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
HUNTINGTON MEMORIAL HOSPITAL RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1944

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)
PASADENA HOSPITAL ASSOCIATION, LTD

100 WEST CALIFORNIA BOULEVARD
PASADENA, CA 91105

2b Employer Identification Number (EIN)
95-1644036

2c Plan Sponsor's telephone number
626-397-5555

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.	10/14/2026	DIANE BALLON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

HUNTINGTON HOSPITAL RETIREMENT COMMITTEE

100 WEST CALIFORNIA BOULEVARD
PASADENA, CA 91105

3b Administrator's EIN: 95-1644036

3c Administrator's telephone number: 626-397-5555

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**	2320
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)**	1026
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	946
b	Retired or separated participants receiving benefits	**6b**	383
c	Other retired or separated participants entitled to future benefits	**6c**	885
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2214
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	26
f	Total. Add lines **6d** and **6e**.	**6f**	2240
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1I 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	☒ Insurance	**(1)**	☒ Insurance
(2)	☐ Code section 412(e)(3) insurance contracts	**(2)**	☐ Code section 412(e)(3) insurance contracts
(3)	☒ Trust	**(3)**	☒ 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)** ☒ **R** (Retirement Plan Information)
- **(2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
HUNTINGTON MEMORIAL HOSPITAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PASADENA HOSPITAL ASSOCIATION, LTD

D Employer Identification Number (EIN)
95-1644036

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
EQUITABLE LIFE ASSURANCE SOCIETY

(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
13-5570651	69244	AC-6777	396	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

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	1784956
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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 ▶ UNALLOCATED FUNDS-BOOK VALUE BASIS

b	Balance at the end of the previous year			7b	1512367
c	Additions: (1) Contributions deposited during the year	7c(1)	14497797		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	58296		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	14556093
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	16068460
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	14251687		
	(2) Administration charge made by carrier	7e(2)	31817		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	14283504
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1784956

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)**	0
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)**	0
(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)**	0
(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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
HUNTINGTON MEMORIAL HOSPITAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
PASADENA HOSPITAL ASSOCIATION, LTD

D Employer Identification Number (EIN)
95-1644036

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	119190297
b Actuarial value	**2b**	120913301

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	390	43130876	43130876
b For terminated vested participants	904	39646535	39646535
c For active participants	1026	67387147	67513928
d Total	2320	150164558	150291339

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.38 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	2412000
c Target normal cost	**6c**	2412000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/24/2026
Date

KATELYN L. BAILEY
Type or print name of actuary

26-08880
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

951-434-0640
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 1.28 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		7030597
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.17 %		363482
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		7394079
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	80.45 %
15	Adjusted funding target attainment percentage	15	80.45 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.10 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2025	1300000	0			
07/14/2025	1300000	0			
10/10/2025	1300000	0			
01/12/2026	1300000	0			
09/10/2026	650000	0			
			Totals ► 18(b)	5850000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	5619978

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	2412000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	29378038	3170469
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	5582469

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

36 Additional cash requirement (line 34 minus line 35)	**36**	5582469
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	5619978
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	37509
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
HUNTINGTON MEMORIAL HOSPITAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PASADENA HOSPITAL ASSOCIATION, LTD

D Employer Identification Number (EIN)
95-1644036

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	599568	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE VANGUARD GROUP, INC.

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	177745	Yes [X] No [ ]

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

CAMBRIDGE ASSOCIATES LLC

04-3515240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	159981	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ERNST & YOUNG LLP

36-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	90234	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FRANKLIN TEMPLETON

94-3411725

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	43222	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AXA EQUITABLE

13-5570651

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 50	NONE	31817	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PRINCIPAL CUSTODY SOLUTIONS

42-1466678

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 28 49 51	NONE	20535	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
HUNTINGTON MEMORIAL HOSPITAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PASADENA HOSPITAL ASSOCIATION, LTD

D Employer Identification Number (EIN)
95-1644036

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT-TERM INVESTMENT FUND S10

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-6292499-001	C	2397263

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 3000 INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-3302956-001	C	19279419

a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT-TERM INVESTMENT FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-6450621-001	C	1

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
HUNTINGTON MEMORIAL HOSPITAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PASADENA HOSPITAL ASSOCIATION, LTD

D Employer Identification Number (EIN)
95-1644036

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)	9300000	1950000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	503198	509324
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	1580811	1457293
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	35924614	38089755
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	21359857	21676683
(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)	49129199	53796960
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1512367	1784956
(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	119310046	119264971
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	129452	210570
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	15888	8212
1k Total liabilities (add all amounts in lines 1g through1j)	1k	145340	218782
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	119164706	119046189

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)	5850000	
(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)		5850000
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)	58017	
(C) Corporate debt instruments	2b(1)(C)	1740641	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	239117	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2037775
(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)	2301037	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2301037
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	42746060	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	42693950	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		52110
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	770634	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		770634

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3406248
(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)		2495631
c Other income	2c		60457
d Total income. Add all **income** amounts in column (b) and enter total	2d		16973892
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14251685	
(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)		14251685
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)	365000	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	90234	
(5) Investment advisory and investment management fees	2i(5)	276421	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	234568	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	31817	
(11) Other expenses	2i(11)	1842684	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2840724
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		17092409
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-118517
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
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		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 586221.

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
HUNTINGTON MEMORIAL HOSPITAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PASADENA HOSPITAL ASSOCIATION, LTD

D Employer Identification Number (EIN)
95-1644036

Part I Distributions

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

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

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

EIN(s): 13-5570651

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** 79

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: 26.0 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 72.0 %
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: 2.0 % Other: _____%

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Financial Statements and Supplemental Schedules

Huntington Memorial Hospital Retirement Plan
As of and for the Years Ended December 31, 2025 and 2024
With Report of Independent Auditors

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

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Huntington Memorial Hospital Retirement Plan

Financial Statements and Supplemental Schedules

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

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Report of Independent Auditors

The Retirement, Benefits, and Compensation Committee
Huntington Memorial Hospital Retirement Plan

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

We have performed audits of the financial statements of Huntington Memorial Hospital Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (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 years ended, and the related notes (collectively referred to as the "financial statements").

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

Management has obtained certifications from a qualified institution as of December 31, 2025, and 2024, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all

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material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

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Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2025, and reportable transactions for the year then ended (referred to as the "supplemental schedules"), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

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In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Ernst & Young LLP

October 13, 2026

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Huntington Memorial Hospital Retirement Plan

Statements of Net Assets Available for Benefits

	December 31	
	2025	**2024**
Assets		
Investments at fair value	**$ 116,805,647**	$ 109,506,848
Contributions receivable from employer	**1,950,000**	9,300,000
Interest and dividends receivable	**509,324**	503,198
Total assets	**119,264,971**	119,310,046
Liabilities		
Amounts to be reimbursed to employer for administrative expenses	**210,570**	129,452
Due to broker for securities purchased	**8,212**	15,888
Total liabilities	**218,782**	145,340
Net assets available for benefits	**$ 119,046,189**	$ 119,164,706

See accompanying notes.

Huntington Memorial Hospital Retirement Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2025	**2024**
Additions:		
Employer contributions	**$ 5,850,000**	$ 13,050,000
Investment income:		
Interest and dividends	**4,534,936**	4,291,356
Net appreciation (depreciation) of investments	**6,588,955**	(3,060,212)
Net investment income	**11,123,891**	1,231,144
Total additions	**16,973,891**	14,281,144
Deductions:		
Benefit payments	**14,251,685**	10,527,973
Administrative and other expenses	**2,840,723**	2,585,773
Total deductions	**17,092,408**	13,113,746
Net (decrease) increase	**(118,517)**	1,167,398
Net assets available for benefits at beginning of year	**119,164,706**	117,997,308
Net assets available for benefits at end of year	**$ 119,046,189**	$ 119,164,706

See accompanying notes.

Huntington Memorial Hospital Retirement Plan

Notes to Financial Statements

December 31, 2025

1. Plan Description

General

Huntington Memorial Hospital Retirement Plan (the Plan) is a defined benefit pension plan sponsored by Huntington Memorial Hospital (the Hospital), which covers eligible employees. All employees who are at least 21 years of age and have completed 1,000 hours of service within a year are eligible to participate in the Plan. Complete information about the Plan is contained in the plan document.

The Plan provides for (a) normal retirement benefits commencing at age 65, (b) early retirement benefits at age 55 with five years of vesting service, and (c) disability pension benefits with five years of vesting service. Retirement benefits are determined based on the sum of a) a percentage of the individual participant's highest average compensation during a five-year period within the last ten years prior to the earlier of June 30, 2005, and termination date times service, calculated using a step-rate retirement benefit formula, plus b) a percentage of each year's compensation after June 30, 2005 through July 1, 2013. Participants obtain a 100% vested right to accrued benefits under the Plan upon completion of five years of vesting service. All participants become 100% vested at age 65. Effective July 1, 2013, the Plan is closed to new participants and all benefit accruals under the Plan were frozen.

The Plan is administered by the Investment Committee and the Retirement, Benefits, and Compensation Committee which are composed of certain key executives and members of the board of directors of the Hospital. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

On August 4, 2021, the Hospital became affiliated with Cedars-Sinai Health System, which had no impact on the Plan.

Principal Bank (Principal) serves as trustee of the Plan.

1. Plan Description (continued)

Funding Policy

Through June 30, 2005, each participant, who elected to do so, contributed to the cost of providing benefits under the Plan at a rate of 2-1/2% of the participant's compensation. Such participant contribution amounts, plus interest accrued under the terms of the Plan, are fully vested. Employees' accumulated contributions at December 31, 2025 and 2024 were approximately $9,450,000 and $10,150,000, respectively, including interest credited at an interest rate of 5.10% and 5.25% for the years ended December 31, 2025 and 2024, respectively. Effective July 1, 2005, the Plan was amended to convert from a voluntary contributory plan to an involuntary noncontributory plan. All employees who met the eligibility requirements as of July 1, 2005, and thereafter, were required to participate in the Plan. Accordingly, active employees as of July 1, 2005, who had previously elected not to participate in the Plan received retroactive credit for vesting based on years of service prior to July 1, 2005. As a noncontributory plan, participants are no longer permitted or required to contribute to the Plan and all contributions are funded by the Hospital.

The Hospital contributes the amounts necessary, calculated on an actuarial basis, to provide the Plan with sufficient assets to meet the benefits to be paid to participants. The Hospital's contributions for 2025 and 2024 have met the minimum funding requirements of ERISA. All contributions are remitted to the custodian of the Plan, as applicable.

Plan Termination

It is the intent of the Hospital to continue the Plan; however, the Hospital reserves the right to terminate the Plan at any time. In the event of such termination, the assets of the Plan, less expenses of administration and liquidation, would be distributed, subject to the provisions of ERISA, in the following priority:

- Benefits to participants derived from employees' contributions
- All other benefits to which the participant has a vested right
- All other accrued benefits to the extent then funded

To the extent that unfunded vested benefits exist, ERISA provides that such benefits are payable to participants by the Pension Benefit Guaranty Corporation, up to specified limitations.

2. Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting in conformity with accounting principles generally accepted in the United States (U.S. GAAP).

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

All expenses incident to the administration of the Plan, including fees for investment management and custodial services, consulting actuary services, and independent accounting services, are charged to, and paid by, the Plan. Certain of these fees were paid by the Hospital with subsequent reimbursement to be provided by the Plan. Expenses to be reimbursed to the Hospital are recorded as plan liabilities.

Investment Valuation

The Plan invests in fixed income securities, including U.S. Government securities, asset-backed securities, foreign government bonds, corporate bonds, and municipal bonds. In addition, the Plan invests in mutual funds, exchange traded funds (ETFs), common/collective trust funds, and a 103-12 entity with various investment strategies, such as equities, fixed income, real estate, and convertible securities. The fair value of the mutual fund and ETFs investments is determined based on the closing prices reported on national securities exchanges. Investments in common/collective trust funds and a 103-12 entity are valued using the net asset value (NAV) per unit as a practical expedient based on the fair value of the underlying investments held in the fund. The Plan holds a guaranteed investment contract that is valued at fair value based on the general assets of Equitable Life Assurance Society of the United States (Equitable). Corporate bonds, municipal bonds, and asset-backed securities are valued using quoted market prices that are traded in less active markets or quoted market prices for similar instruments. U.S. Government securities and foreign government bonds are valued using quoted market prices that are traded in active markets.

2. Accounting Policies (continued)

The investments in the BlackRock Russell 3000 Index Fund and BlackRock Short-Term Investment Fund have no redemption restrictions. There are no unfunded commitments for the common/collective trust funds and 103-12 entity. Also, the Plan has entered into an annuity contract in which the funds are held in an insurance company general account that is reported at fair value.

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

Purchase of Insurance Contract

Effective January 1, 1989, the group annuity contract with Equitable was converted to a nonparticipating basis. Equitable assumed the liability for payment of retirement benefits for all employees retired as of the conversion date and guarantees the lifetime pension benefit payments of those retired employees. As a fully insured allocated contract, this contract and the associated liability have been excluded from plan assets and liabilities, respectively.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 3) are determined as of the beginning of the year and are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

2. Accounting Policies (continued)

Subsequent Events

Management evaluated subsequent events for the Plan through October 13, 2026, the date the accompanying financial statements were available to be issued.

3. Accumulated Plan Benefit Obligation

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

Accumulated plan benefits actuarially computed as of December 31, 2024, were as follows:

Vested benefits:	
Active participants	$ 64,370,080
Terminated vested participants, including inactive participants	38,169,554
Retirees and beneficiaries receiving benefits	41,709,146
Total vested benefits	144,248,780
Non-vested benefits	107,341
Total actuarial present value of accumulated benefits	$ 144,356,121

The changes in accumulated plan benefits for the year ended December 31, 2024, were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	$ 148,172,987
Increase (decrease) during the year attributed to:	
Decrease in discount period	8,431,631
Benefits paid	(10,527,973)
Actuarial losses	1,505,097
Assumption changes	(3,225,621)
Net decrease	(3,816,866)
Actuarial present value of accumulated plan benefits at end of year	$ 144,356,121

3. Accumulated Plan Benefit Obligation (continued)

The change in the expected long-term rate of return on plan assets assumption from 5.90% to 6.00% resulted in a decrease in the liability of approximately $1.1 million. Additionally, the updated lump sum assumptions resulted in a liability decrease of approximately $2.1 million.

The significant actuarial assumptions used to determine the present value of accumulated plan benefits as of December 31, 2024, are as follows:

Mortality	Pri-2012 healthy retiree, employee, and contingent survivor tables (sex-distinct, no collar adjustment) projected forward generationally from 2012 using scale MP-2021
Interest rate	6.00%
Retirement age	Age 65
Retirement rate	Various rates ranging from 5% at age 55 to 100% at age 75+

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

4. Certified Investments

All investment information disclosed in the accompanying financial statements and supplemental schedules including investments at fair value at December 31, 2025 and 2024 (excluding the fair value of funds held in the insurance company general account of $1,784,956 and $1,512,367, respectively), and net appreciation (depreciation) in fair value of investments, interest and dividends (except $58,296 and $64,357 in 2025 and 2024, respectively, related to the amounts held in the insurance company general account), for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Principal, as applicable. The fair value of funds held in the insurance company general account of $1,784,956 and $1,512,367 at December 31, 2025 and 2024, respectively, and the related interest income for the years then ended were certified as complete and accurate by Equitable Financial Life Insurance Company, the custodian.

5. Fair Value Measurement

Fair value is defined as an exit price, representing the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants. As such, fair value is a market-based measurement that should be determined based on assumptions that market participants would use in pricing an asset or a liability. As a basis for considering such assumptions, the Plan utilizes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value as follows:

Level 1: Assets that have readily observable prices (quoted prices in active markets accessible at measurement date for assets), and therefore, a reliable fair market value.

Level 2: Assets that 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: Assets whose fair value cannot be determined by using observable measures and can only be calculated using estimates or risk-adjusted value ranges, when little or no market data is available. 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 fair values are therefore determined using factors that involve considerable judgment and interpretations, including, but not limited to, private and public comparables, third-party appraisals, discounted cash flow models, and fund manager estimates.

In determining fair value, the Hospital utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible.

5. Fair Value Measurement (continued)

The following tables present the Plan's assets measured at fair value on a recurring basis by level within the three-tier fair value hierarchy as of December 31:

	Level 1	Level 2	Level 3	Total
2025				
Mutual funds	**$ 18,844,956**	**$ –**	**$ –**	**$ 18,844,956**
Exchange traded fund	**34,952,004**	**–**	**–**	**34,952,004**
Insurance company general account contract	**–**	**–**	**1,784,956**	**1,784,956**
Corporate debt	**–**	**35,942,287**	**–**	**35,942,287**
Asset-backed securities	**–**	**240,226**	**–**	**240,226**
U.S. Government securities	**1,457,293**	**–**	**–**	**1,457,293**
Municipal securities	**–**	**1,135,399**	**–**	**1,135,399**
Foreign Government bonds	**771,843**	**–**	**–**	**771,843**
Total	**$ 56,026,096**	**$ 37,317,912**	**$ 1,784,956**	**95,128,964**
103-12 entity*				**19,279,419**
Common collective trust*				**2,397,264**
Total investments at fair value				**$ 116,805,647**

*Measured at NAV as a practical expedient

	Level 1	Level 2	Level 3	Total
2024				
Mutual fund	$ 18,970,091	$ –	$ –	$ 18,970,091
Exchange traded fund	30,159,108	–	–	30,159,108
Insurance company general account contract	–	–	1,512,367	1,512,367
Corporate debt	–	34,272,272	–	34,272,272
Asset-backed securities	–	67,965	–	67,965
U.S. Government securities	1,580,811	–	–	1,580,811
Municipal securities	–	928,250	–	928,250
Foreign Government bonds	656,128	–	–	656,128
Total	$ 51,366,138	$ 35,268,487	$ 1,512,367	88,146,992
103-12 entity*				19,113,799
Common trust funds*				2,246,057
Total investments at fair value				$ 109,506,848

*Measured at NAV as a practical expedient

5. Fair Value Measurement (continued)

For the years ended December 31, 2025 and 2024, the insurance company general account contract had transfers in of $14,556,093 and $10,800,148, respectively, and transfers out of $14,283,504 and $10,559,762, respectively.

6. Risks and Uncertainties

Financial instruments that potentially subject the Plan to concentrations of credit risk consist of investments in equity and fixed-income funds. The Plan's investments are managed by professional investment managers within the guidelines established by the Investment Committee.

The Plan's investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits. The Plan's exposure to credit loss in the event of nonperformance of investments is limited to the carrying value of such instruments.

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

7. Parties-In-Interest Transactions

The Plan holds a money market fund managed by the Trustee. The Plan also holds an insurance company general account contract with Equitable (see Note 2), the custodian of the insurance contract. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

8. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated March 5, 2018, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore believes the Plan, is qualified and the related trust are tax-exempt.

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

Supplemental Schedules

Huntington Memorial Hospital Retirement Plan

EIN 95-1644036 Plan #001

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

December 31, 2025

Asset Description	Cost	Market Value
103-12 entity		
BLACKROCK RUSSELL 3000 INDEX FUND	$ 4,053,727	$ 19,279,419
Common collective trust funds		
BLACKROCK SHORT-TERM INV FUND	–	1
ALLSPRING SHORT-TERM INVESTMENT FUND S10	2,397,263	2,397,263
Total common collective trust funds		2,397,264
Exchange traded fund		
VANGUARD LONG-TERM TREASURY ETF	38,571,710	34,952,004
Mutual fund		
VANGUARD TOTAL INTERNATIONAL STOCK INDEX FUND INSTITUTIONAL CLASS #1869	7,350,543	10,729,740
VANGUARD EXTENDED DURATION TREASURY INDEX FUND CLASS INS	9,196,543	8,115,216
Total mutual funds		18,844,956
Corporate debt		
UNITEDHEALTH GROUP INC DTD 10/22/12 3.950 10/15/2042	25,050	24,835
ELI LILLY & CO DTD 02/27/2023 4.950% 02/27/2063 CALLABLE	30,379	27,052
MORGAN STANLEY SR MEDIUM TERM NOTE DTD 10/22/2025 VAR CPN 10/22/2036	30,000	29,734
VIRGINIA ELEC & POWER CO DTD 11/22/21 2.950 11/15/2051	33,244	31,449
SALESFORCE.COM INC DTD 07/12/21 2.900 07/15/2051	34,721	31,641
SYSCO CORPORATION DTD 02/13/20 3.300 02/15/2050	35,373	34,810
MERCK & CO INC DTD 12/10/21 2.750 12/10/2051	51,621	46,411
TOTALENERGIES CAP DTD 09/10/2024 5.425% 09/10/2064 CALLABLE	46,137	46,795
MORGAN STANLEY DTD 04/24/18 04/22/2039	42,088	47,045
MARATHON PETROLEUM CORP DTD 09/01/11 6.500 03/01/2041	52,091	53,216
VODAFONE GROUP PLC DTD 06/28/2024 5.875% 06/28/2064 CALLABLE	64,221	62,900
UPMC DTD 04/12/2023 5.377% 05/15/2043 CALLABLE	85,548	82,730
UNION PACIFIC CORP DTD 01/31/20 3.250 02/05/2050	93,049	86,547
ELI LILLY & CO DTD 02/09/2024 5.100% 02/09/2064 CALLABLE	96,163	90,233
MIDAMERICAN ENERGY HLDGS DTD 10/01/06 6.125 04/01/2036	112,722	113,872
SHELL FINANCE US INC DTD 09/12/2024 3.750% 09/12/2046 NON CALLABLE	127,914	120,760
SIMON PROPERTY GROUP LP DTD 03/08/2023 5.850% 03/08/2053 CALLABLE	125,788	126,932

Asset Description	Cost	Market Value
Corporate debt (continued)		
MIDAMERICAN ENERGY CO DTD 10/15/19 3.150 04/15/2050	$ 163,728	$ 152,329
PG&E WILDFIRE RECOVERY DTD 07/20/2022 5.099% 06/01/2054 NON CALLABLE	180,117	163,047
AT&T INC DTD 06/15/13 4.350 06/15/2045	74,512	74,259
AT&T INC DTD 05/04/15 4.750 05/15/2046	187,791	186,282
AT&T INC DTD 05/28/20 3.500 06/01/2041	91,666	94,392
AT&T INC DTD 03/15/21 3.500 09/15/2053	223,457	214,150
AT&T INC DTD 03/15/21 3.550 09/15/2055	97,342	93,190
AT&T INC DTD 03/15/21 3.650 09/15/2059	128,318	122,000
ABBVIE INC DTD 05/06/13 4.400 11/06/2042	159,028	160,110
ABBVIE INC DTD 05/12/16 4.450 05/14/2046	162,231	160,798
ABBVIE INC DTD 09/18/18 4.875 11/14/2048	26,829	27,314
ABBVIE INC DTD 05/21/20 4.250 11/21/2049	143,223	140,005
ABBVIE INC DTD 02/26/2024 5.400% 03/15/2054 CALLABLE	45,842	44,720
AKER BP ASA DTD 10/01/2024 5.800% 10/01/2054 CALLABLE	149,535	136,378
ALABAMA POWER CO DTD 12/05/12 3.850 12/01/2042	86,961	85,861
ALABAMA POWER CO DTD 01/13/16 4.300 01/02/2046	68,030	67,546
ALCOA INC DTD 01/25/2007 5.950% 02/01/2037 NON CALLABLE	81,600	86,491
ALEXANDRIA REAL ESTATE E DTD 02/16/22 3.550 03/15/2052	93,570	88,321
ALPHABET INC DTD 11/06/2025 5.450% 11/15/2055 CALLABLE	151,362	147,146
ALTRIA GROUP INC DTD 02/04/21 3.400 02/04/2041	22,143	23,197
AMAZON.COM INC DTD 05/12/21 2.875 05/12/2041	145,633	144,168
AMAZON.COM INC DTD 05/12/21 3.250 05/12/2061	92,808	83,173
AMAZON.COM INC DTD 04/13/2022 3.950% 04/13/2052 NON CALLABLE	98,664	89,751
AMAZON.COM INC DTD 11/20/2025 5.450% 11/20/2055 CALLABLE	50,474	48,801
AMERICAN ELECTRIC POWER DTD 03/05/20 3.250 03/01/2050	70,305	71,263
AMERICAN EXPRESS CO DTD 04/25/2025 VAR CPN 04/25/2036 CALLABLE	45,000	47,514
AMERICAN INTL GROUP DTD 07/16/14 4.500 07/16/2044	52,076	52,850
AMERICAN WATER CAPITAL C DTD 04/14/20 3.450 05/01/2050	74,846	71,204
AMERICAN WTR CAP CORP DTD 08/08/2025 5.700% 09/01/2055 CALLABLE	31,825	32,042
AMGEN INC DTD 05/01/15 4.400 05/01/2045	198,557	194,151
AMGEN INC DTD 03/02/2023 5.600% 03/02/2043 CALLABLE	50,909	55,305
AMGEN INC DTD 03/02/2023 5.650% 03/02/2053 CALLABLE	199,637	195,840
AMGEN INC DTD 03/02/2023 5.750% 03/02/2063 CALLABLE	30,322	29,270
AMPHENOL CORP DTD 10/31/2024 5.375% 11/15/2054 CALLABLE	40,356	39,851
AMPHENOL CORP DTD 11/10/2025 5.300% 11/15/2055 CALLABLE	88,948	85,023
ANALOG DEVICES INC DTD 10/05/21 2.950 10/01/2051	92,197	84,339
ANHEUSER-BUSCH COS LLC / ANHEUSER-BUSCH INBEV DTD 05/15/19 4.700 02/01/2036	181,186	188,072

Huntington Memorial Hospital Retirement Plan

EIN 95-1644036 Plan #001

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

Asset Description	Cost	Market Value
Corporate debt (continued)		
ANHEUSER-BUSCH COS LLC / ANHEUSER-BUSCH INBEV DTD 05/15/19 4.900 02/01/2046	$ 419,582	$ 412,501
ANHEUSER-BUSCH INBEV WOR DTD 04/06/17 4.439 10/06/2048	59,449	60,221
ANTERO RESOURCES CORP 144A PRIV PLCMT 5.375 03/01/2030	38,794	40,554
ANTHEM INC DTD 09/09/19 3.700 09/15/2049	84,731	80,917
ELEVANCE HEALTH INC DTD 05/30/2024 5.650% 06/15/2054 CALLABLE	37,846	36,957
APPLE INC DTD 05/03/13 3.850 05/04/2043	282,634	270,294
APPLE INC DTD 08/04/16 3.850 08/04/2046	73,786	68,876
APPLE INC DTD 08/05/21 2.850 08/05/2061	53,652	47,222
APPLIED MATERIALS INC DTD 03/31/17 4.350 04/01/2047	18,294	17,207
ARCH CAPITAL GRP US INC DTD 12/13/13 5.144 11/01/2043	37,120	37,941
ARCH CAPITAL GROUP LTD DTD 06/30/20 3.635 06/30/2050	55,283	55,670
ARES FINANCE CO IV LLC 144A PRIV PLCMT 3.650 02/01/2052	14,039	14,616
ARTHUR J GALLAGHER & CO DTD 11/09/21 3.050 03/09/2052	53,508	50,614
GALLAGHER ARTHUR J & CO DTD 02/15/2024 5.750% 07/15/2054 CALLABLE	50,382	50,140
ARTHUR J GALLAGHER & CO DTD 12/19/2024 5.550% 02/15/2055 CALLABLE	39,750	38,390
ASCENSION HEALTH DTD 05/11/16 3.945 11/15/2046	85,354	81,346
ASTRAZENECA PLC DTD 09/12/2007 6.450 09/15/2037	58,797	60,409
ATHENE HOLDING LTD DTD 12/13/21 3.450 05/15/2052	16,535	15,807
ATHENE HOLDING LTD DTD 05/19/2025 6.625% 05/19/2055 CALLABLE	69,369	71,294
AXA EQUITABLE HOLDINGS I DTD 10/20/18 5.000 04/20/2048	49,097	49,352
BAE SYSTEMS HOLDINGS INC 144A PRIV PLCMT 4.750 10/07/2044	64,109	64,260
BAT CAPITAL CORP DTD 08/15/18 4.390 08/15/2037	63,794	69,087
BAT CAPITAL CORP DTD 09/25/20 3.734 09/25/2040	80,377	80,898
BHP BILLITON FIN USA LTD DTD 09/30/13 5.000 09/30/2043	84,459	80,725
BHP BILLITON FIN USA LTD DTD 09/08/2023 5.500% 09/08/2053 CALLABLE	22,586	22,900
BHP BILLITON FIN USA LTD DTD 09/05/2025 5.750% 05/09/2055 CALLABLE	30,785	31,602
BANK OF AMERICA CORP DTD 04/24/17 04/24/2038	179,414	191,185
BANK OF AMERICA CORP MED TERM NOTE DTD 06/19/20 06/19/2041	374,347	398,158
BANK OF AMERICA CORP DTD 04/22/21 04/22/2042	15,238	15,778
BANK OF AMERICA DTD 04/27/2022 VAR CPN 04/27/2033 CALLABLE	54,619	60,851
BANK OF AMERICA CORP DTD 08/15/2024 VAR CPN 08/15/2035 CALLABLE	40,000	40,909
BANK OF AMERICA CORP DTD 02/12/2025 VAR CPN 02/12/2036 CALLABLE	89,469	93,780
BAYER US FIN II LLC 144A PRIV PLCMT 4.400 07/15/2044	52,309	56,475
BEIGNET INVESTOR LLC DTD 10/21/2025 6.581% 05/30/2049 NON CALLABLE	53,674	52,825
BERKSHIRE HATHAWAY ENERG DTD 10/15/20 4.250 10/15/2050	140,323	131,939
BERKSHIRE HATHAWAY FIN DTD 01/11/19 4.250 01/15/2049	100,847	92,231
BERKSHIRE HATHAWAY FIN DTD 03/15/2022 3.850% 03/15/2052 CALLABLE	94,950	88,493

Asset Description	Cost	Market Value
Corporate debt (continued)		
BLACKSTONE HOLDINGS FINA 144A PRIV PLCMT 2.850 08/05/2051	$ 60,842	$ 65,623
BLACKROCK FUNDING INC DTD 03/14/2024 5.250% 03/14/2054 CALLABLE	48,573	47,921
BOEING CO DTD 05/02/19 3.600 05/01/2034	34,044	36,342
BOEING CO DTD 07/31/19 3.250 02/01/2035	16,243	17,512
BOEING CO DTD 07/31/19 3.750 02/01/2050	94,272	94,544
BOEING CO DTD 05/04/20 5.705 05/01/2040	24,318	25,520
BOEING CO DTD 05/04/20 5.805 05/01/2050	170,960	174,095
BOEING CO DTD 05/04/20 5.930 05/01/2060	55,486	58,834
BOEING CO/THE DTD 11/01/2024 6.858% 05/01/2054 CALLABLE	25,000	28,079
BOEING CO DTD 11/01/2024 7.008% 05/01/2064 CALLABLE	42,858	45,450
BP CAP MARKETS AMERICA DTD 02/08/21 3.379 02/08/2061	99,592	95,307
BP CAP MARKETS AMERICA DTD 06/17/21 3.060 06/17/2041	57,213	60,891
BRISTOL-MYERS SQUIBB CO DTD 05/15/20 4.350 11/15/2047	76,500	71,885
BRISTOL-MYERS SQUIBB CO DTD 02/20/20 4.550 02/20/2048	17,160	17,303
BRISTOL-MYERS SQUIBB CO DTD 11/13/20 2.550 11/13/2050	29,657	29,567
BRISTOL-MYERS SQUIBB CO DTD 03/02/22 3.700 03/15/2052	32,470	29,390
BRISTOL-MYERS SQUIBB CO DTD 02/22/2024 5.550% 02/22/2054 CALLABLE	79,687	78,566
BROADCOM INC DTD 04/18/2022 4.926% 05/15/2037 CALLABLE	75,291	83,896
BROADCOM INC DTD 08/15/2025 3.750% 02/15/2051 CALLABLE	42,881	45,233
BROADCOM INC DTD 08/15/2025 3.500% 02/15/2041 CALLABLE	62,450	69,147
BROOKFIELD FINANCE INC DTD 03/04/2024 5.968% 03/04/2054 CALLABLE	56,000	56,524
BROWN & BROWN INC DTD 03/17/2022 4.950% 03/17/2052 CALLABLE	38,500	39,246
BROWN & BROWN INC DTD 06/23/2025 6.250% 06/23/2055 CALLABLE	136,727	141,416
BURLINGTN NORTH SANTA FE DTD 05/17/10 5.750 05/01/2040	317,178	317,016
BURLINGTN NORTH SANTA FE DTD 03/07/14 4.900 04/01/2044	72,410	70,577
BURLINGTN NORTH SANTA FE DTD 12/08/21 2.875 06/15/2052	58,009	53,356
BURLINGTON NORTHN SANTA FE CORP DTD 06/07/2024 5.500% 03/15/2055 CALLABLE	41,777	41,302
CBS CORP DTD 08/19/14 4.900 08/15/2044	27,694	25,117
CIGNA CORP DTD 08/15/19 4.800 08/15/2038	45,860	46,918
CIGNA CORP DTD 06/15/19 4.900 12/15/2048	103,221	100,744
CIGNA CORP DTD 03/16/20 3.200 03/15/2040	14,808	15,799
CIGNA CORP DTD 03/16/20 3.400 03/15/2050	40,988	41,956
THE CIGNA GROUP DTD 09/04/2025 6.000% 01/15/2056 CALLABLE	40,608	42,161
CMS ENERGY CORP DTD 02/27/14 4.875 03/01/2044	72,577	71,472
CRH AMERICA FINANCE INC DTD 10/09/2025 5.600% 02/09/2056 CALLABLE	44,945	44,348
CSX CORP DTD 09/12/19 3.350 09/15/2049	33,296	31,635
CSX CORP DTD 07/28/2022 4.500% 11/15/2052 CALLABLE	35,697	33,940
CSL FINANCE PLC DTD 04/27/2022 4.750% 04/27/2052 CALLABLE	46,940	43,132

Huntington Memorial Hospital Retirement Plan

EIN 95-1644036 Plan #001

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

Asset Description	Cost	Market Value
Corporate debt (continued)		
CSL FIN PLC DTD 04/03/2024 5.417% 04/03/2054 CALLABLE	$ 20,000	$ 19,006
CVS HEALTH CORP DTD 07/20/15 5.125 07/20/2045	138,314	135,422
CVS HEALTH CORP DTD 03/09/18 4.780 03/25/2038	186,808	193,502
CVS HEALTH CORP DTD 03/09/18 5.050 03/25/2048	51,357	50,248
CANADIAN NATL RAILWAY DTD 05/31/06 6.200 06/01/2036	65,967	66,433
CANADIAN NATL RESOURCES DTD 05/30/17 4.950 06/01/2047	80,267	79,209
CANADIAN PACIFIC RR CO DTD 09/11/15 4.800 09/15/2035	47,881	49,578
CANADIAN PACIFIC RR CO DTD 09/11/15 6.125 09/15/2115	31,743	29,898
CANADIAN PAC RY CO DTD 04/19/2023 4.200% 11/15/2069 CALLABLE	81,305	70,544
CAPITAL ONE FINANCIAL CO DTD 01/30/2025 VAR CPN 01/30/2036 CALLABLE	69,852	73,072
CARDINAL HEALTH INC DTD 11/22/2024 5.750% 11/15/2054 CALLABLE	47,285	48,881
CARGILL INC DTD 04/22/2022 4.375% 04/22/2052 CALLABLE	18,282	16,585
CARGILL INC DTD 10/23/2025 5.375% 10/23/2055 CALLABLE	24,989	24,060
CARLISLE COS INC DTD 08/20/2025 5.550% 09/15/2040 CALLABLE	84,729	86,138
CARLYLE FINANCE LLC 144A PRIV PLCMT 5.650 09/15/2048	63,898	65,336
CARRIER GLOBAL CORP DTD 10/05/20 3.577 04/05/2050	10,295	10,307
CATERPILLAR INC DTD 08/15/12 3.803 08/15/2042	78,363	75,588
CHARTER COMM OPT LLC/CAP DTD 11/01/17 5.375 05/01/2047	146,086	149,923
CHARTER COMM OPT LLC/CAP DTD 04/17/18 5.375 04/01/2038	173,981	184,400
CHARTER COMM OPT LLC/CAP DTD 04/17/18 5.750 04/01/2048	144,660	149,273
CHARTER COMM OPT LLC/CAP DTD 06/02/21 4.400 12/01/2061	29,014	27,469
CHARTER COMM OPT LLC/CAP DTD 10/12/21 3.500 03/01/2042	130,490	138,748
CHUBB INA HOLDINGS INC DTD 11/18/21 3.050 12/15/2061	84,512	76,641
CINCINNATI FINL CORP DTD 04/15/05 6.125 11/01/2034	31,118	31,193
CISCO SYSTEMS INC DTD 02/17/09 5.900 02/15/2039	71,729	69,878
CISCO SYSTEMS INC DTD 02/26/2024 5.300% 02/26/2054 CALLABLE	114,851	110,230
CITIGROUP INC DTD 04/25/17 04/24/2048	72,842	70,741
CITIGROUP INC DTD 11/03/21 11/03/2042	88,374	88,703
CITIGROUP INC DTD 12/10/2025 VAR CPN 12/31/2049 CALLABLE	75,000	76,220
CITIGROUP INC DTD 05/25/2023 VAR CPN 05/25/2034 CALLABLE	43,499	47,790
CITIGROUP INC DTD 03/04/2025 VAR CPN 03/04/2056 CALLABLE	33,000	32,859
CLEVELAND CLINIC FOUND DTD 09/18/14 4.858 01/01/2114	16,936	15,167
COCA-COLA CO DTD 05/13/2024 5.400% 05/13/2064 CALLABLE	64,589	63,139
COLUMBIA PIPELINES OPCO DTD 08/08/2023 6.544% 11/15/2053 CALLABLE	69,971	74,537
COMCAST CORP DTD 07/19/16 3.400 07/15/2046	70,758	66,058
COMCAST CORP DTD 10/19/17 3.969 11/01/2047	92,814	86,134
COMCAST CORP DTD 05/01/2022 2.887% 11/01/2051 CALLABLE	235,012	207,600
COMCAST CORP DTD 05/01/2022 2.937% 11/01/2056 CALLABLE	128,120	112,376

Asset Description	Cost	Market Value
Corporate debt (continued)		
COMCAST CORP DTD 05/01/2022 2.987% 11/01/2063 CALLABLE	$ 90,815	$ 78,431
COMMONSPIRIT HEALTH DTD 08/21/19 4.187 10/01/2049	82,456	78,430
COMMONWEALTH EDISON CO DTD 03/15/2022 3.850% 03/15/2052 CALLABLE	133,564	123,405
CONNECTICUT LIGHT & PWR DTD 03/28/18 4.000 04/01/2048	25,822	23,888
CONOCOPHILLIPS COMPANY DTD 03/08/2022 3.800% 03/15/2052 CALLABLE	57,421	58,686
CONOCOPHILLIPS COMPANY DTD 09/15/2022 4.025% 03/15/2062 CALLABLE	154,588	141,673
CONS EDISON CO OF NY DTD 03/06/14 4.450 03/15/2044	109,134	108,969
CON EDISON CO OF NY INC DTD 11/14/2022 6.150% 11/15/2052 CALLABLE	92,202	93,597
CONSOLIDATED EDISON CO DTD 11/22/2023 5.900% 11/15/2053 CALLABLE	26,753	27,522
CONSTELLATION ENERGY DTD 09/29/2023 6.500% 10/01/2053 CALLABLE	62,738	65,368
CONSUMERS ENERGY CO DTD 05/14/18 4.050 05/15/2048	106,263	100,656
RABOBANK NEDERLANDS MED TERM NOTE DTD 05/24/11 5.250 05/24/2041	38,084	40,160
CORNING INC DTD 02/21/12 4.750 03/15/2042	33,125	32,138
CORNING INC DTD 11/13/17 4.375 11/15/2057	16,570	16,134
CORNING INC DTD 11/19/19 3.900 11/15/2049	15,934	15,394
COX COMMUNICATIONS INC 144A PRIV PLCMT 4.500 06/30/2043	45,869	42,345
CUMMINS INC DTD 02/20/2024 5.450% 02/20/2054 CALLABLE	48,720	48,279
DTE ELECTRIC CO DTD 02/24/22 3.650 03/01/2052	83,524	77,301
DTE ELECTRIC CO DTD 05/14/2025 5.850% 05/15/2055 CALLABLE	14,962	15,394
DEERE & COMPANY DTD 09/06/19 2.875 09/07/2049	40,821	36,918
DEERE & CO DTD 01/16/2025 5.700% 01/19/2055 CALLABLE	67,613	68,214
DELL INT LLC / EMC CORP DTD 06/15/2023 3.375% 12/15/2041 CALLABLE	51,626	53,231
DIAMONDBACK ENERGY INC DTD 03/24/21 4.400 03/24/2051	30,677	32,060
DIAMONDBACK ENERGY INC DTD 04/18/2024 5.750% 04/18/2054 CALLABLE	91,807	92,614
DICK'S SPORTING GOODS DTD 01/14/22 4.100 01/15/2052	52,899	51,146
WALT DISNEY COMPANY/THE DTD 09/06/19 2.750 09/01/2049	102,069	95,222
WALT DISNEY COMPANY/THE DTD 05/13/20 3.800 05/13/2060	23,987	21,941
DOMINION ENERGY INC DTD 04/05/21 3.300 04/15/2041	63,951	64,529
DOMINION ENERGY INC DTD 08/19/2022 4.850% 08/15/2052 CALLABLE	44,683	43,010
DOMINION ENERGY INC DTD 05/20/2024 VAR CPN 06/01/2054 CALLABLE	41,000	44,393
DUKE ENERGY CORP DTD 06/10/21 3.500 06/15/2051	64,741	62,330
DUKE ENERGY CORP DTD 08/11/2022 5.000% 08/15/2052 CALLABLE	102,486	101,525
DUKE ENERGY CAROLINAS DTD 01/10/08 6.000 01/15/2038	94,319	96,904
DUKE ENERGY CAROLINAS DTD 11/19/09 5.300 02/15/2040	64,853	65,672
DUKE ENERGY CAROLINAS DTD 03/11/16 3.875 03/15/2046	48,029	47,507

Huntington Memorial Hospital Retirement Plan

EIN 95-1644036 Plan #001

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

Asset Description	Cost	Market Value
Corporate debt (continued)		
DUKE ENERGY CAROLINAS DTD 03/01/18 3.950 03/15/2048	$ 102,426	$ 98,996
DUKE ENERGY PROGRESS INC DTD 11/20/14 4.150 12/01/2044	84,583	83,293
DUKE ENERGY PROGRESS LLC DTD 09/08/17 3.600 09/15/2047	14,824	14,880
DUKE ENERGY FLORIDA LLC DTD 09/09/16 3.400 10/01/2046	74,044	72,946
EOG RES INC DTD 11/21/2024 5.650% 12/01/2054 CALLABLE	68,447	68,464
EASTERN ENERGY GAS DTD 10/09/2024 5.650% 10/15/2054 CALLABLE	79,995	77,386
DOMINION ENERGY GAS HLDGS LLC DTD 01/15/2025 6.200% 01/15/2055 NON CALLABLE	16,936	17,568
ELECTRONIC ARTS INC DTD 02/11/21 2.950 02/15/2051	25,245	37,819
ELEVANCE HEALTH INC DTD 02/08/2023 5.125% 02/15/2053 CALLABLE	53,375	49,641
EMERSON ELECTRIC CO DTD 12/21/21 2.800 12/21/2051	59,427	57,241
ENBRIDGE INC DTD 11/09/2023 6.700% 11/15/2053 CALLABLE	40,947	45,012
ENBRIDGE INC DTD 04/05/2024 5.950% 04/05/2054 CALLABLE	28,968	29,357
ENERGY TRANSFER PARTNERS DTD 03/12/15 5.150 03/15/2045	239,123	247,512
ENERGY TRANSFER OPERATNG DTD 01/22/20 5.000 05/15/2050	68,131	65,259
ENTERGY ARKANSAS LLC DTD 05/10/2024 5.750% 06/01/2054 CALLABLE	31,858	32,252
ENTERPRISE PRODUCTS OPER DTD 08/24/11 5.700 02/15/2042	105,151	107,006
ENTERPRISE PRODUCTS OPER DTD 05/07/15 4.900 05/15/2046	157,202	158,230
EXELON CORP DTD 06/09/05 5.625 06/15/2035	116,873	120,095
EXELON CORP DTD 12/15/15 4.950 06/15/2035	49,631	54,801
EXELON CORP DTD 02/21/2023 5.600% 03/15/2053 CALLABLE	90,107	87,224
EXXON MOBIL CORPORATION DTD 03/03/16 4.114 03/01/2046	161,499	154,680
EXXON MOBIL CORPORATION DTD 04/15/20 3.452 04/15/2051	98,204	89,639
META PLATFORMS INC DTD 05/03/2023 5.750% 05/15/2063 CALLABLE	31,819	33,614
META PLATFORMS INC DTD 08/09/2024 5.400% 08/15/2054 CALLABLE	108,067	103,266
META PLATFORMS INC DTD 11/03/2025 5.500% 11/15/2045 CALLABLE	61,887	60,203
META PLATFORMS INC DTD 11/03/2025 5.750% 11/15/2065 CALLABLE	89,899	85,815
META PLATFORMS INC DTD 11/03/2025 5.625% 11/15/2055 CALLABLE	62,889	60,466
FERGUSON ENTERPRISES INC DTD 10/03/2024 5.000% 10/03/2034 CALLABLE	65,872	68,587
FIRSTENERGY TRANSMISSION 144A PRIV PLCMT 4.550 04/01/2049	46,008	46,719
FLORIDA POWER & LIGHT DTD 12/13/11 4.125 02/01/2042	152,275	152,028
FLORIDA POWER & LIGHT CO DTD 09/10/14 4.050 10/01/2044	99,225	95,790
FLORIDA PWR & LT CO DTD 06/03/2024 5.600% 06/15/2054 CALLABLE	27,939	28,110
FOUNDRY JV HOLDCO LLC DTD 02/07/2025 6.200% 01/25/2037 CALLABLE	199,888	210,160
FOX CORP DTD 01/25/20 5.476 01/25/2039	62,704	75,218
FREEPORT-MCMORAN C & G DTD 09/15/13 5.450 03/15/2043	56,340	58,082
GATX CORP DTD 02/03/21 3.100 06/01/2051	55,010	53,748
ARTHUR J GALLAGHER & CO DTD 05/20/21 3.500 05/20/2051	35,058	34,861

Asset Description	Cost	Market Value
Corporate debt (continued)		
GENERAL DYNAMICS CORP DTD 11/06/12 3.600 11/15/2042	$ 47,667	$ 48,644
GENERAL DYNAMICS CORP DTD 05/10/21 2.850 06/01/2041	14,572	15,077
GENERAL MOTORS CO DTD 02/23/16 6.600 04/01/2036	83,469	87,065
GENERAL MOTORS FINL CO DTD 05/30/2025 6.150% 07/15/2035 CALLABLE	103,881	105,379
GEORGIA POWER CO DTD 01/10/20 3.700 01/30/2050	18,154	18,688
GEORGIA POWER CO DTD 05/04/2022 5.125% 05/15/2052 CALLABLE	71,504	69,962
GLOBAL PMTS INC DTD 08/22/2022 5.950% 08/15/2052 NON CALLABLE	56,452	57,315
GLOBAL ATLANTIC FIN CO DTD 03/15/2024 6.750% 03/15/2054 CALLABLE	57,993	59,250
GOLDMAN SACHS GROUP INC DTD 01/28/2025 VAR CPN 01/28/2056 CALLABLE	35,000	35,374
GOLDMAN SACHS GROUP INC DTD 10/21/2025 VAR CPN 10/21/2036 CALLABLE	40,000	39,709
GOLDMAN SACHS GROUP INC DTD 07/21/21 07/21/2042	257,257	267,676
GOLDMAN SACHS GROUP INC DTD 01/24/22 02/24/2043	15,274	15,666
GOLDMAN SACHS GROUP INC DTD 10/31/17 10/31/2038	124,613	134,880
GREAT-WEST LIFECO FINANC 144A PRIV PLCMT 4.150 06/03/2047	28,914	28,355
HCA INC DTD 06/12/19 5.125 06/15/2039	54,511	57,943
HCA INC DTD 03/15/2023 4.625% 03/15/2052 CALLABLE	144,956	146,999
HCA INC DTD 10/31/2025 5.700% 11/15/2055 CALLABLE	9,705	9,529
HCA INC. DTD 08/12/2024 5.950% 09/15/2054 CALLABLE	76,809	76,068
HEALTH CARE SVC CORP DTD 06/10/2024 5.875% 06/15/2054 CALLABLE	86,782	83,724
HESS CORP DTD 08/10/10 5.600 02/15/2041	30,656	30,997
HESS CORP DTD 09/28/16 5.800 04/01/2047	5,176	5,125
HESS MIDSTREAM OPERATION 144A PRIV PLCMT 4.250 02/15/2030	74,163	83,138
HOMEDEPOT INC DTD 12/19/06 5.875 12/16/2036	65,022	65,065
HOME DEPOT INC DTD 06/12/14 4.400 03/15/2045	17,578	17,363
HOME DEPOT INC DTD 06/02/15 4.250 04/01/2046	34,281	33,868
HOME DEPOT INC DTD 06/05/17 3.900 06/15/2047	16,110	15,904
HOME DEPOT INC DTD 01/13/20 3.125 12/15/2049	29,899	30,672
HOME DEPOT INC DTD 03/30/20 3.350 04/15/2050	48,776	45,852
HOME DEPOT INC DTD 03/28/2022 3.625% 04/15/2052 CALLABLE	51,010	47,441
HOME DEPOT INC DTD 06/25/2024 5.300% 06/25/2054 CALLABLE	24,609	23,913
HONEYWELL INTERNATIONAL DTD 03/01/2024 5.250% 03/01/2054 CALLABLE	44,899	42,530
HYUNDAI CAPITAL AMERICA DTD 03/27/2025 5.400% 03/29/2032 CALLABLE	39,336	41,257
INDIANA MICHIGAN POWER DTD 03/23/2023 5.625% 04/01/2053 CALLABLE	41,284	39,579
ING GROEP NV CONVERTIBLE DTD 03/25/2025 VAR CPN 03/25/2036	200,000	207,700
INGERSOLL RAND INC DTD 05/10/2024 5.700% 06/15/2054 CALLABLE	19,894	20,050

Asset Description	Cost	Market Value
Corporate debt (continued)		
INTEL CORP DTD 06/08/18 3.734 12/08/2047	$ 115,779	$ 113,854
INTEL CORP DTD 08/05/2022 4.900% 08/05/2052 CALLABLE	57,984	57,986
INTEL CORP DTD 02/10/2023 5.700% 02/10/2053 CALLABLE	74,036	70,753
INTEL CORP DTD 02/21/2024 5.600% 02/21/2054 CALLABLE	18,401	18,464
INTERCONTINENTALEXCHANGE DTD 05/26/20 3.000 06/15/2050	41,842	39,392
INTUIT SR NT DTD 09/15/2023 5.500% 09/15/2053 CALLABLE	44,627	44,322
JBS USA LUX SA DTD 01/21/2025 6.375% 02/25/2055 CALLABLE	30,160	30,498
JBS USA LUX SA DTD 08/02/2023 4.375% 02/02/2052 CALLABLE	79,298	85,506
JPMORGAN CHASE & CO DTD 07/24/17 07/24/2038	220,459	233,418
JPMORGAN CHASE & CO DTD 11/10/17 11/15/2048	29,019	28,157
JPMORGAN CHASE & CO DTD 04/22/20 04/22/2041	60,891	62,811
JPMORGAN CHASE & CO DTD 11/19/20 11/19/2041	97,581	100,710
JPMORGAN CHASE & CO DTD 07/25/2022 VAR CPN 07/25/2033 CALLABLE	51,226	56,029
JPMORGAN CHASE DTD 11/29/2024 VAR CPN 11/29/2045 CALLABLE	79,505	81,219
JPMORGAN CHASE & CO DTD 01/24/2025 VAR CPN 01/24/2036 CALLABLE	20,000	20,902
JPMORGAN CHASE & CO DTD 04/22/2025 VAR CPN 04/22/2036 CALLABLE	60,000	62,950
JPMORGAN CHASE & CO DTD 07/23/2025 VAR CPN 07/23/2036 CALLABLE	103,026	106,548
JANE STR GROUP LLC DTD 04/25/2025 6.750% 05/01/2033 CALLABLE	61,075	62,628
KLA-TENCOR CORP DTD 03/20/19 5.000 03/15/2049	43,501	41,426
KLA CORP DTD 02/28/20 3.300 03/01/2050	26,053	24,297
KKR GROUP FIN CO X LLC 144A PRIV PLCMT 3.250 12/15/2051	52,953	53,080
KKR GROUP FIN CO DTD 05/17/2022 4.850% 05/17/2032 CALLABLE	61,952	65,299
KAISER FOUNDATION HOSPIT DTD 06/15/21 3.002 06/01/2051	52,759	49,053
KELLOGG CO DTD 03/07/16 4.500 04/01/2046	12,484	13,215
KENTUCKY UTILS CO DTD 08/13/2025 5.850% 08/15/2055 CALLABLE	91,072	91,703
KENVUE INC DTD 09/22/2023 5.050% 03/22/2053 CALLABLE	30,689	27,338
KENVUE INC DTD 09/22/2023 5.200% 03/22/2063 CALLABLE	30,434	27,209
KEYSPAN GAS EAST CORP DTD 03/31/2011 5.819% 04/01/2041 NON CALLABLE	44,454	45,004
KINDER MORGAN ENER PART DTD 03/04/11 6.375 03/01/2041	76,237	80,096
KINDER MORGAN INC/DELAWA DTD 11/26/14 5.550 06/01/2045	32,364	33,839
KINDER MORGAN INC/DELAWA DTD 02/26/15 5.050 02/15/2046	82,300	85,413
KRAFT HEINZ FOODS CO DTD 05/24/16 4.375 06/01/2046	90,147	89,221
KRAFT HEINZ FOODS CO DTD 10/01/20 4.625 10/01/2039	49,933	50,230
KRAFT HEINZ FOODS CO DTD 12/01/20 5.500 06/01/2050	37,807	37,422
KROGER CO DTD 01/24/17 4.450 02/01/2047	94,039	92,545
KROGER CO DTD 08/27/2024 5.500% 09/15/2054 CALLABLE	41,827	39,997
KROGER CO DTD 08/27/2024 5.650% 09/15/2064 CALLABLE	92,172	95,390
LPL HOLDINGS INC DTD 04/03/2025 5.750% 06/15/2035 CALLABLE	71,682	72,027

Asset Description	Cost	Market Value
Corporate debt (continued)		
L3HARRIS TECHNOLOGIES INC DTD 07/31/2023 5.600% 07/31/2053 CALLABLE	$ 21,973	$ 21,824
L3HARRIS TECHNOLOGIES INC DTD 08/02/2024 5.500% 08/15/2054 CALLABLE	84,840	84,020
LYB INT FINANCE III DTD 04/20/20 4.200 05/01/2050	53,913	49,981
ELI LILLY & CO DTD 02/09/2024 5.000% 02/09/2054 CALLABLE	39,772	37,366
ELI LILLY & CO DTD 08/14/2024 5.200% 08/14/2064 CALLABLE	24,992	23,524
ELI LILLY & CO DTD 08/20/2025 5.650% 10/15/2065 CALLABLE	39,855	40,304
LOCKHEED MARTIN CORP DTD 12/14/12 4.070 12/15/2042	155,533	149,501
LOCKHEED MARTIN CORP DTD 11/23/15 4.700 05/15/2046	53,313	49,873
LOUISVILLE GAS & ELEC CO DTD 08/13/2025 5.850% 08/15/2055 CALLABLE	25,992	26,190
LOWE'S COS INC DTD 04/20/16 3.700 04/15/2046	22,711	22,690
LOWE'S COS INC DTD 05/03/17 4.050 05/03/2047	157,538	158,150
LOWE'S COS INC DTD 10/22/20 3.000 10/15/2050	12,897	12,677
LOWE'S COS INC DTD 09/08/2022 5.800% 09/15/2062 CALLABLE	93,766	92,808
MPLX LP DTD 02/08/18 4.700 04/15/2048	39,730	41,556
MPLX LP DTD 03/14/2022 4.950% 03/14/2052 CALLABLE	80,886	79,858
MPLX LP DTD 08/11/2025 5.400% 09/15/2035 CALLABLE	59,366	60,446
MARKEL CORP DTD 05/20/19 5.000 05/20/2049	91,391	88,301
MARS INC 144A PRIV PLCMT 2.375 07/16/2040	30,119	32,286
MARS INC DTD 03/12/2025 5.700% 05/01/2055 CALLABLE	39,784	39,845
MARSH & MCLENNAN COS INC DTD 01/15/19 4.900 03/15/2049	74,848	72,355
MARSH & MCLENNAN CO DTD 03/09/2023 5.450% 03/15/2053 CALLABLE	20,025	19,404
MARSH & MCLENNAN COS INC DTD 11/08/2024 5.400% 03/15/2055 CALLABLE	81,606	78,950
MARRIOTT INTERNATIONAL INC DTD 02/26/2025 5.500% 04/15/2037 NON CALLABLE	39,480	40,947
MARTIN MARIETTA MATERIAL DTD 11/04/2024 5.500% 12/01/2054 CALLABLE	96,919	96,588
MASS INSTITUTE OF TECH DTD 05/07/20 2.294 07/01/2051	80,096	71,186
MASS MUTUAL LIFE INS CO DTD 12/02/2022 5.672% 12/01/2052 CALLABLE	52,255	48,233
MASTERCARD INC DTD 05/31/19 3.650 06/01/2049	41,785	38,075
MAYO CLINIC DTD 04/01/21 3.196 11/15/2061	55,463	50,376
MCDONALD'S CORP DTD 03/09/17 4.450 03/01/2047	61,163	59,876
MCDONALD'S CORP DTD 08/12/19 3.625 09/01/2049	88,858	84,627
MEDTRONIC INC DTD 03/15/15 4.625 03/15/2045	38,286	36,608
MERCK & CO INC DTD 12/04/2025 5.550% 12/04/2055 CALLABLE	79,457	78,931
METLIFE INC DTD 03/05/15 4.050 03/01/2045	135,941	132,333
MICROSOFT CORP DTD 03/17/21 2.921 03/17/2052	272,402	242,365

Asset Description	Cost	Market Value
Corporate debt (continued)		
MIDAMERICAN ENERGY CO DTD 02/01/17 3.950 08/01/2047	$ 31,824	$ 31,664
MIDAMERICAN ENERGY DTD 09/07/2023 5.850% 09/15/2054 CALLABLE	39,954	41,148
MOODY'S CORPORATION DTD 08/19/21 2.750 08/19/2041	14,056	14,332
MOODYS CORP DTD 02/25/2022 3.750% 02/25/2052 CALLABLE	73,899	70,848
MORGAN STANLEY DTD 07/24/17 07/22/2038	119,102	126,172
MORGAN STANLEY DTD 01/27/15 4.300 01/27/2045	48,139	47,599
MORGAN STANLEY DTD 11/20/2024 VAR CPN 11/19/2055 CALLABLE	60,000	59,306
MORGAN STANLEY DTD 01/21/2025 VAR CPN 01/18/2036 CALLABLE	35,000	36,575
MORGAN STANLEY DTD 04/22/21 04/22/2042	116,582	121,444
MOTOROLA SOLUTIONS INC DTD 08/19/14 5.500 09/01/2044	32,886	34,098
NXP BV / NXP FDG LLC DTD 05/11/2022 3.250% 05/11/2041 CALLABLE	74,848	79,610
NASDAQ INC DTD 03/07/2022 3.950% 03/07/2052 CALLABLE	21,234	21,405
NASDAQ INC DTD 06/28/2023 6.100% 06/28/2063 CALLABLE	20,168	20,977
NATIONAL RETAIL PROP INC DTD 03/10/21 3.500 04/15/2051	56,692	56,334
NETFLIX INC DTD 08/01/2024 5.400% 08/15/2054 CALLABLE	19,958	19,381
NEW YORK LIFE INSURANCE 144A PRIV PLCMT 3.750 05/15/2050	44,296	40,765
NEWMONT CORP/NEWCREST FIN DTD 05/13/2024 4.200% 05/13/2050 CALLABLE	54,356	52,887
NEXTERA ENERGY CAPITAL DTD 02/06/2025 VAR CPN 08/15/2055 CALLABLE	39,000	41,088
NEXTERA ENERGY CAPITAL DTD 02/04/2025 5.900% 03/15/2055 CALLABLE	35,170	35,385
NIAGARA MOHAWK POWER 144A PRIV PLCMT 4.278 10/01/2034	109,985	117,974
NISOURCE INC DTD 03/27/2025 5.850% 04/01/2055 CALLABLE	102,656	103,672
NORFOLK SOUTHERN CORP DTD 04/01/12 4.837 10/01/2041	213,667	216,803
NORFOLK SOUTHERN CORP DTD 05/01/18 3.942 11/01/2047	15,444	15,775
NORFOLK SOUTHERN CORP DTD 02/28/18 4.150 02/28/2048	27,921	28,496
NORTHERN STATE PWR- MINN DTD 06/26/07 6.200 07/01/2037	96,332	99,023
NORTHERN STATES PWR-MINN DTD 08/13/12 3.400 08/15/2042	64,046	62,583
NORTHERN STATES PWR-MINN DTD 06/15/20 2.600 06/01/2051	81,766	76,341
NORTHROP GRUMMAN CORP DTD 02/06/15 3.850 04/15/2045	73,058	71,966
NORTHROP GRUMMAN CORP DTD 10/13/17 4.030 10/15/2047	65,528	64,260
NORTHROP GRUMMAN CORP DTD 02/08/2023 4.950% 03/15/2053 CALLABLE	82,249	76,602
NORTHWESTERN MUTUAL LIFE 144A PRIV PLCMT 3.450 03/30/2051	44,570	41,831
NOVARTIS CAPITAL CORP DTD 09/21/12 3.700 09/21/2042	44,012	45,631
NOVARTIS CAPITAL CORP DTD 02/14/20 2.750 08/14/2050	32,317	28,797
NSTAR ELECTRIC CO DTD 05/17/2022 4.550% 06/01/2052 CALLABLE	43,587	40,628
ONCOR ELECTRIC DELIVERY DTD 03/30/11 5.250 09/30/2040	110,966	108,857
ONCOR ELECTRIC DELIVERY DTD 09/08/2022 4.950% 09/15/2052 CALLABLE	50,615	48,982

Huntington Memorial Hospital Retirement Plan

EIN 95-1644036 Plan #001

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

Asset Description	Cost	Market Value
Corporate debt (continued)		
ONEOK INC DTD 09/24/2024 5.700% 11/01/2054 CALLABLE	$ 141,563	$ 140,723
ONEOK INC DTD 08/12/2025 6.250% 10/15/2055 CALLABLE	60,683	61,129
ORACLE CORP DTD 05/05/15 4.375 05/15/2055	34,125	31,078
ORACLE CORP DTD 07/07/16 4.000 07/15/2046	89,433	83,183
ORACLE CORP DTD 11/09/17 3.800 11/15/2037	38,659	40,367
ORACLE CORP DTD 11/09/17 4.000 11/15/2047	29,795	27,468
ORACLE CORP DTD 04/01/20 3.600 04/01/2040	207,078	203,951
ORACLE CORP DTD 03/24/21 3.950 03/25/2051	269,386	239,497
ORACLE CORP SR DTD 09/26/2025 5.875% 09/26/2045 CALLABLE	73,965	66,831
ORACLE CORP SR DTD 09/26/2025 5.950% 09/26/2055 CALLABLE	29,706	26,580
OWENS CORNING DTD 06/26/17 4.300 07/15/2047	15,556	16,275
OWENS CORNING DTD 05/31/2024 5.950% 06/15/2054 CALLABLE	64,276	65,966
PG&E WILDFIRE RECOVERY DTD 07/20/2022 5.081% 06/01/2043 NON CALLABLE	69,768	69,476
PNC FINANCIAL SERVICES DTD 01/22/2024 VAR CPN 01/22/2035 CALLABLE	20,000	21,083
PNC FINANCIAL SERVICES DTD 07/21/2025 VAR CPN 07/21/2036 CALLABLE	30,000	30,855
PPL ELECTRIC UTILITIES DTD 07/11/13 4.750 07/15/2043	93,623	91,413
PPL ELECTRIC UTILITIES DTD 05/11/17 3.950 06/01/2047	64,457	60,843
PACIFIC GAS & ELECTRIC DTD 02/21/14 4.750 02/15/2044	33,995	33,780
PACIFIC GAS & ELECTRIC DTD 12/01/16 4.000 12/01/2046	14,815	14,980
PACIFIC GAS & ELECTRIC DTD 06/19/20 3.300 08/01/2040	61,315	64,341
PEPSI CO INC DTD 07/18/2022 4.200% 07/18/2052 CALLABLE	27,952	24,635
PFIZER INVT ENTERPRISES DTD 05/19/2023 5.300% 05/19/2053 CALLABLE	159,762	151,501
PFIZER INC DTD 03/11/19 3.900 03/15/2039	53,386	52,987
PHILIP MORRIS INTL INC DTD 08/21/12 3.875 08/21/2042	81,884	86,532
PHILLIPS 66 DTD 11/17/14 4.650 11/15/2034	35,283	38,211
PHILLIPS 66 CO DTD 02/15/2023 4.680% 02/15/2045 CALLABLE	67,179	64,284
POTOMAC ELECTRIC POWER DTD 03/04/2024 5.500% 03/15/2054 CALLABLE	22,969	22,207
PRESIDENT & FELLOWS OF HARVARD DTD 04/19/2022 3.745% 11/15/2052 C/	109,679	95,085
PROGRESSIVE CORP DTD 04/06/17 4.125 04/15/2047	67,093	66,114
PRUDENTIAL FINANCIAL INC DTD 12/07/17 3.935 12/07/2049	44,485	42,587
PRUDENTIAL FINANCIAL INC MED TERM NOTE DTD 12/14/06 5.700 12/14/2036	73,690	74,182
PUB SVC ELEC & GAS MED TERM NOTE DTD 09/13/12 3.650 09/01/2042	65,375	64,096
PUBLIC SERVICE ELECTRIC MED TERM NOTE DTD 03/04/21 3.000 3/1/2051	71,336	65,469
PUBLIC SERVICE ELECTRIC DTD 08/07/2023 5.450% 08/01/2053 CALLABLE	24,938	24,413

Asset Description	Cost	Market Value
Corporate debt (continued)		
QUANTA SERVICES INC DTD 09/23/21 3.050 10/01/2041	$ 18,725	$ 19,995
RAYMOND JAMES FINANCIAL DTD 04/01/21 3.750 04/01/2051	42,107	40,357
RTX CORPORATION DTD 08/10/2021 2.820% 09/01/2051 CALLABLE	29,945	28,065
RTX CORPORATION DTD 11/16/2021 3.030% 03/15/2052 CALLABLE	31,178	29,347
RTX CORPORATION DTD 02/27/2023 5.375% 02/27/2053 CALLABLE	82,602	76,882
REGENERON PHARMACEUTICAL DTD 08/12/20 2.800 09/15/2050	67,111	64,036
REPUBLICA ORIENT URUGUAY DTD 06/18/14 5.100 06/18/2050	131,824	122,551
REYNOLDS AMERICAN INC DTD 06/12/15 5.850 08/15/2045	24,718	24,596
RIO TINTO FIN USA LTD DTD 11/02/10 5.200 11/02/2040	65,989	64,824
RIO TINTO FIN USA PLC DTD 03/14/2025 5.750% 03/14/2055 CALLABLE	65,404	66,278
ROCHE HOLDINGS INC 144A PRIV PLCMT 2.607 12/13/2051	135,200	121,980
ROGERS COMMUNICATIONS INC DTD 03/15/2023 4.550% 03/15/2052 CALLABLE	67,499	66,846
ROYALTY PHARMA PLC DTD 07/26/21 3.350 09/02/2051	105,427	111,282
ROYALTY PHARMA PLC DTD 09/16/2025 5.950% 09/25/2055 CALLABLE	48,870	50,689
S&P GLOBAL INC DTD 11/26/19 3.250 12/01/2049	41,512	38,531
SAN DIEGO G & E DTD 04/07/20 3.320 04/15/2050	40,359	37,886
CHARLES SCHWAB CORP DTD 05/19/2023 VAR CPN 05/19/2034 CALLABLE	52,000	55,702
SEMPRA ENERGY DTD 10/08/09 6.000 10/15/2039	89,538	88,489
SHELL FINANCE US INC DTD 11/26/2025 3.000% 11/26/2051 CALLABLE	32,611	32,070
SHERWIN-WILLIAMS CO DTD 03/17/20 3.300 05/15/2050	24,603	23,800
SIEMENS FINANCIERINGSMAT 144A PRIV PLCMT 2.875 03/11/2041	191,308	189,625
SIMON PROPERTY GROUP INC DTD 03/13/12 4.750 03/15/2042	39,286	41,474
SIMON PROPERTY GROUP LP DTD 11/23/16 4.250 11/30/2046	31,879	33,364
SMURFIT KAPPA TREASURY DTD 04/03/2025 5.777% 04/03/2054 CALLABLE	50,000	50,232
SNAP-ON INC DTD 04/30/20 3.100 05/01/2050	45,168	40,697
SOUTHERN CAL EDISON DTD 03/24/17 4.000 04/01/2047	24,138	22,497
SOUTHERN CALIFORNIA GAS CO DTD 11/14/2022 6.350% 11/15/2052 CALLABLE	78,833	75,662
SUNOCO LOGISTICS PARTNER DTD 04/03/14 5.300 04/01/2044	172,021	176,865
SUTTER HEALTH DTD 06/08/2023 5.547% 08/15/2053 CALLABLE	35,000	34,713
SYNOPSYS INC DTD 03/17/2025 5.700% 04/01/2055 CALLABLE	140,747	139,871
T-MOBILE USA INC DTD 02/15/21 3.000 02/15/2041	74,703	78,241
T-MOBILE USA INC DTD 02/15/21 3.300 02/15/2051	91,958	90,245
T-MOBILE USA INC DTD 04/15/2022 3.400% 10/15/2052 CALLABLE	129,295	126,364
T-MOBILE USA INC DTD 09/15/2022 5.650% 01/15/2053 CALLABLE	74,779	72,503
T-MOBILE USA INC DTD 05/11/2023 5.750% 01/15/2054 CALLABLE	21,911	21,585
TAKEDA PHARMACEUTICAL DTD 07/09/20 3.175 07/09/2050	128,108	133,382
TAPESTRY INC DTD 12/11/2024 5.500% 03/11/2035 CALLABLE	34,952	35,783

Asset Description	Cost	Market Value
Corporate debt (continued)		
TARGA RES CORP DTD 04/06/2022 4.950% 04/15/2052 CALLABLE	$ 24,959	$ 25,642
TEXAS INSTRUMENTS INC DTD 05/18/2023 5.050% 05/18/2063 CALLABLE	26,967	25,029
THERMO FISHER SCIENTIFIC INC DTD 08/10/2023 5.404% 08/10/2043 CALLABLE	30,000	30,177
TIME WARNER CABLE INC DTD 09/12/11 5.500 09/01/2041	29,623	28,962
TIME WARNER CABLE INC DTD 08/10/12 4.500 09/15/2042	17,969	17,687
TOTALENERGIES CAP DTD 04/05/2024 5.638% 04/05/2064 CALLABLE	60,000	57,950
TRANSCONT GAS PIPE LINE DTD 11/15/20 3.950 05/15/2050	103,198	99,823
TRANSCONTINENTAL GAS PIPE LINE DTD 11/20/2025 5.750% 03/15/2056 CALLABLE	79,530	79,157
TRAVELERS COS INC DTD 05/22/17 4.000 05/30/2047	46,982	44,700
UDR INC DTD 10/11/19 3.100 11/01/2034	52,366	56,278
UNION PACIFIC CORP DTD 03/01/16 4.050 03/01/2046	86,234	85,537
UNION PACIFIC CORP DTD 10/04/16 3.799 10/01/2051	43,415	43,738
UNION PACIFIC CORP MED TERM NOTE DTD 08/05/19 3.550 08/15/2039	53,437	55,522
UNION PACIFIC CORP DTD 03/20/20 3.839 03/20/2060	16,968	16,593
UNION PACIFIC CORP DTD 09/10/21 2.950 03/10/2052	19,231	19,769
UNITED MEXICAN STATES DTD 01/11/08 6.050 01/11/2040	39,976	39,800
US BANCORP DTD 01/23/2024 VAR CPN 01/23/2035 CALLABLE	20,000	21,118
UNITED TECHNOLOGIES CORP DTD 06/01/12 4.500 06/01/2042	91,985	90,396
UNITED TECHNOLOGIES CORP DTD 05/04/17 4.050 05/04/2047	37,916	36,327
UNITEDHEALTH GROUP INC DTD 12/17/18 4.450 12/15/2048	141,490	138,666
UNITEDHEALTH GROUP INC DTD 05/20/2022 4.750% 05/15/2052 CALLABLE	95,126	94,004
UNITEDHEALTH GROUP INC DTD 10/28/2022 5.875% 02/15/2053 CALLABLE	65,872	60,501
UNITEDHEALTH GROUP INC DTD 10/28/2022 6.050% 02/15/2063 CALLABLE	72,466	66,388
UNITEDHEALTH GROUP INC DTD 03/28/2023 5.200% 04/15/2063 CALLABLE	52,476	53,730
UNITEDHEALTH GROUP INC DTD 07/25/2024 5.625% 07/15/2054 CALLABLE	104,329	109,852
UNITEDHEALTH GROUP INC DTD 07/25/2024 5.750% 07/15/2064 CALLABLE	81,318	78,105
UNITEDHEALTH GROUP INC DTD 06/20/2025 5.950% 06/15/2055 CALLABLE	14,849	15,402
UNIVERSITY OF MIAMI DTD 04/07/2022 4.063% 04/01/2052 NON CALLABLE	86,035	80,099
UNIV OF SOUTHERN CALIFOR DTD 08/22/16 3.028 10/01/2039	23,953	24,981
VERIZON COMMUNICATIONS DTD 08/01/16 4.125 08/15/2046	37,359	36,070
VERIZON COMMUNICATIONS DTD 11/20/20 2.650 11/20/2040	186,176	192,710
VERIZON COMMUNICATIONS DTD 03/22/21 3.550 03/22/2051	103,330	99,378
VERIZON COMMUNICATIONS DTD 03/22/21 3.700 03/22/2061	68,490	64,104
VERIZON COMMUNICATIONS DTD 03/01/22 3.875 03/01/2052	153,984	144,466
VERIZON COMMUNICATIONS DTD 11/24/2025 5.875% 11/30/2055 CALLABLE	74,705	74,100
VERISK ANALYTICS INC DTD 05/13/20 3.625 05/15/2050	53,400	53,395

Asset Description	Cost	Market Value
Corporate debt (continued)		
VIACOM INC DTD 04/12/06 6.875 04/30/2036	$ 29,666	$ 29,512
VICI PROPERTIES LP DTD 03/18/2024 5.750% 04/01/2034 CALLABLE	44,505	46,440
VIPER ENERGY PARTNERS LLC DTD 07/23/2025 5.700% 08/01/2035 CALLABLE	95,750	97,971
VIRGINIA ELEC & POWER CO DTD 08/15/13 4.650 08/15/2043	121,204	120,868
VIRGINIA ELEC & POWER CO DTD 09/10/2025 5.600% 09/15/2055 CALLABLE	99,768	97,124
VISA INC DTD 12/14/15 4.300 12/14/2045	84,279	78,564
VISA INC DTD 08/17/20 2.000 08/15/2050	46,198	40,661
VISTRA OPERATIONS CO LLC DTD 12/04/2024 5.700% 12/30/2034 CALLABLE	49,952	51,608
VODAFONE GROUP PLC DTD 06/28/2024 5.750% 06/28/2054 CALLABLE	28,721	29,140
VULCAN MATERIALS CO DTD 11/20/2024 5.700% 12/01/2054 CALLABLE	117,932	118,484
WALMART INC DTD 06/27/18 4.050 06/29/2048	20,865	20,854
WALMART INC DTD 09/22/21 2.650 09/22/2051	52,581	47,282
WALMART INC DTD 04/18/2023 4.500% 04/15/2053 CALLABLE	9,765	8,843
WASTE MGMT INC DTD 11/04/2024 5.350% 10/15/2054 CALLABLE	54,977	53,581
WELLPOINT INC DTD 09/10/12 4.650 01/15/2043	69,011	67,208
WELLS FARGO & COMPANY DTD 04/30/15 3.900 05/01/2045	128,867	129,762
WELLS FARGO & COMPANY DTD 03/30/20 04/04/2051	156,438	150,787
WELLS FARGO & COMPANY DTD 04/30/20 04/30/2041	33,177	34,902
WILLIAMS PARTNERS LP DTD 03/03/15 5.100 09/15/2045	71,771	73,421
XSTRATA FINANCE CANADA 144A PRIV PLCMT 5.300 10/25/2042	127,956	130,645
XLIT LTD DTD 11/21/13 5.250 12/15/2043	75,609	70,899
Total corporate debt		35,942,287
Foreign Government Bonds		
REPUBLIC OF PERU DTD 08/08/2024 5.875% 08/08/2054 CALLABLE	59,465	59,373
REPUBLIC OF PERU DTD 06/30/2025 6.200% 06/30/2055 CALLABLE	89,466	92,466
SAUDI INTERNATIONAL BOND MEDIUM TERM NOTE DTD 01/18/2023 5.000% 01/18/2053	186,964	178,084
UNITED MEXICAN STATES DTD 03/08/12 4.750 03/08/2044	65,360	65,920
UNITED MEXICAN STATES DTD 04/14/21 4.280 08/14/2041	161,640	160,600
UNITED MEXICAN STATES DTD 01/13/2025 7.375% 05/13/2055 CALLABLE	199,236	215,400
Total Foreign Government Bonds		771,843

Asset Description	Cost	Market Value
Asset-back securities		
PLANET FITNESS MASTER ISSUER ASSET BCKD SEC SER 2024-1A CL A2II DTD 06/12/2024 6.237% 06/05/2054	$ 69,125	$ 71,587
SUBWAY FUNDING LLC ASSET BCKD SEC SER 2024-1A CL A23 DTD 06/20/2024 6.505% 07/30/2054	94,050	97,197
TACO BELL FUNDING, LLC SER 2021-1A CL A2II *0 DAY DELAY* 144A PRIV PLCMT 2.294 08/25/2051	63,164	71,442
Total asset-back securities		240,226
U.S. Government securities		
US TREASURY BOND ZERO CPN DTD 11/17/14 0.000 11/15/2044	70,306	71,125
US TREASURY BOND DTD 05/15/20 1.250 05/15/2050	90,315	89,511
US TREASURY BOND DTD 06/01/20 1.125 05/15/2040	21,793	21,573
UNITED STATES TREASURY BONDS DTD 02/15/2024 4.500% 02/15/2044	108,001	105,449
UNITED STATES TREASURY BONDS DTD 05/15/2024 4.625% 05/15/2044	391,474	377,993
UNITED STATES TREASURY BONDS DTD 11/15/2024 4.625% 11/15/2044	296,808	302,796
UNITED STATES TREASURY BONDS DTD 05/15/2025 5.000% 05/15/2045	198,150	200,179
UNITED STATES TREASURY BONDS DTD 08/15/2025 4.750% 08/15/2055	192,696	190,727
UNITED STATES TREASURY BONDS DTD 08/15/2025 4.875% 08/15/2045	99,607	97,940
Total U.S. Government securities		1,457,293
Municipal securities		
OKLAHOMA DEV FIN AUTH UTILITIES REVENUE DTD 08/25/2022 4.714% 05/01/2052	48,748	46,070
CALIFORNIA HEALTH FACS FING AUTH REVENUE BONDS DTD 04/07/2022 4.353% 06/01/2041	196,833	192,881
CHICAGO ILL MET WTR RECLAMATIO BUILD AMERICA BONDS-TXBL-DIREC DTD 08/26/09 5.720 12/01/2038	106,025	98,536
DALLAS-FORT WORTH TEXAS INTERNATI AIRPORT REVENUE DTD 04/21/2022 4.507% 11/01/2051	72,395	64,665
DALLAS FORT WORTH TEXAS AIRPORT REVENUE DTD 04/21/2022 4.087% 11/01/2051	70,354	65,607
LOS ANGELES CALIFORNIA CMNTY CLG DIS GENERAL OBLIGATION DTD 07/22/2010 6.600% 08/01/2042	33,911	32,508
MUNICIPAL ELEC AUTH GA BUILD AMERICA BONDS-TAXABLE-PL DTD 03/11/10 6.637 04/01/2057	103,020	99,493
NEW YORK CITY NEW YORK GENERAL OBLIGATION DTD 10/23/2025 5.559% 10/01/2045	70,000	69,602
RIVERSIDE CNTY CA PENSN OBLG TXBL DTD 05/06/20 3.818 02/15/2038	73,686	75,710
SAN ANTONIO TEXAS ELEC & GAS UTILITIES REVENUE DTD 11/19/2025 5.469% 02/01/2045	30,000	30,129

Huntington Memorial Hospital Retirement Plan

EIN 95-1644036 Plan #001

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

Asset Description	Cost	Market Value
Municipal securities (continued)		
TEXAS ST BUILD AMERICA BONDS TAXABLE DTD 08/26/09 5.517 4/1/2039	$ 76,528	$ 76,843
UNITED NATIONS DEV CORP NEW YORK REVENUE BONDS DTD 04/30/2025 6.536% 08/01/2055	90,989	96,036
UNIV CALIFORNIA REGTS MED MEDICAL FACILITIES DTD 05/11/2022 4.563% 05/15/2053	153,104	138,549
UNIV OF CALIFORNIA CA REVENUES TXBL-GEN-SER AQ DTD 04/08/15 4.767 05/15/2115	55,046	48,770
Total municipal securities		1,135,399
Equitable insurance company – insurance company general account	1,784,956	1,784,956
		$ 116,805,647

Huntington Memorial Hospital Retirement Plan

EIN 95-1644036 Plan #001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2025

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (i) – Individual transactions in excess of 5% of plan assets						
BLACKROCK	SHORT-TERM INVESTMENT FUND A S1	$ 6,708,122	$ –	$ 6,708,122	$ 6,708,122	$ –
Category (iii) – Series of transactions in excess of 5% of plan assets						
AXA Equitable Life Insurance company	Insurance company general fund	14,556,093	–	14,556,093	14,556,093	–
AXA Equitable Life Insurance company	Insurance company general fund	–	14,283,504	14,283,504	14,283,504	–
BLACKROCK	SHORT-TERM INVESTMENT FUND A S1	15,750,010	–	15,750,010	15,750,010	–
BLACKROCK	SHORT-TERM INVESTMENT FUND A S1	–	17,996,068	17,996,068	17,996,068	–
Allspring Global Investments, LLC	SHORT-TERM INVESTMENT FUND S10	17,536,115	–	17,536,115	17,536,115	–
Allspring Global Investments, LLC	SHORT-TERM INVESTMENT FUND S10	–	15,138,847	15,138,847	15,138,847	–
BLACKROCK	RUSSELL 3000 INDEX FUND	2,000,000	–	2,000,000	2,000,000	–
BLACKROCK	RUSSELL 3000 INDEX FUND	–	5,103,795	1,092,667	5,103,795	4,011,128

There were no category (ii) or (iv) transactions for the year ended December 31, 2025

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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2025

Number and average annual frozen benefit distributed by attained age and attained years of credited service

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	3	0	0	0	0	0	0	3
	-	-	-	-	-	-	-	-	-	-	-
35-39	0	0	2	24	18	1	0	0	0	0	45
	-	-	-	1,193	-	-	-	-	-	-	1,638
40-44	0	0	2	21	74	17	0	0	0	0	114
	-	-	-	1,965	3,542	-	-	-	-	-	3,395
45-49	0	0	1	17	84	47	7	0	0	0	156
	-	-	-	-	3,627	5,313	-	-	-	-	4,096
50-54	0	0	2	17	65	60	32	11	0	0	187
	-	-	-	-	4,079	6,411	7,198	-	-	-	5,299
55-59	0	0	2	17	54	53	31	23	0	0	180
	-	-	-	-	3,683	6,407	8,667	13,189	-	-	6,340
60-64	0	0	1	10	38	35	32	55	16	3	190
	-	-	-	-	3,595	6,466	7,412	12,726	-	-	9,745
65-69	0	0	0	6	28	16	9	39	8	9	115
	-	-	-	-	3,936	-	-	14,334	-	-	11,405
70 & over	0	0	0	1	8	3	8	12	2	2	36
	-	-	-	-	-	-	-	-	-	-	10,409
Total	0	0	10	116	369	232	119	140	26	14	1,026
	-	-	-	1,582	3,640	5,905	7,836	12,734	31,262	-	6,600

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

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:	**Reflecting Stabilization**	**Not Reflecting Stabilization**
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.38%	5.33%

Plan-related expenses: $2,412,000

Demographic Assumptions

Inclusion date

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

New or rehired employees

It was assumed that there will be no new or rehired employees.

Mortality:

- All participants

Separate rates for non-annuitants (based on Pri-2012 “Employees” table without collar or amount adjustments and then projected forward with generational projection using adjusted Scale MP-2021) and annuitants (based on Pri-2012 “Healthy Annuitants” table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021). The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%.

SCHEDULE SB ATTACHMENTS

Termination rates (not due to disability, retirement, or mortality)

The rates at which participants are assumed to leave by age and gender are shown below:

Attained Age	Males (%)	Females (%)
30	15.00	14.50
31	15.00	13.00
32	13.50	12.00
33	12.00	11.00
34	10.00	10.00
35	9.00	9.00
36	9.00	8.00
37	8.50	7.00
38	8.00	7.00
39	7.50	6.00
40	7.00	6.00
41	5.50	6.00
43	5.50	5.50
44	5.50	5.20
45	5.50	5.00
47	5.50	4.75
49-53	5.00	4.75
54+	5.00	4.50

Disability

The rates at which participants become disabled is 0.14% per year.

Retirement

Attained Age	Retirement Rate (%)
55-57	5.0
58	6.0
59	7.0
60	8.0
61	9.0
62	10.0
63	11.0
64	12.0
65	20.0
66-68	25.0
69-72	26.0
73-74	27.0
75+	100.0

Benefit commencement date:

- Preretirement death benefit — The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit — Age 66
- Disability benefit — Age 65
- Retirement benefit — The later of age 66 or termination of employment

SCHEDULE SB ATTACHMENTS

Form of Payment	70% of participants are assume to elect a lump sum. The remainder are assumed to be paid as Life Annuities with 60 guaranteed payments.
Marital assumptions:	
• Percent married	It is assumed that 65% of all male active and terminated employees are married to an Eligible Spouse and 40% of all female active and terminated employees are married to an Eligible Spouse.
• Spouse age	Wives are assumed to be two years younger than husbands.
Lump sum annuity conversion (PPA):	
• Interest rate	2024 September segment rates, adjusted by the HATFA corridors. Lump sums were valued using the substitution of annuity form under IRS Regulation §1.430(d)-1(f)(4) without application of generational mortality.
• Mortality	PPA 2025 Optional Combined Unisex Table for expected payments during 2025, and the estimated PPA 2025 Optional Combined Unisex Table for all other payments.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement or age 55, if later.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430.

SCHEDULE SB ATTACHMENTS

Actuarial value of assets	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 5.90% for 2024 and 5.40% for 2023 (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2023 plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Huntington Hospital and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

Employee data as of January 1, 2025 was provided by Huntington Hospital. Data for other participants was provided by Huntington Hospital. We did not audit the participant data. We did check the data we received thoroughly, reconciling last year's data with the new data. This reconciliation accounted for all changes to the covered population. All data was checked for internal consistency and for consistency with last year's data. Asset data was provided by the plan trustee. The following assumptions were made for missing or inconsistent data:

- Beneficiary benefit: In the absence of data, new deferred beneficiaries are assumed to have the same benefits as the original, terminated vested participant.
- Employee contribution balance: In the absence of data, the prior year employee contribution balance is increased with interest.

Plan Name	**Huntington Memorial Hospital Retirement Plan**
Plan Sponsor EIN	**95-1644036**
ERISA Plan #	**001**
Plan Year Ending	**12/31/2025**

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

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
HUNTINGTON MEMORIAL HOSPITAL RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Pasadena Hospital Association, Ltd

D Employer Identification Number (EIN)
95-1644036

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	119,190,297
b Actuarial value	**2b**	120,913,301

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	390	43,130,876	43,130,876
b For terminated vested participants	904	39,646,535	39,646,535
c For active participants	1,026	67,387,147	67,513,928
d Total	2,320	150,164,558	150,291,339

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.38%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	2,412,000
c Target normal cost	**6c**	2,412,000

Statement by Enrolled Actuary

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

SIGN HERE

Katelyn L. Bailey
Signature of actuary

9/24/2026
Date

Katelyn L. Bailey
Type or print name of actuary

2608880
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

951-434-0640
Telephone number (including area code)

PO Box 674401

Houston TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 1.28 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		7,030,597
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.17 %		363,482
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		7,394,079
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	80.45 %
15	Adjusted funding target attainment percentage	15	80.45 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	81.10 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2025	1,300,000	0			
07/14/2025	1,300,000	0			
10/10/2025	1,300,000	0			
01/12/2026	1,300,000	0			
09/10/2026	650,000	0			
			Totals ▶ 18(b)	5,850,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	5,619,978

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	2,412,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	29,378,038	3,170,469
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	5,582,469

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

36 Additional cash requirement (line 34 minus line 35)	**36**	5,582,469
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	5,619,978

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

a Total (excess, if any, of line 37 over line 36)	**38a**	37,509
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE SB ATTACHMENTS

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

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

x	q_x^r	l_x	$_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.05	1,000	1.000000	0.050000	2.750000
56	0.05	950	0.950000	0.047500	2.660000
57	0.05	903	0.902500	0.045125	2.572125
58	0.06	857	0.857375	0.051443	2.983665
59	0.07	806	0.805933	0.056415	3.328501
60	0.08	750	0.749517	0.059961	3.597683
61	0.09	690	0.689556	0.062060	3.785662
62	0.10	627	0.627496	0.062750	3.890474
63	0.11	565	0.564746	0.062122	3.913691
64	0.12	503	0.502624	0.060315	3.860153
65	0.20	442	0.442309	0.088462	5.750020
66	0.25	354	0.353847	0.088462	5.838482
67	0.25	265	0.265386	0.066346	4.445208
68	0.25	199	0.199039	0.049760	3.383666
69	0.26	149	0.149279	0.038813	2.678072
70	0.26	110	0.110467	0.028721	2.010495
71	0.26	82	0.081745	0.021254	1.509020
72	0.26	60	0.060492	0.015728	1.132402
73	0.27	45	0.044764	0.012086	0.882294
74	0.27	33	0.032678	0.008823	0.652898
75	1.00	24	0.023855	0.023855	1.789096
			Average age at retirement		63.413607
			Rounded for Schedule SB item 22		63

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:	**Reflecting Stabilization**	**Not Reflecting Stabilization**
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.38%	5.33%

Plan-related expenses: $2,412,000

Demographic Assumptions

Inclusion date

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

New or rehired employees

It was assumed that there will be no new or rehired employees.

Mortality:

- All participants

Separate rates for non-annuitants (based on Pri-2012 “Employees” table without collar or amount adjustments and then projected forward with generational projection using adjusted Scale MP-2021) and annuitants (based on Pri-2012 “Healthy Annuitants” table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with generational projection using adjusted Scale MP-2021). The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%.

SCHEDULE SB ATTACHMENTS

Termination rates (not due to disability, retirement, or mortality)

The rates at which participants are assumed to leave by age and gender are shown below:

Attained Age	Males (%)	Females (%)
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44	5.50	5.20
45	5.50	5.00
47	5.50	4.75
49-53	5.00	4.75
54+	5.00	4.50

Disability

The rates at which participants become disabled is 0.14% per year.

Retirement

Attained Age	Retirement Rate (%)
55-57	5.0
58	6.0
59	7.0
60	8.0
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62	10.0
63	11.0
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65	20.0
66-68	25.0
69-72	26.0
73-74	27.0
75+	100.0

Benefit commencement date:

- Preretirement death benefit — The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit — Age 66
- Disability benefit — Age 65
- Retirement benefit — The later of age 66 or termination of employment

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Form of Payment	70% of participants are assume to elect a lump sum. The remainder are assumed to be paid as Life Annuities with 60 guaranteed payments.
Marital assumptions:	
• Percent married	It is assumed that 65% of all male active and terminated employees are married to an Eligible Spouse and 40% of all female active and terminated employees are married to an Eligible Spouse.
• Spouse age	Wives are assumed to be two years younger than husbands.
Lump sum annuity conversion (PPA):	
• Interest rate	2024 September segment rates, adjusted by the HATFA corridors. Lump sums were valued using the substitution of annuity form under IRS Regulation §1.430(d)-1(f)(4) without application of generational mortality.
• Mortality	PPA 2025 Optional Combined Unisex Table for expected payments during 2025, and the estimated PPA 2025 Optional Combined Unisex Table for all other payments.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement or age 55, if later.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430.

SCHEDULE SB ATTACHMENTS

Actuarial value of assets	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 5.90% for 2024 and 5.40% for 2023 (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2023 plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Huntington Hospital and, based on that review, is not aware of any significant benefits required to be valued that were not.

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- Beneficiary benefit: In the absence of data, new deferred beneficiaries are assumed to have the same benefits as the original, terminated vested participant.
- Employee contribution balance: In the absence of data, the prior year employee contribution balance is increased with interest.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

Effective date and most recent amendment	The plan was originally effective July 1, 1963. The plan was amended and restated effective January 1, 2016; the most recent amendment to such restatement is effective January 1, 2023.
Coverage and participation	All employees are eligible to participate under the plan on the first of the month coincident with or next following the first anniversary of hire. "Employee" means any person on the payroll whose wages are subject to withholding for the purposes of federal income tax. Note: If an employee meets the age requirement, but fails to complete 1,000 hours during the first year, participation may begin on the January 1 following the plan year in which 1,000 hours are completed. Participation in the plan was frozen effective July 1, 2013.
Plan year	The twelve-month period ending December 31.

Definitions

Vesting service	The participant's number of years of service prior to January 1, 1976, plus the number of calendar years commencing January 1, 1976, in which credited service is at least 1,000 hours. A participant accrues one-tenth of a year of vesting service for every 100 hours worked as a participant.
Credited service	Service is based on the number of hours worked during each calendar year an employee elected to participate in the plan. Credited service accruals were frozen for all participants effective June 30, 2005.

SCHEDULE SB ATTACHMENTS

Final average compensation/salary	The monthly average of the 5 consecutive complete years' compensation out of the last 10 years that gives the highest average. Compensation includes W-2 compensation plus any compensation deferred under a Section 125 or Section 403(b) plan. If an employee works under 2,080 hours for a year, then that year's compensation will be multiplied by the ratio of 2,080 to the number of hours actually worked. No compensation earned subsequent to July 1, 2013 shall be counted in determining this average for all participants.
Normal retirement date (NRD)	The first of the month coincident with or next following age 65.
Accrued benefits	The participant's accrued benefit at any given date is determined under the normal retirement formula(s) shown above, but is based on current credited service, final average monthly compensation, and covered compensation. The plan was amended to freeze benefit accruals to all participants as of July 1, 2013.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Age 55 and 5 years of credited service.
Postponed retirement	Retirement after NRD.
Deferred vested termination	A participant is 100% vested upon completion of 5 years of vesting service. However, all participants become 100% vested upon reaching age 65. A participant is 100% vested in his employee contribution account at all times.
Disability	Total and permanent disability of participant prior to normal retirement date and after 5 years of vesting service.
Preretirement death benefit	Surviving spouse of an active employee who had completed 5 years of vesting service as of the date of death.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

Based on the sum of (A) and (B) below:

(A) The greater of the following formulas:

Formula 1:

1.3% of final average monthly compensation, not in excess of covered compensation times credited service at June 30, 2005

plus

1.6% of final average monthly compensation in excess of covered compensation times credited service at June 30, 2005 up to 35 years.

Formula 2:

$7.50 times credited service at June 30, 2005.

(B) One-twelfth of 1% of compensation earned after June 30, 2005. Compensation for this portion of the benefit will not be adjusted for hours worked.

The plan was amended to freeze benefit accruals to all participants as of July 1, 2013.

Early retirement

Accrued benefit as of early retirement date multiplied by an early retirement factor due to earlier commencement of payments.

Age	Factors
65	1.000
64	.933
63	.867
62	.800
61	.733
60	.667
59	.633
58	.600
57	.567
56	.533
55	.500

Postponed retirement

The greater of the retirement benefit calculated using credited service and final average monthly compensation as of the late retirement date, and the normal retirement benefit actuarially increased to late retirement date.

SCHEDULE SB ATTACHMENTS

Deferred vested termination

The vested accrued benefit, payable in the normal form, commencing at NRD. Optionally, the participant may elect to receive a reduced benefit (see early retirement factors above) commencing prior to NRD.

Disablement

The amount of monthly payment shall be determined in the same manner as a normal pension using the Participant's Compensation at the time of disability, but the benefit service the participant would have had at June 30, 2005.

Preretirement death:

- Non-disabled participant

  The participant's spouse will receive a monthly retirement income payable for life in an amount equal to 70% of the amount the participant would have received if he had survived and elected to commence receiving a retirement income at the earliest date allowed under the plan, payable under the qualified joint and 50% contingent option.

- Disabled participant

  Prior to normal retirement, surviving spouses of disabled participants are entitled to a death benefit identical to the one for active employees. This is determined as if the disabled participant had remained in service until his date of death and his last rate of pay had continued unchanged.

Other Plan Provisions

Forms of payment:

- Normal form

  Life Annuity with 60 guaranteed payments.

- Optional forms

  The plan provides optional payment forms, including the qualified Joint and Contingent benefit for married employees, on an actuarially equivalent basis (interest rate equal to average of three most recent December immediate annuity rates from PBGC, rounded to nearest ½% and UP-1984 Mortality Table set back three years). Lump-sum distributions are also allowed.

  If the present value of a participant's accrued benefit, the present value of a Qualified Preretirement Survivor Annuity payable to a spouse, or the value of the participant's employee contribution account payable to the Designated Beneficiary of a deceased Participant with no Surviving Spouse, is equal to or less than $5,000, the benefit will be distributed as a single lump-sum payment.

SCHEDULE SB ATTACHMENTS

Plan participants' contributions	Employee contributions are not required or permitted effective July 1, 2005.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

None.

Changes in Benefits Valued Since Prior Year

None.

Substantive Commitment

None.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2025

Number and average annual frozen benefit distributed by attained age and attained years of credited service

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	3	0	0	0	0	0	0	3
	-	-	-	-	-	-	-	-	-	-	-
35-39	0	0	2	24	18	1	0	0	0	0	45
	-	-	-	1,193	-	-	-	-	-	-	1,638
40-44	0	0	2	21	74	17	0	0	0	0	114
	-	-	-	1,965	3,542	-	-	-	-	-	3,395
45-49	0	0	1	17	84	47	7	0	0	0	156
	-	-	-	-	3,627	5,313	-	-	-	-	4,096
50-54	0	0	2	17	65	60	32	11	0	0	187
	-	-	-	-	4,079	6,411	7,198	-	-	-	5,299
55-59	0	0	2	17	54	53	31	23	0	0	180
	-	-	-	-	3,683	6,407	8,667	13,189	-	-	6,340
60-64	0	0	1	10	38	35	32	55	16	3	190
	-	-	-	-	3,595	6,466	7,412	12,726	-	-	9,745
65-69	0	0	0	6	28	16	9	39	8	9	115
	-	-	-	-	3,936	-	-	14,334	-	-	11,405
70 & over	0	0	0	1	8	3	8	12	2	2	36
	-	-	-	-	-	-	-	-	-	-	10,409
Total	0	0	10	116	369	232	119	140	26	14	1,026
	-	-	-	1,582	3,640	5,905	7,836	12,734	31,262	-	6,600

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

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	507,999	797,747	4,561,962	5,867,708
2026	1,364,637	1,612,083	4,440,422	7,417,142
2027	2,048,527	1,815,493	4,307,972	8,171,992
2028	2,653,702	2,019,498	4,169,048	8,842,248
2029	3,223,021	2,215,774	4,019,321	9,458,116
2030	3,760,004	2,319,612	3,861,841	9,941,457
2031	4,216,611	2,394,510	3,699,648	10,310,769
2032	4,611,459	2,503,602	3,528,464	10,643,525
2033	4,939,955	2,592,360	3,350,429	10,882,744
2034	5,207,379	2,707,847	3,165,369	11,080,595
2035	5,422,746	2,815,802	2,974,958	11,213,506
2036	5,577,431	2,901,305	2,782,562	11,261,298
2037	5,699,913	3,021,951	2,587,086	11,308,950
2038	5,833,493	3,108,152	2,389,888	11,331,533
2039	5,912,656	3,124,368	2,192,476	11,229,500
2040	5,935,141	3,129,606	1,996,439	11,061,186
2041	5,934,739	3,109,362	1,803,412	10,847,513
2042	5,892,959	3,081,214	1,615,078	10,589,251
2043	5,808,558	3,053,883	1,433,131	10,295,572
2044	5,697,853	3,009,125	1,259,226	9,966,204
2045	5,562,615	2,952,035	1,094,907	9,609,557
2046	5,409,013	2,892,108	941,557	9,242,678
2047	5,237,350	2,825,109	800,313	8,862,772
2048	5,054,032	2,760,175	672,020	8,486,227
2049	4,840,760	2,681,010	557,175	8,078,945
2050	4,605,915	2,573,948	455,892	7,635,755
2051	4,357,737	2,463,101	367,945	7,188,783
2052	4,092,343	2,348,768	292,784	6,733,895
2053	3,817,957	2,221,192	229,586	6,268,735
2054	3,539,119	2,079,397	177,335	5,795,851
2055	3,262,487	1,935,262	134,868	5,332,617
2056	2,993,563	1,794,045	100,955	4,888,563
2057	2,734,713	1,656,977	74,359	4,466,049
2058	2,487,046	1,525,133	53,882	4,066,061
2059	2,252,514	1,398,582	38,410	3,689,506
2060	2,031,874	1,277,874	26,939	3,336,687
2061	1,825,115	1,162,963	18,596	3,006,674
2062	1,632,423	1,054,016	12,642	2,699,081
2063	1,453,693	951,167	8,471	2,413,331
2064	1,288,651	854,558	5,601	2,148,810
2065	1,136,864	764,195	3,660	1,904,719
2066	997,842	680,047	2,368	1,680,257
2067	871,026	602,029	1,519	1,474,574
2068	755,840	530,014	968	1,286,822
2069	651,686	463,839	613	1,116,138
2070	557,973	403,307	386	961,666
2071	474,127	348,204	242	822,573
2072	399,582	298,314	150	698,046
2073	333,776	253,421	92	587,289
2074	276,150	213,314	56	489,520

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	2,313,844	15.00000	2,313,844	215,744
2. Shortfall	01/01/2024	(981,538)	14.00000	(914,470)	(89,301)
3. Shortfall	01/01/2023	18,947,063	13.00000	16,883,229	1,735,185
4. Shortfall	01/01/2022	(3,731,650)	12.00000	(3,169,989)	(344,847)
5. Shortfall	01/01/2021	17,735,524	11.00000	14,265,424	1,653,688
Total				29,378,038	3,170,469

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

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

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.05	1,000	1.000000	0.050000	2.750000
56	0.05	950	0.950000	0.047500	2.660000
57	0.05	903	0.902500	0.045125	2.572125
58	0.06	857	0.857375	0.051443	2.983665
59	0.07	806	0.805933	0.056415	3.328501
60	0.08	750	0.749517	0.059961	3.597683
61	0.09	690	0.689556	0.062060	3.785662
62	0.10	627	0.627496	0.062750	3.890474
63	0.11	565	0.564746	0.062122	3.913691
64	0.12	503	0.502624	0.060315	3.860153
65	0.20	442	0.442309	0.088462	5.750020
66	0.25	354	0.353847	0.088462	5.838482
67	0.25	265	0.265386	0.066346	4.445208
68	0.25	199	0.199039	0.049760	3.383666
69	0.26	149	0.149279	0.038813	2.678072
70	0.26	110	0.110467	0.028721	2.010495
71	0.26	82	0.081745	0.021254	1.509020
72	0.26	60	0.060492	0.015728	1.132402
73	0.27	45	0.044764	0.012086	0.882294
74	0.27	33	0.032678	0.008823	0.652898
75	1.00	24	0.023855	0.023855	1.789096
			Average age at retirement		63.413607
			Rounded for Schedule SB item 22		63

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	507,999	797,747	4,561,962	5,867,708
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2028	2,653,702	2,019,498	4,169,048	8,842,248
2029	3,223,021	2,215,774	4,019,321	9,458,116
2030	3,760,004	2,319,612	3,861,841	9,941,457
2031	4,216,611	2,394,510	3,699,648	10,310,769
2032	4,611,459	2,503,602	3,528,464	10,643,525
2033	4,939,955	2,592,360	3,350,429	10,882,744
2034	5,207,379	2,707,847	3,165,369	11,080,595
2035	5,422,746	2,815,802	2,974,958	11,213,506
2036	5,577,431	2,901,305	2,782,562	11,261,298
2037	5,699,913	3,021,951	2,587,086	11,308,950
2038	5,833,493	3,108,152	2,389,888	11,331,533
2039	5,912,656	3,124,368	2,192,476	11,229,500
2040	5,935,141	3,129,606	1,996,439	11,061,186
2041	5,934,739	3,109,362	1,803,412	10,847,513
2042	5,892,959	3,081,214	1,615,078	10,589,251
2043	5,808,558	3,053,883	1,433,131	10,295,572
2044	5,697,853	3,009,125	1,259,226	9,966,204
2045	5,562,615	2,952,035	1,094,907	9,609,557
2046	5,409,013	2,892,108	941,557	9,242,678
2047	5,237,350	2,825,109	800,313	8,862,772
2048	5,054,032	2,760,175	672,020	8,486,227
2049	4,840,760	2,681,010	557,175	8,078,945
2050	4,605,915	2,573,948	455,892	7,635,755
2051	4,357,737	2,463,101	367,945	7,188,783
2052	4,092,343	2,348,768	292,784	6,733,895
2053	3,817,957	2,221,192	229,586	6,268,735
2054	3,539,119	2,079,397	177,335	5,795,851
2055	3,262,487	1,935,262	134,868	5,332,617
2056	2,993,563	1,794,045	100,955	4,888,563
2057	2,734,713	1,656,977	74,359	4,466,049
2058	2,487,046	1,525,133	53,882	4,066,061
2059	2,252,514	1,398,582	38,410	3,689,506
2060	2,031,874	1,277,874	26,939	3,336,687
2061	1,825,115	1,162,963	18,596	3,006,674
2062	1,632,423	1,054,016	12,642	2,699,081
2063	1,453,693	951,167	8,471	2,413,331
2064	1,288,651	854,558	5,601	2,148,810
2065	1,136,864	764,195	3,660	1,904,719
2066	997,842	680,047	2,368	1,680,257
2067	871,026	602,029	1,519	1,474,574
2068	755,840	530,014	968	1,286,822
2069	651,686	463,839	613	1,116,138
2070	557,973	403,307	386	961,666
2071	474,127	348,204	242	822,573
2072	399,582	298,314	150	698,046
2073	333,776	253,421	92	587,289
2074	276,150	213,314	56	489,520

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

Effective date and most recent amendment	The plan was originally effective July 1, 1963. The plan was amended and restated effective January 1, 2016; the most recent amendment to such restatement is effective January 1, 2023.
Coverage and participation	All employees are eligible to participate under the plan on the first of the month coincident with or next following the first anniversary of hire. "Employee" means any person on the payroll whose wages are subject to withholding for the purposes of federal income tax. Note: If an employee meets the age requirement, but fails to complete 1,000 hours during the first year, participation may begin on the January 1 following the plan year in which 1,000 hours are completed. Participation in the plan was frozen effective July 1, 2013.
Plan year	The twelve-month period ending December 31.

Definitions

Vesting service	The participant's number of years of service prior to January 1, 1976, plus the number of calendar years commencing January 1, 1976, in which credited service is at least 1,000 hours. A participant accrues one-tenth of a year of vesting service for every 100 hours worked as a participant.
Credited service	Service is based on the number of hours worked during each calendar year an employee elected to participate in the plan. Credited service accruals were frozen for all participants effective June 30, 2005.

SCHEDULE SB ATTACHMENTS

Final average compensation/salary	The monthly average of the 5 consecutive complete years' compensation out of the last 10 years that gives the highest average. Compensation includes W-2 compensation plus any compensation deferred under a Section 125 or Section 403(b) plan. If an employee works under 2,080 hours for a year, then that year's compensation will be multiplied by the ratio of 2,080 to the number of hours actually worked. No compensation earned subsequent to July 1, 2013 shall be counted in determining this average for all participants.
Normal retirement date (NRD)	The first of the month coincident with or next following age 65.
Accrued benefits	The participant's accrued benefit at any given date is determined under the normal retirement formula(s) shown above, but is based on current credited service, final average monthly compensation, and covered compensation. The plan was amended to freeze benefit accruals to all participants as of July 1, 2013.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Age 55 and 5 years of credited service.
Postponed retirement	Retirement after NRD.
Deferred vested termination	A participant is 100% vested upon completion of 5 years of vesting service. However, all participants become 100% vested upon reaching age 65. A participant is 100% vested in his employee contribution account at all times.
Disability	Total and permanent disability of participant prior to normal retirement date and after 5 years of vesting service.
Preretirement death benefit	Surviving spouse of an active employee who had completed 5 years of vesting service as of the date of death.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement

Based on the sum of (A) and (B) below:

(A) The greater of the following formulas:

Formula 1:

1.3% of final average monthly compensation, not in excess of covered compensation times credited service at June 30, 2005

plus

1.6% of final average monthly compensation in excess of covered compensation times credited service at June 30, 2005 up to 35 years.

Formula 2:

$7.50 times credited service at June 30, 2005.

(B) One-twelfth of 1% of compensation earned after June 30, 2005. Compensation for this portion of the benefit will not be adjusted for hours worked.

The plan was amended to freeze benefit accruals to all participants as of July 1, 2013.

Early retirement

Accrued benefit as of early retirement date multiplied by an early retirement factor due to earlier commencement of payments.

Age	Factors
65	1.000
64	.933
63	.867
62	.800
61	.733
60	.667
59	.633
58	.600
57	.567
56	.533
55	.500

Postponed retirement

The greater of the retirement benefit calculated using credited service and final average monthly compensation as of the late retirement date, and the normal retirement benefit actuarially increased to late retirement date.

SCHEDULE SB ATTACHMENTS

Deferred vested termination

The vested accrued benefit, payable in the normal form, commencing at NRD. Optionally, the participant may elect to receive a reduced benefit (see early retirement factors above) commencing prior to NRD.

Disablement

The amount of monthly payment shall be determined in the same manner as a normal pension using the Participant's Compensation at the time of disability, but the benefit service the participant would have had at June 30, 2005.

Preretirement death:

- Non-disabled participant

  The participant's spouse will receive a monthly retirement income payable for life in an amount equal to 70% of the amount the participant would have received if he had survived and elected to commence receiving a retirement income at the earliest date allowed under the plan, payable under the qualified joint and 50% contingent option.

- Disabled participant

  Prior to normal retirement, surviving spouses of disabled participants are entitled to a death benefit identical to the one for active employees. This is determined as if the disabled participant had remained in service until his date of death and his last rate of pay had continued unchanged.

Other Plan Provisions

Forms of payment:

- Normal form

  Life Annuity with 60 guaranteed payments.

- Optional forms

  The plan provides optional payment forms, including the qualified Joint and Contingent benefit for married employees, on an actuarially equivalent basis (interest rate equal to average of three most recent December immediate annuity rates from PBGC, rounded to nearest ½% and UP-1984 Mortality Table set back three years). Lump-sum distributions are also allowed.

  If the present value of a participant's accrued benefit, the present value of a Qualified Preretirement Survivor Annuity payable to a spouse, or the value of the participant's employee contribution account payable to the Designated Beneficiary of a deceased Participant with no Surviving Spouse, is equal to or less than $5,000, the benefit will be distributed as a single lump-sum payment.

SCHEDULE SB ATTACHMENTS

Plan participants' contributions	Employee contributions are not required or permitted effective July 1, 2005.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

None.

Changes in Benefits Valued Since Prior Year

None.

Substantive Commitment

None.

Plan Name	**Huntington Memorial Hospital Retirement Plan**
Plan Sponsor EIN	**95-1644036**
ERISA Plan #	**001**
Plan Year Ending	**12/31/2025**

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	2,313,844	15.00000	2,313,844	215,744
2. Shortfall	01/01/2024	(981,538)	14.00000	(914,470)	(89,301)
3. Shortfall	01/01/2023	18,947,063	13.00000	16,883,229	1,735,185
4. Shortfall	01/01/2022	(3,731,650)	12.00000	(3,169,989)	(344,847)
5. Shortfall	01/01/2021	17,735,524	11.00000	14,265,424	1,653,688
Total				29,378,038	3,170,469

Plan Name: Huntington Memorial Hospital Retirement Plan
EIN / PN: 95-1644036/001
Plan Sponsor: Pasadena Hospital Association, Ltd
Valuation Date: January 1, 2025