Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SUTTER HEALTH TAX DEFERRED ANNUITY EMPLOYER MATCH PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1993

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)
SUTTER HEALTH

2200 RIVER PLAZA DRIVE
SACRAMENTO, CA 95833-4134

2b Employer Identification Number (EIN) 94-2788907

2c Plan Sponsor's telephone number 888-888-6044

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.	10/13/2026	ANDREW HERKERT
	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: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5	Total number of participants at the beginning of the plan year	**5**	2052
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)**	826
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	747
b	Retired or separated participants receiving benefits	**6b**	175
c	Other retired or separated participants entitled to future benefits	**6c**	901
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1823
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	54
f	Total. Add lines **6d** and **6e**.	**6f**	1877
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)**	2052
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)**	1877
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
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:

2F 2G 2L 2M 3D 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)	[X] Insurance	**(1)**	[X] 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)** [ ] **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)** [X] **A** (Insurance Information) – Number Attached 2
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
SUTTER HEALTH TAX DEFERRED ANNUITY EMPLOYER MATCH PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
94-2788907

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	CR02664/CR34072	1848	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
212482	0

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

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

OSAIC WEALTH
18700 N. HAYDEN ROAD
SCOTTSDALE, AZ 85255

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
212482			4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	41892450
5	Current value of plan's interest under this contract in separate accounts at year end	5	98974229

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ GROUP VARIABLE ANNUITY

b	Balance at the end of the previous year			7b	48590726
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	1597954		
	(4) Transferred from separate account	7c(4)	1221776		
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	2819730
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	51410456
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	9036728		
	(2) Administration charge made by carrier	7e(2)	464		
	(3) Transferred to separate account	7e(3)	480814		
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	9518006
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	41892450

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
SUTTER HEALTH TAX DEFERRED ANNUITY EMPLOYER MATCH PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
94-2788907

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	0000SHEA00CA00R	1	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	248231

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	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
SUTTER HEALTH TAX DEFERRED ANNUITY EMPLOYER MATCH PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
94-2788907

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).. . . . . [X] 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

LINCOLN NATIONAL CORPORATION

35-1140070

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

CAPITAL GROUP RETIREMENT PLAN SERV

82-4555287

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

INVESCO ADVISERS, INC.

58-1707262

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

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

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

(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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

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
SUTTER HEALTH TAX DEFERRED ANNUITY EMPLOYER MATCH PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
94-2788907

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	50010	22190
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	104496991	106364704
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	48590726	41892450
(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	153137727	148279344
Liabilities			
1g Benefit claims payable	1g	55596	2565
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	55596	2565
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	153082131	148276779

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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	3498	
(F) Other	2b(1)(F)	1597954	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1601452
(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)	211507	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		211507
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		14168599
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		15981558
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	20356480	
(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)		20356480
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	3121	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		3121
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		20359601
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-4378043
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		427309

Part III Accountant's Opinion

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

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

(1) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

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

(1) Name: BAKER TILLY US, LLP **(2)** EIN: 30-1413443

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		10000000
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		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	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)
SUTTER HEALTH 403(B) SAVINGS PLAN	94-2788907	337

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

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
SUTTER HEALTH TAX DEFERRED ANNUITY EMPLOYER MATCH PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
94-2788907

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**

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): 35-0472300 82-4555287

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** 177

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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500493A .

Report of Independent Auditors and
Financial Statements with Supplemental Schedule

Sutter Health Tax Deferred Annuity Employer Match Plan

December 31, 2025 and 2024

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Report of Independent Auditors

The Plan Administrator and Sutter Health Audit Committee
Sutter Health Tax Deferred Annuity Employer Match Plan

Report on the Audit of the Financial Statements

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

We were engaged to perform audits of the financial statements of Sutter Health Tax Deferred Annuity Employer Match Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

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

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of Sutter Health Tax Deferred Annuity Employer Match Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

Sutter Health Tax Deferred Annuity Employer Match Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

Responsibilities of Management for the Financial Statements

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

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

Management is 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 responsibility is to conduct an audit of Sutter Health Tax Deferred Annuity Employer Match Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of Sutter Health Tax Deferred Annuity Employer Match Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

Other Matter

Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year), as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule.



San Francisco, California
October 12, 2026

Financial Statements

Sutter Health Tax Deferred Annuity Employer Match Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments at fair value	$ 148,257,154	$ 153,087,717
Notes receivable from participants	22,190	50,010
TOTAL ASSETS	148,279,344	153,137,727
NET ASSETS AVAILABLE FOR BENEFITS	$ 148,279,344	$ 153,137,727

See accompanying notes.

Sutter Health Tax Deferred Annuity Employer Match Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2025

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment Income:	
Net appreciation in fair value of investments	$ 14,168,599
Interest income	1,597,954
Dividend income	211,507
Total investment income	15,978,060
Interest income on notes receivable from participants	3,498
Total additions	15,981,558
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants and other disbursements	20,409,511
Administrative expenses	3,121
Total deductions	20,412,632
Change in net assets before transfers of assets	(4,431,074)
Transfers of Plan assets to qualified plans	(427,309)
CHANGE IN NET ASSETS	(4,858,383)
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	153,137,727
End of year	$ 148,279,344

See accompanying notes.

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Sutter Health Tax Deferred Annuity Employer Match Plan (Plan) provides only general information. Participants should refer to the Summary Plan Description or Plan Document for a more complete description of the Plan's provisions.

General – Sutter Health (the "Plan Sponsor" and/or "Plan Administrator") established the Plan effective January 1, 1993. The Plan is a 403(b) tax-deferred plan covering certain employees of the Plan Sponsor, who is also responsible for the administration and management of the Plan. All investments are participant-directed. Lincoln National Life Insurance Company (Lincoln), Invesco AIM (Invesco), American Funds (American), Matrix Trust Company Fund (Matrix) previously Franklin Templeton Investments (Franklin) and/or Putnam Investments (Putnam), Nationwide Life Insurance Company (Nationwide), AllianceBernstein Investor Services (AllianceBernstein), and American Century Investments (American Century) all serve as custodians for the Plan. The Plan is intended to satisfy all of the requirements for a qualified retirement plan under the appropriate provisions of the Internal Revenue Code (IRC) and similar state tax laws and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Freezing of Plan and eligibility – Effective January 1, 2008, the Board of Directors of the Plan Sponsor voted to freeze the Plan. No new participants may enter the Plan and no additional participant or employer contributions may be made to the Plan. Effective February 1, 2012, the Plan was amended to cease plan-to-plan transfers and rollover contributions into the Plan. All participant account balances and earnings thereon are 100% vested.

Participant accounts – Individual accounts are maintained for each participant. Each participant's account is credited with earnings and charged with losses, withdrawals, and administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Participants' investment options – Participants direct the investment of their accounts into various investment options offered by the Plan. Participants may change their investment options at any time directly with the Plan's custodians, other than discussed in Note 5.

Notes receivable from participants – Effective December 1, 2014, the Plan was amended to cease new participant loans. Participants with outstanding loans previously borrowed from their account a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms were five years or less, or up to 20 years if used to purchase the primary residence of the participant. Loans were secured by the balance in the participant's account and bear interest at prevailing market rates at the time of borrowing. Principal and interest are paid ratably through deductions from the participant's checking or savings account.

Payment of benefits – On termination of service due to death, disability, retirement, or other reasons, a participant shall receive a distribution equal to the value of the participant's vested interest in his or her account in one of the following forms: (a) an annuity option, (b) installment payments, or (c) a lump-sum distribution. Plan provisions do not allow the distribution of a participant's benefit without the written consent of the participant, other than minimum required distributions. Participants subject to minimum required distributions and employed with the Plan Sponsor or affiliated entities are able to defer benefit payments until they cease employment. Participants may also receive in-service distributions after attaining age 59½.

On December 20, 2019, the Setting Every Community Up for Retirement Enhancement Act (the "SECURE Act") was enacted and signed into law. The SECURE Act changed the age requirement for required minimum distributions from age 70½ to age 72, effective after December 31, 2019.

On December 29, 2022, SECURE Act 2.0 was enacted and signed into law. SECURE Act 2.0 changed the age for required minimum distributions from age 72 to age 73 after December 31, 2022, and age 75 after December 31, 2024.

The Sponsor intends to amend the Plan Document as legally required for SECURE Act and SECURE Act 2.0 provisions.

Transfers of Plan assets to qualified plans – Individual participants are allowed to transfer assets from the Plan to qualified plans offered by the Plan Sponsor and affiliated entities, subject to Plan provisions. These are considered transfers of assets as the participant did not have a distributable event from the Plan. Transfers out to qualified plans of $427,309 occurred throughout the plan year ended December 31, 2025.

Administrative expenses – Certain administrative functions are performed by officers or employees of the Plan Sponsor. No such officer or employee of the Plan Sponsor receives compensation from the Plan. The Plan's administrative expenses are paid by the participant or Plan Sponsor as specified in the Plan Document.

Plan termination – Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to terminate the Plan at any time, subject to the provisions of ERISA. In the event of termination of the Plan, participant balances will be distributed in accordance with the Plan Document and ERISA.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Basis of accounting – The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States.

Use of estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires plan management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment valuation and income recognition – Investments are reported at fair value, net asset value (NAV) as a practical expedient, or contract value.

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements and NAV practical expedient.

Contract value is the relevant measurement for assets invested in fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. Investment contracts that are not fully benefit-responsive are reflected at fair value. See Note 5 for discussion on Investment Contracts with Insurance Companies.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes net unrealized appreciation (depreciation) of investments and net realized gains and losses on the sale of investments during the period.

Notes receivable from participants – Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest with no allowance for credit losses, as the notes are collateralized by participant account balances. Delinquent participant loans are recorded as benefits paid to participants based upon the terms of the Plan Document.

Payment of benefits – Benefit payments are recorded when paid.

Risks and uncertainties – The Plan utilizes various investment instruments, including investment contracts, pooled separate accounts, and registered investment companies. Investment instruments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investment instruments, it is at least reasonably possible that changes in the values of investment instruments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

NOTE 3 – INFORMATION CERTIFIED BY THE CUSTODIANS

The Plan Sponsor has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the custodian of the Plan (Lincoln), has certified to the completeness and accuracy of:

- investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024;
- notes receivable from participants as of December 31, 2025 and 2024; and interest income from notes receivable from participants for the year ended December 31, 2025;
- net appreciation in fair value of investments and interest reflected on the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2025; and
- investments reflected on the supplemental schedule of assets (held at end of year).

The following investment information was obtained or derived from information supplied to the Plan Administrator by American, Nationwide, Franklin, Invesco, AllianceBernstein, and American Century. The information obtained from these custodians was not certified.

	Year Ended December 31,	
	2025	2024
Fair value of investments, noncertified	$ 7,390,475	$ 6,397,382
Total investment income, noncertified	$ 1,158,759	$ 1,088,006

NOTE 4 – FAIR VALUE MEASUREMENTS

The Plan accounts for investments at fair value. A fair value hierarchy for valuation inputs has been established to prioritize the valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Each fair value measurement is reported in one of the three levels, which is determined by the lowest level of input that is significant to the fair value measurement in its entirety. These levels are:

Level 1 – Quoted prices are available in active markets for identical assets or liabilities as of the measurement date.

Level 2 – Pricing inputs are based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 – Pricing inputs are generally unobservable for the assets or liabilities and include situations where there is little, if any, market activity for the investment. The inputs into the determination of fair value require management's judgment or estimation of assumptions that market participants would use in pricing the assets or liabilities.

The following tables present information about the Plan's assets measured at fair value on a recurring basis:

	Fair Value Measurement at December 31, 2025			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 7,142,244	$ -	$ -	$ 7,142,244
Not fully benefit-responsive investment contracts	-	-	41,892,450	41,892,450
Total investments in the fair value hierarchy	$ 7,142,244	$ -	$ 41,892,450	49,034,694
Investments measured at NAV practical expedient				99,222,460
Investments at fair value				$ 148,257,154

	Fair Value Measurement at December 31, 2024			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 6,178,953	$ -	$ -	$ 6,178,953
Not fully benefit-responsive investment contracts	-	-	48,590,726	48,590,726
Total investments in the fair value hierarchy	$ 6,178,953	$ -	$ 48,590,726	54,769,679
Investments measured at NAV practical expedient				98,318,038
Investments at fair value				$ 153,087,717

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan:

Registered investment companies – Fair values are based on quoted market prices in active markets for identical assets that the Plan has the ability to access at the measurement date.

Not fully benefit-responsive investment contracts – The fair value of the investment contracts approximates contract value.

Investments measured at NAV practical expedient – These investments are primarily pooled separate accounts (PSAs) that are valued using the NAV practical expedient as reported by Lincoln and Nationwide. The NAV practical expedient is based on the fair value of the underlying assets owned by the PSA, minus its liabilities, and then divided by the number of units outstanding. The NAV practical expedient of the PSAs is calculated based on compilation of primarily observable and readily available market information; however, the PSAs themselves are not actively traded in markets. Investment options within the separate accounts include domestic or international equity securities and debt and fixed income securities that attempts to match the returns of specific indices. Participants direct their investments to the underlying accounts that are available to them under the Plan. There are no future commitments to purchase and no redemption restrictions associated with the PSAs.

The following table provides additional information for investments in certain entities that calculate NAV per share (or its equivalent) as of December 31, 2025 and 2024:

	NAV (Practical Expedient)		Redemption Frequency	Redemption Notice	Redemption Restrictions
	2025	2024			
Pooled separate accounts	$ 99,222,460	$ 98,318,038	Daily	N/A	None

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2025:

	Not fully benefit-responsive investment contracts
Balance, beginning of year	$ 48,590,726
Purchases	1,221,776
Sales	(9,518,006)
Interest income	1,597,954
Balance, end of year	$ 41,892,450

As the Plan Administrator does not have quantitative information about the significant unobservable inputs used in Level 3 investments, the Plan Administrator is unable to reasonably assess the sensitivity of the fair value measurements to changes of such inputs and other unobservable inputs used in the related fair value measurements.

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

There were no changes in the valuation techniques used at December 31, 2025 and 2024.

NOTE 5 – INVESTMENT CONTRACTS WITH INSURANCE COMPANIES

The Plan has investment contracts that include individual annuity contracts with Lincoln and Nationwide, which are individual deferred annuity contracts with guaranteed fixed accounts that are not fully benefit-responsive. Under the terms of the contracts, participant accounts are maintained in a fixed investment option within the general account of the insurer, pooled separate accounts, or both. The pooled separate accounts are segregated investment accounts with various fund options maintained by Lincoln and Nationwide. For the fixed investment option within the general account, Lincoln and Nationwide are contractually obligated to repay the principal and a specified interest rate that is guaranteed to the participant as stipulated by the individual contracts. The guarantee is based on the ability of the insurers to meet their financial obligations from their general assets.

Contract value, as reported to the Plan by Lincoln and Nationwide, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are some restrictions associated with a participant's ability to transfer amounts out of certain investments to other investments offered by the Plan. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

Lincoln guarantees that it will credit interest to the individual contracts at an effective annual rate not less than 4.50% during the first five contract years, 4.00% for the next five contract years, and 3.50% thereafter and may credit interest at rates in excess of the guaranteed rates at any time. Nationwide guarantees that it will credit interest at an effective annual rate not less than 3.00% and may also credit interest rates in excess of the guaranteed rate at any time. Interest income is credited daily and the interest crediting rates are declared on a quarterly basis.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan Document (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events that cause a significant withdrawal from the Plan, or (4) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

NOTE 6 – INCOME TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the IRC. The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service (the IRS) in Revenue Procedure 2019-39. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for plan participants under Section 403(b). The Plan Document is a 403(b) volume submitter plan that received a favorable opinion letter from the Internal Revenue Service on March 31, 2017, which stated that the Plan, as then designed, was in accordance with applicable sections of the IRC.

Accounting principles generally accepted in the United States require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan administrator has evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in process.

NOTE 7 – PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as fiduciaries of the Plan, any party rendering services to the Plan, the employer, and certain others. The Plan pays expenses related to the Plan's operations and investment management to various service providers. Certain Plan investments are investment contracts, registered investment companies and pooled separate accounts managed by affiliates of Lincoln, American, Nationwide, Matrix Trust, Invesco, AllianceBernstein, and American Century and represent the custodians as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund.

NOTE 8 – RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

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

	December 31, 2025	December 31, 2024
Net assets available for benefits, per the financial statements	$ 148,279,344	$ 153,137,727
Less: benefits payable	(2,565)	(55,596)
Net assets per the Form 5500	$ 148,276,779	$ 153,082,131

The following is a reconciliation of the change in net assets before transfer of assets per the financial statements for the year ended December 31, 2025, to net income per the Form 5500:

Change in net assets before transfer of assets per the financial statements	$ (4,431,074)
Add: prior year benefits payable	55,596
Less: current year benefits payable	(2,565)
Net loss per the Form 5500	$ (4,378,043)

NOTE 9 – SUBSEQUENT EVENTS

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

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

Supplemental Schedule
Required by the Department of Labor

Sutter Health Tax Deferred Annuity Employer Match Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2025

Plan Sponsor: Sutter Health
Employer Identification Number: 94-2788907
Plan Number: 002
Schedule H, Line 4(i)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Pooled separate accounts:			
*	Lincoln National Life Insurance Company	AMERICAN FUNDS GROWTH	**	$ 25,909,333
*	Lincoln National Life Insurance Company	LVIP SSGA S&P 500 INDEX	**	10,860,424
*	Lincoln National Life Insurance Company	LVIP DIMENSIONAL U.S. CORE EQUITY 1	**	10,322,747
*	Lincoln National Life Insurance Company	LVIP MACQUARIE SOCIAL AWARENESS	**	6,311,279
*	Lincoln National Life Insurance Company	FIDELITY VIP CONTRAFUND	**	6,143,170
*	Lincoln National Life Insurance Company	LVIP MACQUARIE SMID CAP CORE SERIES	**	3,809,483
*	Lincoln National Life Insurance Company	LVIP MACQUARIE MID CAP VALUE FUND	**	3,743,071
*	Lincoln National Life Insurance Company	LVIP BLENDED MID CAP MANAGED VOLATILITY	**	3,458,982
*	Lincoln National Life Insurance Company	LVIP BLACKROCK DIVIDEND VALUE MNGDVLTLTY	**	3,343,993
*	Lincoln National Life Insurance Company	AMERICAN FUNDS GROWTH-INCOME	**	3,055,556
*	Lincoln National Life Insurance Company	LVIP MACQUARIE VALUE SERIES	**	2,825,134
*	Lincoln National Life Insurance Company	MACQUARIE SMALL CAP VALUE	**	2,476,953
*	Lincoln National Life Insurance Company	AMERICAN FUNDS INTERNATIONAL	**	2,447,786
*	Lincoln National Life Insurance Company	LVIP BARON GROWTH OPPORTUNITIES	**	2,080,660
*	Lincoln National Life Insurance Company	FIDELITY VIP GROWTH	**	1,834,947
*	Lincoln National Life Insurance Company	LVIP MONDRIAN INTERNATIONAL VALUE	**	1,590,445
*	Lincoln National Life Insurance Company	LVIP T. ROWE PRICE STRUCTURED MID-CAP GROWTH	**	1,241,484
*	Lincoln National Life Insurance Company	LVIP MACQUARIE BOND	**	884,502
*	Lincoln National Life Insurance Company	LVIP SSGA SMALL-CAP INDEX	**	718,369
*	Lincoln National Life Insurance Company	LVIP MACQUARIE DIVERSIFIED INCOME	**	635,580
*	Lincoln National Life Insurance Company	AMERICAN FUNDS GLOBAL GROWTH	**	626,016
*	Lincoln National Life Insurance Company	LVIP MACQUARIE U.S. REIT FUND	**	621,638
*	Lincoln National Life Insurance Company	LVIP JPMORGAN RETIREMENT INCOME FUND	**	565,560
*	Lincoln National Life Insurance Company	MFS UTILITIES	**	553,189
*	Lincoln National Life Insurance Company	LVIP MACQUARIE WEALTH BUILDER	**	474,627
*	Lincoln National Life Insurance Company	LVIP GOVERNMENT MONEY MARKET	**	385,525
*	Lincoln National Life Insurance Company	LVIP VANGUARD DOMESTIC EQUITY ETF	**	244,543
*	Lincoln National Life Insurance Company	AB VPS SUSTAIN GLOBAL THEMATIC PORT	**	204,100
*	Lincoln National Life Insurance Company	BLACKROCK GLOBAL ALLOCATION	**	199,669
*	Lincoln National Life Insurance Company	FIDELITY VIP FREEDOM TARGET DATE 2040	**	190,931
*	Lincoln National Life Insurance Company	FIDELITY VIP FREEDOM TARGET DATE 2035	**	156,781
*	Lincoln National Life Insurance Company	LVIP MACQUARIE HIGH YIELD FUND	**	153,819
*	Lincoln National Life Insurance Company	LVIP VANGUARD INTERNATIONAL EQUITY ETF	**	135,672
*	Lincoln National Life Insurance Company	LVIP GLOBAL CONSERVATIVE ALLOCATION MRSK	**	113,226
*	Nationwide Life Insurance Company	BNY MELLON STOCK INDEX	**	103,653
*	Lincoln National Life Insurance Company	LVIP GLOBAL MODERATE ALLOCATION MGD RISK	**	95,028
*	Nationwide Life Insurance Company	NVIT MELLON DYNAMIC US CORE	**	91,508
*	Lincoln National Life Insurance Company	FIDELITY VIP FREEDOM TARGET DATE 2020	**	78,164
*	Lincoln National Life Insurance Company	LVIP BLACKROCK REAL ESTATE FUND	**	73,070
*	Lincoln National Life Insurance Company	LVIP BLENDED LRG CAP GROWTH MNGD VOLTLTY	**	65,400
*	Lincoln National Life Insurance Company	LVIP SSGA BOND INDEX	**	61,542
*	Nationwide Life Insurance Company	FRANKLIN VIPT SMALL CAP VALUE SECURITIES - CLAS	**	53,070
*	Lincoln National Life Insurance Company	LVIP FRANKLIN TEMPLETON MF EM EQFND	**	37,327
*	Lincoln National Life Insurance Company	FIDELITY VIP FREEDOM TARGET DATE 2060	**	28,389
*	Lincoln National Life Insurance Company	FIDELITY VIP FREEDOM TARGET DATE 2030	**	26,897
*	Lincoln National Life Insurance Company	LVIP T ROWE PRICE 2030 FUND	**	26,170
*	Lincoln National Life Insurance Company	LVIP T ROWE PRICE 2020 FUND	**	24,599
*	Lincoln National Life Insurance Company	FIDELITY VIP FREEDOM TARGET DATE 2025	**	21,058
*	Lincoln National Life Insurance Company	LVIP FRNKLN TMPLTN GLOBAL EQTY MANGDVLTY	**	15,117
*	Lincoln National Life Insurance Company	LVIP BLACKROCK INFLATION PROTECTED BOND	**	14,028
*	Lincoln National Life Insurance Company	LVIP SSGA INTERNATIONAL INDEX	**	13,689
*	Lincoln National Life Insurance Company	LVIP GLOBAL GROWTH ALLOCATION MANGD RISK	**	11,398
*	Lincoln National Life Insurance Company	LVIP SSGA GLBL TACTICAL ALLOCTN MGD VLTY	**	11,315
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*	Lincoln National Life Insurance Company	ALLIANCEBERNSTEIN GROWTH & INCOME	**	9,200
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*	Lincoln National Life Insurance Company	DEUTSCHE EQUITY 500 INDEX VIP	**	7,998
*	Lincoln National Life Insurance Company	NEUBERGER BERMAN MID CAP GROWTH	**	6,085
*	Lincoln National Life Insurance Company	FIDELITY VIP FREEDOM TARGET DATE 2050	**	4,081
*	Lincoln National Life Insurance Company	LVIP MAC DIVERS FLOATING RATE	**	2,513
*	Lincoln National Life Insurance Company	DWS ALTERNATIVE ASSET ALLOCATION VIP	**	2,097
*	Lincoln National Life Insurance Company	LVIP SSGA INTERNATIONAL MANAGDVOLATILITY	**	1,205
*	Lincoln National Life Insurance Company	LVIP MONDRIAN GLOBAL INCOME FUND	**	244
				99,222,460

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Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2025

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Employer Identification Number: 94-2788907
Plan Number: 002
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	Registered investment companies:			
*	American Funds	The Growth Fund of America A	**	1,660,403
*	American Funds	Fundamental Investors A	**	671,537
*	American Funds	American Balanced A	**	543,227
*	American Funds	Capital World Growth and Income A	**	466,773
*	American Funds	New Perspective A	**	446,511
*	American Funds	AMCAP A	**	373,168
*	Franklin Templeton Investments	Franklin Income A	**	264,063
*	American Funds	The Growth Fund of America F-1	**	255,117
*	AllianceBernstein Investments	Relative Value A	**	238,481
*	AllianceBernstein Investments	Large Cap Growth A	**	195,587
*	American Funds	Washington Mutual Investors A	**	160,923
*	American Funds	The Investment Company of America A	**	144,512
*	American Funds	Small Cap World A	**	118,354
*	Invesco Distributors, Inc	Invesco American Franchise Fund - Class A	**	105,311
*	Invesco Distributors, Inc	Invesco Charter Fund - Class A	**	104,431
*	Franklin Templeton Investments	Templeton World A	**	90,485
*	Invesco Distributors, Inc	Invesco Global Fund - Class A	**	86,662
*	American Funds	The Income Fund of America A	**	79,234
*	American Funds	EuroPacific Growth A	**	70,270
*	AllianceBernstein Investments	Sustainable Global Thematic A	**	69,382
*	American Funds	Capital World Growth and Income F-1	**	62,827
*	Invesco Distributors, Inc	Invesco Main Street Mid Cap A	**	59,210
*	Invesco Distributors, Inc	Invesco Global Strategic Income A	**	56,849
*	American Funds	American Mutual A	**	54,381
*	American Century Funds	Ultra	**	50,636
*	Franklin Templeton Investments	Franklin Mutual Global Discovery A	**	50,164
*	Franklin Templeton Investments	Franklin Mutual Beacon A	**	48,545
*	American Funds	The Investment Company of America F-1	**	44,158
*	Franklin Templeton Investments	Franklin Small-Mid Cap Growth A	**	39,860
*	American Funds	Capital Income Builder A	**	39,453
*	AllianceBernstein Investments	Growth A	**	32,954
*	American Century Funds	Heritage	**	32,887
*	American Funds	Washington Mutual Investors F-1	**	28,823
*	Invesco Distributors, Inc	Invesco Global Health - Class A	**	28,739
*	Invesco Distributors, Inc	Invesco Government Money Market A	**	26,890
*	American Funds	Europacific Growth F-1	**	23,354
*	Putnam Investments	Small Cap Growth A	**	18,414
*	American Funds	Small Cap World F-1	**	17,949
*	American Funds	AMCAP F-1	**	17,314
*	Franklin Templeton Investments	Templeton Global Bond A	**	17,281
*	AllianceBernstein Investments	Small Cap Growth A	**	15,984
*	Franklin Templeton Investments	Franklin Founding Funds Allocation A	**	14,848
*	Invesco Distributors, Inc	Invesco Comstock Select Fund - Class A	**	14,769
*	AllianceBernstein Investments	Discovery Growth A	**	14,109
*	Invesco Distributors, Inc	Invesco Main Street All Cap A	**	10,652
*	American Funds	Capital World Bond A	**	10,088
*	American Funds	Intermediate Bond Fund of America A	**	9,941
*	American Funds	U.S. Government Securities A	**	9,873
*	American Funds	Money Market A	**	9,496
*	American Funds	Short-Term Bond Fund of America A	**	8,542
*	Invesco Distributors, Inc	Invesco Discovery Fund - Class A	**	8,326
*	Putnam Investments	Money Market A	**	8,294
*	AllianceBernstein Investments	Global Risk Allocation A	**	7,928
*	Invesco Distributors, Inc	Invesco Value Opportunities Fund-Class A	**	7,431
*	Invesco Distributors, Inc	Invesco Global Opportunities A	**	5,784
*	American Funds	The Income Fund of America F-1	**	5,644
*	Invesco Distributors, Inc	Invesco Gold & Special Minerals A	**	5,057
*	Invesco Distributors, Inc	Invesco Dividend Income Fund A	**	4,998
*	American Funds	Fundamental Investors F-1	**	4,445
*	Invesco Distributors, Inc	Invesco Government Money Market Y	**	4,006
*	American Funds	American Balanced F-1	**	3,635
*	Franklin Templeton Investments	Franklin U.S. Government Money A	**	3,455
*	American Funds	New World A	**	2,238
*	American Funds	The Bond Fund of America A	**	1,922
*	American Funds	Intermediate Bond Fund of America F-1	**	1,041
*	Invesco Distributors, Inc	Invesco Health Care Fund - Class A	**	624
*	American Funds	American High Income Trust A	**	455

Sutter Health Tax Deferred Annuity Employer Match Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2025

Plan Sponsor: Sutter Health
Employer Identification Number: 94-2788907
Plan Number: 002
Schedule H, Line 4(i)

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Registered investment companies: (continued)			
*	Franklin Templeton Investments	Franklin Growth Opportunities A	**	358
*	Franklin Templeton Investments	ClearBridge Large Cap Growth I	**	26,728
*	Franklin Templeton Investments	Franklin Growth Opportunities Adv	**	26,454
				7,142,244
	Investment contracts:			
*	Lincoln National Life Insurance Company	Fixed Account	**	41,892,450
	Notes receivable from participants:			
*	Participant loans	Interest rate of 7%, with maturity dates through November 2030	$0	22,190
				$ 148,279,344

* Party-in-interest to the Plan.
** Cost information is not required as all information is participant-directed.

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

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(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Pooled separate accounts:			
*	Lincoln National Life Insurance Company	AMERICAN FUNDS GROWTH	**	$ 25,909,333
*	Lincoln National Life Insurance Company	LVIP SSGA S&P 500 INDEX	**	10,860,424
*	Lincoln National Life Insurance Company	LVIP DIMENSIONAL U.S. CORE EQUITY 1	**	10,322,747
*	Lincoln National Life Insurance Company	LVIP MACQUARIE SOCIAL AWARENESS	**	6,311,279
*	Lincoln National Life Insurance Company	FIDELITY VIP CONTRAFUND	**	6,143,170
*	Lincoln National Life Insurance Company	LVIP MACQUARIE SMID CAP CORE SERIES	**	3,809,483
*	Lincoln National Life Insurance Company	LVIP MACQUARIE MID CAP VALUE FUND	**	3,743,071
*	Lincoln National Life Insurance Company	LVIP BLENDED MID CAP MANAGED VOLATILITY	**	3,458,982
*	Lincoln National Life Insurance Company	LVIP BLACKROCK DIVIDEND VALUE MNGDVLTLTY	**	3,343,993
*	Lincoln National Life Insurance Company	AMERICAN FUNDS GROWTH-INCOME	**	3,055,556
*	Lincoln National Life Insurance Company	LVIP MACQUARIE VALUE SERIES	**	2,825,134
*	Lincoln National Life Insurance Company	MACQUARIE SMALL CAP VALUE	**	2,476,953
*	Lincoln National Life Insurance Company	AMERICAN FUNDS INTERNATIONAL	**	2,447,786
*	Lincoln National Life Insurance Company	LVIP BARON GROWTH OPPORTUNITIES	**	2,080,660
*	Lincoln National Life Insurance Company	FIDELITY VIP GROWTH	**	1,834,947
*	Lincoln National Life Insurance Company	LVIP MONDRIAN INTERNATIONAL VALUE	**	1,590,445
*	Lincoln National Life Insurance Company	LVIP T. ROWE PRICE STRUCTURED MID-CAP GROWTH	**	1,241,484
*	Lincoln National Life Insurance Company	LVIP MACQUARIE BOND	**	884,502
*	Lincoln National Life Insurance Company	LVIP SSGA SMALL-CAP INDEX	**	718,369
*	Lincoln National Life Insurance Company	LVIP MACQUARIE DIVERSIFIED INCOME	**	635,580
*	Lincoln National Life Insurance Company	AMERICAN FUNDS GLOBAL GROWTH	**	626,016
*	Lincoln National Life Insurance Company	LVIP MACQUARIE U.S. REIT FUND	**	621,638
*	Lincoln National Life Insurance Company	LVIP JPMORGAN RETIREMENT INCOME FUND	**	565,560
*	Lincoln National Life Insurance Company	MFS UTILITIES	**	553,189
*	Lincoln National Life Insurance Company	LVIP MACQUARIE WEALTH BUILDER	**	474,627
*	Lincoln National Life Insurance Company	LVIP GOVERNMENT MONEY MARKET	**	385,525
*	Lincoln National Life Insurance Company	LVIP VANGUARD DOMESTIC EQUITY ETF	**	244,543
*	Lincoln National Life Insurance Company	AB VPS SUSTAIN GLOBAL THEMATIC PORT	**	204,100
*	Lincoln National Life Insurance Company	BLACKROCK GLOBAL ALLOCATION	**	199,669
*	Lincoln National Life Insurance Company	FIDELITY VIP FREEDOM TARGET DATE 2040	**	190,931
*	Lincoln National Life Insurance Company	FIDELITY VIP FREEDOM TARGET DATE 2035	**	156,781
*	Lincoln National Life Insurance Company	LVIP MACQUARIE HIGH YIELD FUND	**	153,819
*	Lincoln National Life Insurance Company	LVIP VANGUARD INTERNATIONAL EQUITY ETF	**	135,672
*	Lincoln National Life Insurance Company	LVIP GLOBAL CONSERVATIVE ALLOCATION MRSK	**	113,226
*	Nationwide Life Insurance Company	BNY MELLON STOCK INDEX	**	103,653
*	Lincoln National Life Insurance Company	LVIP GLOBAL MODERATE ALLOCATION MGD RISK	**	95,028
*	Nationwide Life Insurance Company	NVIT MELLON DYNAMIC US CORE	**	91,508
*	Lincoln National Life Insurance Company	FIDELITY VIP FREEDOM TARGET DATE 2020	**	78,164
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