cash Balance

  The Cash Balance account is converted to an annuity using a 7% interest rate and the 1971 Group Annuity Table for males set back 4 years

- Stable Value

  The Stable Value account is converted to an annuity using applicable IRS 417(e) mortality tables and interest rates with August lookback month, as specified by the Plan provision

SCHEDULE SB ATTACHMENTS

Monthly pension benefit	The participant may convert their Cash Balance and/or Stable Value account into an annuity at any time after vested termination based on the Plan's annuity conversion rate

Eligibility for Benefits

Normal retirement date (NRD)	First of the month coinciding with or following the attainment of age 65. At normal retirement age, a Participant shall be 100% vested in their account balance (Cash Balance and/or Stable Value)
Early retirement date (ERD)	• Cash Balance The participant may elect to retire at any age after they terminate employment, provided that at least 3 years of vesting service were completed. • Stable Value The participant may elect to retire at any age after they terminate employment, provided that at least 5 years of vesting service were completed for new hires on or after September 1, 2019 (or 3 years of vesting service for past hires electing the Stable Value during the 2019 Choice window).
Postponed retirement	The participant may delay the start of their retirement benefit past Normal Retirement Date but not beyond Required Minimum Distribution Date defined by IRS. • Cash Balance Continuous earning of contribution for Cash Balance participants and interest credits up until late retirement date. • Stable Value Continue to accrue employer contribution credits if participant continues to work until late retirement date. However, benefit will not be actuarially increased to take into account the payment that do not commence due to participant working past Normal Retirement Date.

SCHEDULE SB ATTACHMENTS

Deferred vested termination	• Cash Balance Termination for reasons other than death or retirement after completing 3 years of vesting service • Stable Value Termination for reasons other than death or retirement after completing 5 years of vesting service (3 years if the participant elected into the Stable Value during the 2019 Choice window)
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD
Early retirement and deferred vested termination	At any time after termination, a participant may elect to receive their entire account balance (Cash Balance and/or Stable Value) in a single sum payment or have it converted into an annuity based on the Plan's annuity conversion rate. The Stable Value account balance will be reduced by 5% (compounded) for each year (prorated monthly) before age 65.
Postponed retirement	• Cash Balance Continuous earning of contribution for Cash Balance participants and interest credits up until late retirement date. • Stable Value Continue to accrue employer contribution credits if participant continues to work until late retirement date. However, benefit will not be actuarially increased to take into account the payment that do not commence due to participant working past Normal Retirement Date.
Preretirement death	The death benefit to the beneficiary equals the entire vested Cash Balance and/or Stable Value. The beneficiary may elect a lump sum payout of the vested Cash Balance, or any of the other forms of payments that are available, starting on the first day of the month following the participant's date of death. If the surviving spouse is the beneficiary, the death benefit can be deferred to the first day of any month following the participant's date of death, but not beyond the Required Minimum Distribution Date defined by IRS.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms include a single lump sum payment, 50%, 75%, 100% joint and survivor annuity, a ten-year certain and life annuity, or a life annuity with COLA. A modified cash refund annuity is included as an optional form for the Cash Balance only. Preretirement death benefits are payable as described above.
Cost of Living Adjustment (COLA)	The larger of Consumer Price Index (CPI) or 4.50%, subject to a maximum annual increase of 5%
Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Valuation

None

Substantive Commitment

None

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The assumed increase in statutory limits was updated to 2.50% to reflect current expectations.

The salary scale assumption was increased by a multiplier of 1.5 for fiscal year 2025, then a multiplier of 1.4 for fiscal years 2026 and 2027 to better reflect anticipated near-term salary increases.

Plan Name:	Cottage Health
EIN / PN:	77-0431902/001
Plan Sponsor:	Cottage Health Pension Plan
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2025

Number and average account balance distributed by attained age and attained years of credited service

	Attained Years of Credited Service[2]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	107	0	0	0	0	0	0	0	0	107
	-	3,104	-	-	-	-	-	-	-	-	3,104
25-29	0	265	63	2	0	0	0	0	0	0	330
	-	8,421	54,193	-	-	-	-	-	-	-	17,662
30-34	0	267	217	43	5	0	0	0	0	0	532
	-	9,816	124,798	172,503	-	-	-	-	-	-	70,848
35-39	0	198	202	112	40	1	0	0	0	0	553
	-	13,385	164,270	299,492	348,152	-	-	-	-	-	151,020
40-44	1	158	128	117	96	31	3	0	0	0	534
	-	17,789	205,055	346,621	460,380	511,324	-	-	-	-	245,901
45-49	0	95	77	74	78	49	14	0	0	0	387
	-	17,620	179,728	386,012	575,415	740,538	-	-	-	-	351,099
50-54	0	86	80	43	68	43	39	12	0	0	371
	-	17,457	174,000	406,804	678,420	871,791	957,685	-	-	-	435,633
55-59	0	70	56	41	60	46	45	27	8	1	354
	-	21,120	247,377	481,508	565,469	941,605	1,036,578	1,249,608	-	-	579,179
60-64	0	48	41	42	57	45	39	25	27	10	334
	-	23,683	142,974	326,397	572,915	792,099	1,072,985	1,467,147	1,480,564	-	671,345
65-69	0	18	30	19	24	22	14	12	20	9	168
	-	-	242,476	-	654,882	1,055,102	-	-	1,406,748	-	806,867
70 & over	0	6	5	9	14	14	7	13	9	24	101
	-	-	-	-	-	-	-	-	-	891,538	738,288
Total	1	1,318	899	502	442	251	161	89	64	44	3,771
	-	12,849	161,181	352,094	534,629	819,818	1,015,452	1,169,148	1,433,066	1,264,115	317,038

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

Plan Name: Cottage Health
EIN / PN: 77-0431902/001
Plan Sponsor: Cottage Health Pension Plan
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant as of January 1, 2025

Number and average plan compensation limited by IRC §401(a)(17) distributed by attained age and attained years of credited service

	Attained Years of Credited Service[3]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	115	0	0	0	0	0	0	0	0	115
	-	39,182	-	-	-	-	-	-	-	-	39,182
25-29	0	278	64	2	0	0	0	0	0	0	344
	-	70,948	79,461	-	-	-	-	-	-	-	72,685
30-34	0	277	221	43	5	0	0	0	0	0	546
	-	76,715	104,606	95,685	-	-	-	-	-	-	89,557
35-39	0	209	203	113	40	1	0	0	0	0	566
	-	87,820	105,710	113,050	116,290	-	-	-	-	-	101,270
40-44	1	162	129	117	96	31	3	0	0	0	539
	-	109,789	115,981	118,846	120,268	101,336	-	-	-	-	114,453
45-49	0	97	78	74	78	49	14	0	0	0	390
	-	103,397	128,172	142,199	139,785	128,303	-	-	-	-	126,381
50-54	0	88	80	43	68	43	39	12	0	0	373
	-	98,332	120,511	129,202	138,900	139,551	119,585	-	-	-	120,825
55-59	0	73	56	41	60	46	45	27	8	1	357
	-	119,700	123,383	123,221	111,173	143,652	140,590	124,844	-	-	126,337
60-64	0	53	41	42	57	45	39	25	27	10	339
	-	126,549	100,879	113,388	109,817	103,382	109,742	133,056	126,574	-	114,917
65-69	0	18	30	19	24	22	14	12	20	9	168
	-	-	118,727	-	97,369	128,283	-	-	127,073	-	120,480
70 & over	0	7	5	9	14	14	7	13	9	24	102
	-	-	-	-	-	-	-	-	-	101,687	105,046
Total	1	1,377	907	503	442	251	161	89	64	44	3,839
	-	85,941	109,350	120,865	120,541	125,025	121,079	122,855	129,404	114,691	105,962

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

Plan Name: Cottage Health
EIN / PN: 77-0431902/001
Plan Sponsor: Cottage Health Pension Plan
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	1,633,802	99,938	302,876	2,036,616
2026	804,577	228,679	296,188	1,329,444
2027	972,320	292,624	289,123	1,554,067
2028	840,867	388,901	281,683	1,511,451
2029	1,143,318	490,172	273,876	1,907,366
2030	1,255,412	602,313	265,716	2,123,441
2031	785,389	679,042	257,225	1,721,656
2032	884,092	758,857	248,432	1,891,381
2033	687,201	841,562	239,373	1,768,136
2034	817,738	941,059	230,091	1,988,888
2035	680,910	1,024,357	220,635	1,925,902
2036	584,056	1,055,357	211,049	1,850,462
2037	566,400	1,089,970	201,377	1,857,747
2038	559,029	1,108,651	191,662	1,859,342
2039	551,717	1,131,219	181,949	1,864,885
2040	555,053	1,130,632	172,279	1,857,964
2041	538,061	1,120,585	162,683	1,821,329
2042	526,931	1,108,084	153,187	1,788,202
2043	515,231	1,088,744	143,811	1,747,786
2044	504,655	1,068,163	134,568	1,707,386
2045	491,130	1,039,820	125,466	1,656,416
2046	479,715	1,009,608	116,508	1,605,831
2047	467,050	977,794	107,701	1,552,545
2048	446,340	942,610	99,047	1,487,997
2049	428,562	903,733	90,561	1,422,856
2050	409,505	861,568	82,274	1,353,347
2051	389,212	816,615	74,229	1,280,056
2052	367,758	769,528	66,469	1,203,755
2053	345,244	720,297	59,039	1,124,580
2054	321,803	669,347	51,983	1,043,133
2055	297,605	617,381	45,340	960,326
2056	272,862	565,069	39,144	877,075
2057	247,833	512,974	33,426	794,233
2058	222,818	461,674	28,207	712,699
2059	198,146	411,742	23,505	633,393
2060	174,167	363,744	19,331	557,242
2061	151,232	318,219	15,679	485,130
2062	129,673	275,639	12,534	417,846
2063	109,762	236,374	9,870	356,006
2064	91,704	200,699	7,649	300,052
2065	75,623	168,757	5,830	250,210
2066	61,562	140,566	4,366	206,494
2067	49,495	116,042	3,209	168,746
2068	39,324	94,987	2,313	136,624

Plan Name: Cottage Health
EIN / PN: 77-0431902/001
Plan Sponsor: Cottage Health Pension Plan
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

2069	30,900	77,136	1,632	109,668
2070	24,039	62,184	1,127	87,350
2071	18,540	49,796	760	69,096
2072	14,196	39,638	501	54,335
2073	10,811	31,386	322	42,519
2074	8,202	24,739	201	33,142

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

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

x	q_x^r	l_x	${}_{x-60}p_{60} = l_x / l_{60}$	$q_x^r * l_x / l_{60}$	$x * q_x * l_x / l_{60}$
60	0.05	1,000	1.000000	0.050000	3.000000
61	0.06	950	0.950000	0.057000	3.477000
62	0.07	893	0.893000	0.062510	3.875620
63	0.09	830	0.830490	0.074744	4.708878
64	0.12	756	0.755746	0.090690	5.804129
65	0.15	665	0.665056	0.099758	6.484300
66	0.18	565	0.565298	0.101754	6.715739
67	0.18	464	0.463544	0.083438	5.590344
68	0.20	380	0.380106	0.076021	5.169446
69	0.20	304	0.304085	0.060817	4.196374
70	0.23	243	0.243268	0.055952	3.916616
71	0.23	187	0.187316	0.043083	3.058877
72	0.25	144	0.144234	0.036058	2.596205
73	0.25	108	0.108175	0.027044	1.974198
74	0.30	81	0.081131	0.024339	1.801117
75	1.00	57	0.056792	0.056792	4.259399
Average age at retirement (Unrounded)					66.628243
Average age at retirement (Rounded for Schedule SB)					**67**

Plan Name: Cottage Health
EIN / PN: 77-0431902/001
Plan Sponsor: Cottage Health Pension Plan
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	1,633,802	99,938	302,876	2,036,616
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2029	1,143,318	490,172	273,876	1,907,366
2030	1,255,412	602,313	265,716	2,123,441
2031	785,389	679,042	257,225	1,721,656
2032	884,092	758,857	248,432	1,891,381
2033	687,201	841,562	239,373	1,768,136
2034	817,738	941,059	230,091	1,988,888
2035	680,910	1,024,357	220,635	1,925,902
2036	584,056	1,055,357	211,049	1,850,462
2037	566,400	1,089,970	201,377	1,857,747
2038	559,029	1,108,651	191,662	1,859,342
2039	551,717	1,131,219	181,949	1,864,885
2040	555,053	1,130,632	172,279	1,857,964
2041	538,061	1,120,585	162,683	1,821,329
2042	526,931	1,108,084	153,187	1,788,202
2043	515,231	1,088,744	143,811	1,747,786
2044	504,655	1,068,163	134,568	1,707,386
2045	491,130	1,039,820	125,466	1,656,416
2046	479,715	1,009,608	116,508	1,605,831
2047	467,050	977,794	107,701	1,552,545
2048	446,340	942,610	99,047	1,487,997
2049	428,562	903,733	90,561	1,422,856
2050	409,505	861,568	82,274	1,353,347
2051	389,212	816,615	74,229	1,280,056
2052	367,758	769,528	66,469	1,203,755
2053	345,244	720,297	59,039	1,124,580
2054	321,803	669,347	51,983	1,043,133
2055	297,605	617,381	45,340	960,326
2056	272,862	565,069	39,144	877,075
2057	247,833	512,974	33,426	794,233
2058	222,818	461,674	28,207	712,699
2059	198,146	411,742	23,505	633,393
2060	174,167	363,744	19,331	557,242
2061	151,232	318,219	15,679	485,130
2062	129,673	275,639	12,534	417,846
2063	109,762	236,374	9,870	356,006
2064	91,704	200,699	7,649	300,052
2065	75,623	168,757	5,830	250,210
2066	61,562	140,566	4,366	206,494
2067	49,495	116,042	3,209	168,746
2068	39,324	94,987	2,313	136,624

Plan Name: Cottage Health
EIN / PN: 77-0431902/001
Plan Sponsor: Cottage Health Pension Plan
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

2069	30,900	77,136	1,632	109,668
2070	24,039	62,184	1,127	87,350
2071	18,540	49,796	760	69,096
2072	14,196	39,638	501	54,335
2073	10,811	31,386	322	42,519
2074	8,202	24,739	201	33,142

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 18
Contributions Made to the Plan for the Plan Year

(a) Date	(b) Amount Paid by Employers	(c) Amount Paid by Employees
1/6/2025	$0.00	$937.33
1/6/2025	$0.00	$521.14
1/9/2025	$0.00	$693,252.85
1/16/2025	$0.00	$2,003.04
1/21/2025	$0.00	$2,119.88
1/23/2025	$0.00	$697,629.59
1/29/2025	$0.00	$1,911.81
2/5/2025	$0.00	$750,714.37
2/10/2025	$0.00	$455.37
2/12/2025	$0.00	$10,339.97
2/18/2025	$0.00	$146.40
2/20/2025	$0.00	$723,421.09
2/27/2025	$0.00	$177.45
3/6/2025	$0.00	$735,126.26
3/13/2025	$0.00	$23,558.30
3/20/2025	$0.00	$626,834.14
3/24/2025	$0.00	$757.13
3/27/2025	$0.00	$2,965.45
3/31/2025	$0.00	$657.18
4/3/2025	$0.00	$763,160.00
4/10/2025	$0.00	$644.81
4/14/2025	$0.00	$669.53
4/17/2025	$0.00	$683,208.42
4/21/2025	$0.00	$104.53
4/24/2025	$0.00	$245,181.36
4/28/2025	$0.00	$1,845.57
5/1/2025	$0.00	$688,567.33
5/5/2025	$0.00	$488.83
5/8/2025	$0.00	$127.71
5/15/2025	$0.00	$686,147.58
5/22/2025	$0.00	$1,118.10
5/27/2025	$0.00	$4,558.36
5/29/2025	$0.00	$693,268.89
6/2/2025	$0.00	$4,613.49
6/5/2025	$0.00	$740.38
6/9/2025	$0.00	$9.36
6/12/2025	$0.00	$693,352.16
6/16/2025	$0.00	$1,886.51
6/20/2025	$0.00	$8,442.17
6/26/2025	$0.00	$669,090.08

Plan Name: Cottage Health
EIN / PN: 77-0431902/001
Plan Sponsor: Cottage Health Pension Plan
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

(a) Date	(b) Amount Paid by Employers	(c) Amount Paid by Employees
7/3/2025	$0.00	$2,811.06
7/10/2025	$0.00	$704,721.24
7/14/2025	$0.00	$150.30
7/17/2025	$0.00	$255.68
7/24/2025	$0.00	$673,023.60
7/28/2025	$0.00	$471.41
7/31/2025	$0.00	$1,130.91
8/4/2025	$0.00	$1,944.82
8/7/2025	$0.00	$663,137.49
8/11/2025	$0.00	$6,954.83
8/14/2025	$0.00	$3,673.71
8/21/2025	$0.00	$667,213.77
8/25/2025	$0.00	$6,527.11
9/2/2025	$0.00	$231.95
9/4/2025	$0.00	$665,706.72
9/8/2025	$0.00	$164.01
9/15/2025	$0.00	$494.62
9/18/2025	$0.00	$659,740.67
9/25/2025	$0.00	$3,109.50
9/29/2025	$0.00	$1,058.92
10/2/2025	$0.00	$690,912.93
10/6/2025	$0.00	$816.57
10/9/2025	$0.00	$248.66
10/16/2025	$0.00	$642,197.30
10/23/2025	$0.00	$4,542.12
10/27/2025	$0.00	$200.99
10/30/2025	$0.00	$644,478.78
11/6/2025	$0.00	$2,856.75
11/13/2025	$0.00	$643,311.03
11/17/2025	$0.00	$916.58
11/20/2025	$0.00	$1,137.34
11/28/2025	$0.00	$661,202.26
12/4/2025	$0.00	$125.18
12/11/2025	$0.00	$733,655.58
12/15/2025	$0.00	$455.05
12/18/2025	$0.00	$185.86
12/24/2025	$0.00	$622,516.96
12/29/2025	$0.00	$174.50
Total (Unrounded)	$0.00	$18,133,210.68
Total (Rounded for Schedule SB)	**$0**	**$18,133,211**

Plan Name: Cottage Health
EIN / PN: 77-0431902/001
Plan Sponsor: Cottage Health Pension Plan
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The plan was originally effective January 1, 1998 with the most recent restatement effective January 1, 2021.

Covered employees

Qualified employees who have completed one year of service during which they were credited with at least 1000 hours.

Employees of Pacific Diagnostic Laboratories (PDL) participating in the Pacific Diagnostic Laboratories 401(k) Retirement Savings Plan as of December 31, 2019 are immediately eligible for the Pension Plan.

Participation date

The date of becoming a covered employee

Plan Year

January 1 through December 31

Prior Plans

The Cash Balance portion of the Plan was created by the merger of three prior Plans as of January 1, 1998.The three prior Plans and their effective dates are as follows:

1. The Santa Barbara Cottage Hospital Restated Pension Plan was effective October 1, 1971. The July 1, 1991 restatement converted the Plan into a contributory cash balance plan.
2. The Santa Barbara Cottage Care Center Restated Pension Plan was effective January 1, 1988. The July 1, 1991 restatement converted the Plan into a contributory cash balance plan.
3. The Goleta Valley Cottage Hospital Restated Pension Plan was effective September 1, 1970. The October 1, 1996 restatement converted the Plan into a contributory cash balance plan. Prior to the October 1, 1996 restatement, the Plan was a defined contribution money purchase plan.

The Plan was restated as of January 1, 2020 to incorporate the Stable Value benefit portion and various plan provision changes related to the Cash Balance portion.

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Definitions

Vesting service	All years and completed months during which the participant is an employee, including years before becoming eligible to participate in the Plan
Vesting	Vesting requires five (5) complete Years of Service. For participant in the Cash Balance Plan prior to September 1, 2019, and accrued a Cash Balance Plan benefit, the vesting requirement will be three (3) complete Years of Service, unless the participant terminates employment and is not rehired before a five-year-break-in-service. 100% vesting is granted for participants who attained age 65. Pacific Diagnostic Laboratories employees participating in the Pacific Diagnostic Laboratories 401(k) Retirement Savings Plan on December 31, 2019 are immediately vested.
Cash Balance Benefit	Participants actively accruing cash balance benefit do not accrue a Stable Value benefit. These include participants who elected the Cash Balance benefit during the 2019 Choice window, or participants who did not make an election during the 2019 Choice window and were defaulted to accruing the Cash Balance benefit.
Stable Value Benefit	The benefit accrued by employees first hired on or after September 1, 2019, or any rehired employees following a one-year leave, or by employees who elected to be covered after December 31, 2019, by the Stable Value benefit instead of the Cash Balance benefit. Pacific Diagnostic Laboratories employees as of December 31, 2019 who are participating in the Pacific Diagnostic Laboratories 401(k) Retirement Savings Plan as of that date immediately begin to accrue the Stable Value benefit beginning January 1, 2020.
Pensionable pay	Total salary paid including base pay, overtime, incentive pay, special awards, and other similar types of payments

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Contribution Credit

- Cash Balance

  Sum of employer contribution and employee contribution

- Stable Value

  Employer age-based contribution

Employee contribution

- Cash Balance

  Basic Employee Contribution Credit:

  The participant may elect to contribute 1%, 2%, or 3% of their salary to the Plan through payroll deduction, which is matched 100% by Cottage Health. Alternatively, the participant may elect not to contribute at all.

  Supplemental Employee Contribution Credit:

  The participant may elect to contribute amounts in excess of 3% of their salary to the Plan through payroll deduction. The amounts in excess of 3% are not matched by Cottage Health, and must be one of the following total percentage of salary: 5%, 10%, 15%, 20%, or 25%.

- Stable Value

  There are no employee contributions allowed

SCHEDULE SB ATTACHMENTS

Employer contribution

- Cash Balance

  Automatic Contribution Credit

  Each employee participant automatically receives a contribution credit equal to 2% of the salary, regardless of the amount of employee contribution

  Matching Contribution Credit

  Cottage Health provides an additional matching contribution credit equal to 100% of the employees' own basic employee contribution credits

- Stable Value

  Each employee participant receives a contribution credit equal to a percentage of salary, calculated on an annual basis and added to the balance at the end of each Plan Year. The percentage of salary to be credited is based upon age:

  - Less than 35: 7%
  - 35 – 49: 8%
  - 50 or older: 8.5%

Interest crediting rate

As specified by the Plan provision, the plan credits interest to cash balance accounts using:

- 6% for active Cash Balance participants, and
- 5% for vested terminated participants and active Stable Value participants with frozen Cash Balance beginning January 1, 2020.

There is no interest crediting rate for the Stable Value benefit

Annuity conversion rate

- Cash Balance

  The Cash Balance account is converted to an annuity using a 7% interest rate and the 1971 Group Annuity Table for males set back 4 years

- Stable Value

  The Stable Value account is converted to an annuity using applicable IRS 417(e) mortality tables and interest rates with August lookback month, as specified by the Plan provision

SCHEDULE SB ATTACHMENTS

Monthly pension benefit	The participant may convert their Cash Balance and/or Stable Value account into an annuity at any time after vested termination based on the Plan's annuity conversion rate

Eligibility for Benefits

Normal retirement date (NRD)	First of the month coinciding with or following the attainment of age 65. At normal retirement age, a Participant shall be 100% vested in their account balance (Cash Balance and/or Stable Value)
Early retirement date (ERD)	• Cash Balance The participant may elect to retire at any age after they terminate employment, provided that at least 3 years of vesting service were completed. • Stable Value The participant may elect to retire at any age after they terminate employment, provided that at least 5 years of vesting service were completed for new hires on or after September 1, 2019 (or 3 years of vesting service for past hires electing the Stable Value during the 2019 Choice window).
Postponed retirement	The participant may delay the start of their retirement benefit past Normal Retirement Date but not beyond Required Minimum Distribution Date defined by IRS. • Cash Balance Continuous earning of contribution for Cash Balance participants and interest credits up until late retirement date. • Stable Value Continue to accrue employer contribution credits if participant continues to work until late retirement date. However, benefit will not be actuarially increased to take into account the payment that do not commence due to participant working past Normal Retirement Date.

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Deferred vested termination	• Cash Balance Termination for reasons other than death or retirement after completing 3 years of vesting service • Stable Value Termination for reasons other than death or retirement after completing 5 years of vesting service (3 years if the participant elected into the Stable Value during the 2019 Choice window)
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD
Early retirement and deferred vested termination	At any time after termination, a participant may elect to receive their entire account balance (Cash Balance and/or Stable Value) in a single sum payment or have it converted into an annuity based on the Plan's annuity conversion rate. The Stable Value account balance will be reduced by 5% (compounded) for each year (prorated monthly) before age 65.
Postponed retirement	• Cash Balance Continuous earning of contribution for Cash Balance participants and interest credits up until late retirement date. • Stable Value Continue to accrue employer contribution credits if participant continues to work until late retirement date. However, benefit will not be actuarially increased to take into account the payment that do not commence due to participant working past Normal Retirement Date.
Preretirement death	The death benefit to the beneficiary equals the entire vested Cash Balance and/or Stable Value. The beneficiary may elect a lump sum payout of the vested Cash Balance, or any of the other forms of payments that are available, starting on the first day of the month following the participant's date of death. If the surviving spouse is the beneficiary, the death benefit can be deferred to the first day of any month following the participant's date of death, but not beyond the Required Minimum Distribution Date defined by IRS.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms include a single lump sum payment, 50%, 75%, 100% joint and survivor annuity, a ten-year certain and life annuity, or a life annuity with COLA. A modified cash refund annuity is included as an optional form for the Cash Balance only. Preretirement death benefits are payable as described above.
Cost of Living Adjustment (COLA)	The larger of Consumer Price Index (CPI) or 4.50%, subject to a maximum annual increase of 5%
Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Valuation

None

Substantive Commitment

None

Plan Name	**Cottage Health Pension Plan**
Plan Sponsor EIN	**77-0431902**
ERISA Plan #	**001**
Plan Year Ending	**December 31, 2025**

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The assumed increase in statutory limits was updated to 2.50% to reflect current expectations.

The salary scale assumption was increased by a multiplier of 1.5 for fiscal year 2025, then a multiplier of 1.4 for fiscal years 2026 and 2027 to better reflect anticipated near-term salary increases.

Plan Name:	Cottage Health
EIN / PN:	77-0431902/001
Plan Sponsor:	Cottage Health Pension Plan
Valuation Date:	January 1, 2025