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
SUMMA HEALTH RETIREMENT INCOME PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 010

1c Effective date of plan 02/01/1946

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)
TRAILHEAD COMMUNITY HEALTH FUND OF GREATER AKRON

50 S MAIN ST STE 705
AKRON, OH 44308-1830

50 S MAIN ST STE 705
AKRON, OH 44308-1830

2b Employer Identification Number (EIN)
34-1887844

2c Plan Sponsor's telephone number
330-996-8460

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.	10/15/2026	MATTHEW RUBIN
	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

SHS HEALTHCARE, INC.

425 W NEW ENGLAND AVE STE 300
WINTER PARK, FL 32789-4228

3b Administrator's EIN 34-0714755

3c Administrator's telephone number 330-996-8460

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 SUMMA HEALTH

c Plan Name

4b EIN 34-1887844

4d PN 010

5	Total number of participants at the beginning of the plan year	**5**	5603
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)**	1313
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	3110
c	Other retired or separated participants entitled to future benefits	**6c**	2176
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	5286
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	200
f	Total. Add lines **6d** and **6e**.	**6f**	5486
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:

1B

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE 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
SUMMA HEALTH RETIREMENT INCOME PLAN AND TRUST

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
TRAILHEAD COMMUNITY HEALTH FUND OF GREATER AKRON

D Employer Identification Number (EIN)
34-1887844

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
THE EQUITABLE ASSURANCE GROUP

(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	62944	0695	23	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	327754
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.	6d	

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	411267
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	8731		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	8731
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	419998
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	88227		
	(2) Administration charge made by carrier	7e(2)	4017		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	92244
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	327754

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
SUMMA HEALTH RETIREMENT INCOME PLAN AND TRUST

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
TRAILHEAD COMMUNITY HEALTH FUND OF GREATER AKRON

D Employer Identification Number (EIN)
34-1887844

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
AETNA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	GA-1012	0	01/01/2025	03/11/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	5999575
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	4196		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6)Total additions			7c(6)	4196
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	6003771
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	5658105		
	(2) Administration charge made by carrier	7e(2)	2293		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	343373		
	▶ ANNUITY PREMIUM/MARKET VALUE ADJUSTMENTS				
	(5) Total deductions			7e(5)	6003771
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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
SUMMA HEALTH RETIREMENT INCOME PLAN AND TRUST

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TRAILHEAD COMMUNITY HEALTH FUND OF GREATER AKRON

D Employer Identification Number (EIN)
34-1887844

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**	182777777
b Actuarial value	**2b**	184036842

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	3107	120249578	120249578
b For terminated vested participants	1183	34412115	34412115
c For active participants	1313	24136109	24136109
d Total	5603	178797802	178797802

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**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	485000
c Target normal cost	**6c**	485000

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

09/03/2026
Date

DAVID A. HENDERSON
Type or print name of actuary

26-06905
Most recent enrollment number

AON CONSULTING, INC.
Firm name

216-430-4741
Telephone number (including area code)

MSC# 17854, AON
PO BOX 7505
FORT WASHINGTON, PA 19034

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	10937043
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	10937043
10	Interest on line 9 using prior year's actual return of 2.50 %	0	273426
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
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 5.06 %		0
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		0
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	11210469

Part III Funding Percentages

14	Funding target attainment percentage	14	96.66 %
15	Adjusted funding target attainment percentage	15	102.93 %
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	104.24 %
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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

	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**	64

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**	485000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	5971429	556779
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**	1041779

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1041779	1041779

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

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

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

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

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

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

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

A Name of plan
SUMMA HEALTH RETIREMENT INCOME PLAN AND TRUST

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
TRAILHEAD COMMUNITY HEALTH FUND OF GREATER AKRON

D Employer Identification Number (EIN)
34-1887844

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

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

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

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

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

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

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

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

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

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

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

(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)

AETNA LIFE INSURANCE COMPANY

06-6033492

(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?
12 73		2294	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

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?
12 15 65		4017	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26		23104	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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)

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26		127715	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

SCANTEK INFOMANAGEMENT SOLUTIONS

48-1263177

(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?
17		8400	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

AON INVESTMENTS USA INC.

36-3109431

(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?
17		37634	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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)

ROBERT W. BAIRD AND COMPANY

39-6037917

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21		320691	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

AON CONSULTING

22-2232264

(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		406558	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

(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
SUMMA HEALTH RETIREMENT INCOME PLAN AND TRUST

B Three-digit plan number (PN) ▶ 010

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TRAILHEAD COMMUNITY HEALTH FUND OF GREATER AKRON

D Employer Identification Number (EIN)
34-1887844

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: NT COLLECTIVE SHORT TERM INVESTMENT

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

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)
45-6138589-084	C	6747478

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)

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
SUMMA HEALTH RETIREMENT INCOME PLAN AND TRUST

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
TRAILHEAD COMMUNITY HEALTH FUND OF GREATER AKRON

D Employer Identification Number (EIN)
34-1887844

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	8015545	42592
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	3978854	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	115305406	0
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	5613542	4919586
(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)	41807874	6747478
(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)	2909277	170086903
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	6410888	327754
(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	184041386	182124313
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	854389	
1k Total liabilities (add all amounts in lines 1g through1j)	1k	854389	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	183186997	182124313

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	5753441	
(C) Others (including rollovers)	2a(1)(C)	94748	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		5848189
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	710458	
(B) U.S. Government securities	2b(1)(B)	972192	
(C) Corporate debt instruments	2b(1)(C)	7202315	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	77614	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8962579
(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)	12	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		12
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	195280719	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	191635212	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		3645507
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-1181429	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-1181429

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1305179
(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)		449133
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		19652
d Total income. Add all **income** amounts in column (b) and enter total	2d		19048822
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	19111747	
(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)		19111747
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)	46034	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	320691	
(6) Bank or trust company trustee/custodial fees	2i(6)	150819	
(7) Actuarial fees	2i(7)	406558	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	75657	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		999759
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		20111506
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1062684
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: BDO USA, P.C. **(2)** EIN: 13-5381590

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

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

If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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 588490.

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
SUMMA HEALTH RETIREMENT INCOME PLAN AND TRUST

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
TRAILHEAD COMMUNITY HEALTH FUND OF GREATER AKRON

D Employer Identification Number (EIN)
34-1887844

Part I Distributions

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

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

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

EIN(s): 34-1887844

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 | 19

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

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

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

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

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

6 a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b	Enter the amount contributed by the employer to the plan for this plan year	6b	
c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: 2.4 % Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: 0.3 % Cash or Cash Equivalents: 97.3 % 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_____.

Summa Health Retirement Income Plan and Trust

Financial Statements and
ERISA-Required Supplemental Schedules
Years Ended December 31, 2025 (In Liquidation)
and December 31, 2024 (Ongoing)

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

Summa Health Retirement Income Plan and Trust

Financial Statements and ERISA-Required Supplemental Schedules

Years Ended December 31, 2025 (In Liquidation) and December 31, 2024 (Ongoing)

Summa Health Retirement Income Plan and Trust

Contents

Independent Auditor's Report 3-6

Financial Statements

Statements of Net Assets Available for Benefits as of December 31, 2025 (In Liquidation) and December 31, 2024 (Ongoing) 7

Statements of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2025 (In Liquidation) and the Year Ended December 31, 2024 (Ongoing) 8

Notes to Financial Statements 9-19

ERISA-Required Supplemental Schedules

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2025 21

Schedule H, Line 4(j) – Schedule of Reportable Transactions for the Year Ended December 31, 2025 22-25

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

Tel: 216-325-1700
Fax: 216-325-1701
www.bdo.com

1300 East Ninth Street
Suite 1301
Cleveland, OH 44114

Independent Auditor's Report

To the Plan Administrator
Summa Health Retirement Income Plan and Trust
Akron, Ohio

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

We have performed audits of the financial statements of the Summa Health Retirement Income Plan and Trust (the Plan), an employee benefit plan subject to the Employee Retirement Income Security ACT of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(c). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 (in liquidation) and December 31, 2024 (ongoing), and the related statements of changes in net assets available for benefits for the year ended December 31, 2025 (in liquidation) and for the year ended December 31, 2024 (ongoing), and the related notes to the financial statements.

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

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

Opinion

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

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

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

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



Basis for Opinion

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

Emphasis of Matter — Plan Termination and Liquidation Basis of Accounting

As further discussed in Note 1 to the financial statements, the Board of Directors of the Plan approved a plan of liquidation on April 24, 2025, and management determined liquidation is imminent. As a result, the Plan changed its basis of accounting from the going-concern basis of accounting used in presenting the 2024 financial statements to the liquidation basis of accounting used in presenting the 2025 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

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

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

Other Matter — Supplemental Schedules Required by ERISA

The ERISA-required supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2025 and the ERISA-required supplemental Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

BDO USA, P.C.

October 14, 2026

Summa Health Retirement Income Plan and Trust

Statements of Net Assets Available for Benefits

December 31,	**2025 (In Liquidation)**	2024 (Ongoing)
Assets		
Investments, at fair value:		
Fixed income corporate bonds	**$ 154,273,271**	$ 115,305,406
Common/collective trusts	**6,747,478**	41,807,874
Municipal bonds	**-**	1,205,970
Government bonds	**14,013,632**	2,772,884
Mutual funds	**1,800,000**	2,909,277
Alternative investments	**4,919,586**	5,613,542
Total Investments, at fair value	**181,753,967**	169,614,953
Investments, at contract value:		
Immediate participation guarantee insurance contracts	**327,754**	6,410,888
Total Investments, at contract value	**327,754**	6,410,888
Receivables:		
Accrued investment income	**42,592**	1,810,438
Due from broker for securities sold	**-**	6,205,107
Total Receivables	**42,592**	8,015,545
Total Assets	**182,124,313**	184,041,386
Liabilities		
Due to broker for securities purchased	**-**	854,389
Total Liabilities	**-**	854,389
Net Assets Available for Benefits	**$ 182,124,313**	$ 183,186,997

See accompanying notes to financial statements.

Summa Health Retirement Income Plan and Trust

Statements of Changes in Net Assets Available for Benefits

Year ended December 31,	**2025 (In Liquidation)**	2024 (Ongoing)
Additions		
Changes in net assets attributed to investment income:		
Net appreciation (depreciation) in fair value of investments	**$ 4,238,042**	$ (3,247,511)
Interest and dividends	**8,962,591**	7,779,077
Total Investment Income	**13,200,633**	4,531,566
Contributions:		
Participants	**5,753,441**	2,378,899
Employer contributions	**94,748**	309,775
Total Contributions	**5,848,189**	2,688,674
Deductions from net assets attributed to:		
Benefit paid directly to participants	**19,111,747**	16,592,442
Administrative expenses	**997,661**	529,225
Annuity premiums	**2,098**	58,205
Total Deductions	**20,111,506**	17,179,872
Net Decrease	**(1,062,684)**	(9,959,632)
Net Assets Available for Benefits, beginning of year	**183,186,997**	193,146,629
Net Assets Available for Benefits, end of year	**$ 182,124,313**	$ 183,186,997

See accompanying notes to financial statements.

1. Description of the Plan

The following brief description of the Summa Health Retirement Income Plan and Trust (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more comprehensive description of the Plan's provisions.

General

The Plan is a defined benefit retirement plan covering substantially all employees of Summa Health (the Company). The Company was formed in 1989 as a sole corporate member of Akron City Hospital (the Hospital) and Saint Thomas Medical Center (the Medical Center). Each participant of the former plans of the Hospital and the Medical Center who were employed by the Company on January 1, 1991 became a participant of the Plan. Credited service under the Plan prior to January 1, 1991 is determined according to the provisions of the former plans for former participants of those plans.

Effective January 1, 2002, the Cuyahoga Falls General Hospital Retirement Plan (Cuyahoga Plan) merged with the Plan. All employees who were participants in the Cuyahoga Plan as of December 31, 2001 became participants of the Company Plan on January 1, 2002.

Effective January 1, 2009, the Summa Barberton Hospital Bargaining Unit Employees' Retirement Plan (Barberton Plan) was merged into the Plan. This merger did not impact participant pension benefits as the benefit provisions of the merged plan were incorporated into the Plan. The merged Barberton Plan was a contributory, defined benefit pension plan covering substantially all bargaining unit employees of Local No. 2317 and District Council No. 8, American Federation of State, County and Municipal Employees (AFL-CIO), of Summa Barberton Hospital.

Effective January 1, 2010, except for re-hired union employees of Summa Barberton Hospital and all union employees of Akron City Hospital, individuals hired after January 1, 2010 are not eligible to participate in the Plan.

Effective June 30, 2011, the Plan was amended to freeze benefits accrued under the Plan, except for participants who were age 60 or older as of December 31, 2010 or participating union employees. For those participants whose benefits under the Plan were not vested at June 30, 2011, service after that date will count for vesting purposes.

Effective February 1, 2012, the monthly benefit multiplier for Barberton Plan participants was increased from $21.00 to $21.50 for service in excess of 30 years.

Effective December 31, 2012, Akron City Hospital union employees who were participants in the Plan continued to accrue benefits and additional service for vesting under the terms of the Plan. Akron City Hospital union employees who were not participants in the Plan as of December 31, 2012 shall not become participants in the Plan and instead, may contribute 1% of their pay up to a maximum of 50% not to exceed the limit under the Internal Revenue Code to the Summa Health 403(b) Plan, formerly known as the Summa Health System Tax Sheltered Annuity Program.

Effective October 1, 2013, Barberton Plan union employees who were participants in the Plan on September 30, 2013 and who have not attained age 60 on or before December 31, 2012, shall no longer accrue any additional benefits under this Plan. All members will continue to earn service towards vesting.

Effective January 1, 2020, the Plan was amended and restated per regulatory requirements.

Effective January 1, 2024 an amendment to the Plan was made with respect to benefit payments. If the present day single-sum value of a participant's benefit under the plan is equal to our less than $7,000, the participant's benefit will be paid in a single sum within 90 days after termination.

Effective December 31, 2024, the Plan was amended to freeze all benefits accrued under the Plan, including all remaining union participants. The Plan was previously amended to freeze benefits accrued under the Plan for other groups of participants.

On April 24, 2025, the Company passed a resolution to terminate the Plan. On November 6, 2025, the Plan adopted an amendment to terminate and liquidate the Plan with a Plan termination date of December 31, 2025. No participants were allowed to enter the Plan after the date of Plan termination. All participants were fully vested in their account balances, and the account balances will be liquidated and distributed to participants as soon as administratively practicable after that time.

Once the Internal Revenue Service (IRS) approval has been received, the net assets will be distributed to participants. Participants will choose amongst several options regarding the type of distribution. Participants may elect a lump sum payment, individual retirement account rollover, or direct transfer into one of the Company's other plans.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility

For certain employees who were eligible to begin participating in the Plan, an employee of the Company could have become a participant in the Plan on the first day that the employee completed one year of service (provided that at least 1,000 hours of service were completed during the prior 12 consecutive month period) and attained age 21.

Contributions

The Plan provided that the Company make contributions to the Plan sufficient to provide the Plan with assets with which to pay benefits to Plan participants. Additionally, prior to January 1, 2002, each participant was allowed to contribute 4% of basic earnings (as defined) in excess of $400 per month to the Plan. Such contributions increased retirement benefits based on a formula as defined in the Plan document. Subsequent to January 1, 2002, most employee contributions were no longer permitted. Only those participants who were members of a collective bargaining unit were permitted to contribute employee contributions, unless such elimination of an employee contribution had been approved by the collective bargaining process.

Barberton Plan participants with one year of service could voluntarily elect to contribute up to 4% of their base compensation (as defined) that exceeds the first $6,000 of compensation. Such contributions result in supplemental retirement benefits paid to the contributing participants at retirement. Accumulated participant contributions were $49,070 and $49,749 as of December 31, 2025 and 2024, respectively. For the years ended December 31, 2025 and 2024, accumulated participant contributions were credited with 5.10% and 5.25% interest, respectively.

Vesting

All participants of the former Barberton Plan who completed five or more vesting years of credited service, as defined, or who attained age 65 while employed by the Company, were vested in their benefits.

For all other Plan participants, the participant's retirement benefit from the Plan was fully vested after three years of eligible employment service (as defined). If an employee terminated prior to rendering three years of service for vesting purposes, the employee forfeited the right to receive benefits from the Plan. Any unvested participants were fully vested with the Plan termination.

Effective December 31, 2025 with the freezing of the Plan, all participants became fully vested in their benefits.

Benefit Payments

Plan benefits are based on years of credited service, retirement age, and employee contributions. Participants retiring at the normal retirement age (65) receive full benefits. Participants that have reached age 55 and have completed at least three years of credited service could retire with reduced benefits.

Normally, benefits are paid in a ten year certain life annuity. Participants could elect to receive their retirement in the form of a five to 15 year certain life annuity, joint and survivor annuity, 50% joint and survivor annuity or life annuity. The Plan also provided for death benefits for vested participants that die after the earliest retirement date.

2. Summary of Accounting Policies

Basis of Accounting

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

The 2025 financial statements have been prepared under the liquidation basis. This basis was adopted when liquidation was deemed imminent in accordance with Accounting Standards Update (ASU) 2013-07, *Liquidation Basis of Accounting*. Plan management determined that liquidation was imminent upon adoption of the resolution to terminate the Plan on April 24, 2025. Under the liquidation basis of accounting, assets are measured at their net realizable value, estimated by fair value reduced by surrender charges, penalties and redemption charges, and disposal expenses, to reflect the estimated amount of cash expected to be collected in settling or disposing of the assets during the liquidation process. Liabilities are measured using the accrual basis of accounting, including any expected costs of the disposal of assets and other costs expected to be incurred during the liquidation process.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for investments in immediate participation guarantee insurance contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Investments held by a defined benefit plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined benefit plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

The Plan's immediate participation guarantee insurance contract is held with AXA Equitable Life Insurance Company (Equitable) and was entered into prior to March 20, 1992. Pursuant to Accounting Standards Codification Topic 960, *Plan Accounting – Defined Benefit Pension Plans*, such contracts are permitted to be carried at contract value. Equitable determines fair value based on actual market prices, when available; otherwise, fair value is based on a pricing model.

During the year ended December 31, 2025, the Plan terminated its immediate participation guarantee insurance contract previously held with Aetna Life Insurance Company (Aetna) and was fully settled in accordance with the terms of the contract and applicable Plan termination provisions. Accordingly, the contract was no longer held by the Plan at December 31, 2025.

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

Funding Policy

Contributions were made by the Company based on guidelines set by the Plan's actuary, AON Hewitt. The Company had adopted the policy of annually providing for current normal costs and an amount sufficient to amortize past service costs, and to meet the minimum funding requirements of ERISA. The Company's contributions for the years ended December 31, 2025 and 2024 met or exceeded these requirements.

Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances: retirement, death, disability, and termination of employment are included to the extent they are deemed attributable to employee service rendered as of the valuation date.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements.

Fees related to participant-initiated transactions are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation (depreciation) in fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through October 14, 2026, the date the financial statements were available to be issued, and has determined that there were no subsequent events that have occurred through that date that have not already been reflected in the financial statements and/or disclosed in the notes.

3. Certified Investment Information

The Plan Administrator has elected the method of annual reporting compliance permitted by 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. Accordingly, The Northern Trust Company, Equitable, and Aetna, the trustees of the Plan, have certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules are complete and accurate:

- Investments, Accrued investment income, and Due to broker for securities purchased, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024.
- Investment income as shown in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2025 and 2024.
- Investment information included in the Schedule of Assets (Held at End of Year) as of December 31, 2025, as shown on the ERISA-Required Supplemental Schedules.
- Investment information included in the Schedule of Reportable Transactions for the year ended December 31, 2025, as reported on the ERISA-Required Supplemental Schedules.

At the request of the Plan Administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedules.

4. Contracts with Insurance Companies

The Plan maintains an immediate participation guarantee insurance contract with Equitable. Under this contract, the insurance company holds contributions in a pooled separate account from which pension payments are made to participants upon retirement. The balance of the account is maintained at the amount required, according to the premium schedule in the contract, to provide for the remaining pension benefits of covered participants and beneficiaries.

The contract can be terminated if the Plan becomes disqualified according to the Internal Revenue Code or if the Plan is terminated. The value of the contract is recorded at contract value plus earnings, less Plan withdrawals and administrative expenses. The average yield and crediting interest rate for the years ended December 31, 2025 and 2024 were 2.43% and 66.27% for Equitable.

Crediting interest rates are determined daily by dividing earned income for the day by the new contract value.

During 2025, as part of the Company's decision to terminate the Plan, the Plan discontinued its immediate participation guarantee insurance contract with Aetna. In connection with the termination, all obligations related to the contract were settled in accordance with the terms of the contract and applicable Plan termination provisions. Accordingly, the Plan no longer held with Aetna at December 31, 2025.

5. Fair Value Measurements

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

The asset’s or liability’s fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Common/Collective Trusts - Based on the net asset values (NAV) reported by the fund managers as of the financial statement dates and recent transaction prices. NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. The investment objectives and underlying investments of the collective trusts vary, with some holding diversified portfolios of domestic or international stocks and open-ended mutual funds, some holding securities of U.S. companies in a particular industry sector, some holding short-term and/or

medium-term corporate, government agency bonds, and others holding a blend of various domestic stocks, bonds, and mutual funds. Each collective trust provides for daily redemptions by the Plan at reported net asset values per share, with no advance notice requirement.

Money Market Funds - Valued at the reported statement balance held by the Plan at year-end. The statement balance reflects the NAV at that date. Money market funds invested in the Plan seek to preserve the value of the investment at $1.00 per share.

Mutual Funds - Valued at the NAV of shares held by the Plan at year-end.

Fixed Income Corporate Bonds - Corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks. There are no redemption requirements on these investments.

U.S. Government Securities - Valued at the closing price reported in the active market in which the individual security is traded. There are no redemption requirements on these investments.

Government Bonds / Municipal Bonds - Valued at the closing price reported in the active market in which the individual security is traded. There are no redemption requirements on these investments.

Alternative Investments - Includes hedge funds that are meant to provide equity-like returns with fixed-income-like levels of risk. Included in this category are investments that are well diversified across various strategies and may consist of absolute return funds, long/short funds, and other opportunistic/multi-strategy funds. The underlying investments in such funds may include publicly-traded and privately held equity and debt instruments issued by U.S. and international corporations. Investment strategies in this category may include buyouts, distressed debt and venture capital. The fair values are based on the net asset values reported by the fund managers. NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV.

The unfunded commitment on alternative investments in private equity and private real estate funds at December 31, 2025 and 2024 is $2,093,574 and $1,793,574, respectively. The private equity and private real estate funds do not have withdrawal restrictions.

There were no additional unfunded commitments at December 31, 2025 and 2024 for the aforementioned investments, other than those previously disclosed.

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

The following tables set forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31, 2025 and 2024:

December 31, 2025 (In Liquidation)

	Level 1	Level 2	Level 3	Total
Fixed income corporate bonds	$ -	$ 154,273,271	$ -	$ 154,273,271
Government bonds	14,013,632	-	-	14,013,632
Mutual funds	1,800,000	-	-	1,800,000
Total Assets, in the fair value hierarchy	$ 15,813,632	$ 154,273,271	$ -	170,086,903
Investments, measured at net asset value:				
Common/collective trusts*				6,747,478
Alternative investments*				4,919,586
Total Investments				$ 181,753,967

December 31, 2024 (Ongoing)

	Level 1	Level 2	Level 3	Total
Fixed income corporate bonds	$ -	$ 115,305,406	$ -	$ 115,305,406
Government bonds	2,772,884	-	-	2,772,884
Municipal bonds	1,205,970	-	-	1,205,970
Mutual funds	2,909,277	-	-	2,909,277
Total Assets, in the fair value hierarchy	$ 6,888,131	$ 115,305,406	$ -	122,193,537
Investments, measured at net asset value:				
Common/collective trusts*				41,807,874
Alternative investments*				5,613,542
Total Investments				$ 169,614,953

* Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The Trailhead Retirement Plan Committee meets on a quarterly basis to review and discuss investment performance, adherence to the written investment policy and the investment policy itself. The Investment Committee approves changes in asset managers and asset allocation.

6. Accumulated Plan Benefits

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

The accumulated Plan benefit information as of December 31, 2025 and 2024 (calculated by the Plan's actuary as of January 1, 2026 and January 1, 2025, the dates of the most recent valuations) was as follows:

January 1,	**2026**	2025
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits:		
Participants currently receiving payments	**$ 117,759,219**	$ 114,213,611
Other participants	**53,432,429**	53,474,030
Total Actuarial Present Value of Accumulated Plan Benefits	**$ 171,191,648**	$ 167,687,641

The changes in the actuarial present value of accumulated Plan benefits for the years ended December 31, 2025 and 2024 (calculated by the Plan's actuary as of January 1, 2026 and 2025, the dates of the most recent valuations) are as follows:

January 1,	**2026**	2025
Actuarial Present Value of Accumulated Plan Benefits, beginning of year:	**$ 167,687,641**	$ 167,184,668
Increase (decrease) during the year attributable to:		
Interest due to decrease in discount period	**10,044,407**	10,388,292
Benefits paid	**(13,175,330)**	(14,434,161)
Expenses paid	**(993,644)**	(531,021)
Change in actuarial assumptions	**6,752,729**	3,415,972
Net benefits accumulated	**875,845**	1,663,891
Actuarial Present Value of Accumulated Plan Benefits, end of year	**$ 171,191,648**	$ 167,687,641

The remainder of this page intentionally left blank.

The significant actuarial assumptions used in the valuations as of January 1, 2026 and 2025 include:

Actuarial method	Standard unit credit method
Assumed rate of return on investments	5.75% for 2025 and 6.25% for 2024, per annum
Mortality basis after normal retirement age	PRI-2012 Mortality study, projected generationally from 2012 with Scale MP-2021 for 2025 and PRI-2012 Mortality study, projected generationally from 2012 with Scale MP-2021 for 2024
Normal retirement age	Age 65
Vesting	Vesting eligibility, three years for the Plan and five years for the participants of the former Barberton Plan. Any unvested participants were fully vested with the Plan termination.

The foregoing assumptions are based on the presumption that the Plan is terminating. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2026.

7. Plan Termination

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. On April 24, 2025, as described in Note 1, the Company passed a resolution to terminate the Plan effective December 31, 2025. Participants became 100% vested in their accounts as of the termination date.

8. Tax Status

The Internal Revenue Service has determined and informed the Company in a letter dated May 31, 2012 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (Code). The Plan has been restated and amended since receiving this determination letter. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan sponsor is responsible for reviewing the annual Required Amendments List (RAL) issued by the IRS for individually designed plans to retain qualified tax status. Although the Plan has been amended since the date of the aforementioned opinion letter, the Plan Administrator believes that the Plan is designed, and currently being operated in compliance with the applicable requirements of the IRC, and therefore believes that the Plan is qualified, and the related trust is tax-exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the tax authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress.

9. Party-in-Interest Transactions

Certain Plan investments were investment contracts managed by Equitable and Aetna. Since the trustees of the Plan managed these investments, these transactions qualify as party-in-interest transactions.

Money market funds were managed by Northern Trust Investments, Inc. Northern Trust Investments, Inc. is a subsidiary of The Northern Trust Company (Northern Trust). Northern Trust is a trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

The Plan made direct payments to parties in interest for the years ended December 31, 2025 and 2024 in the amount of $134,026 and $172,656, respectively.

10. Risks and Uncertainties

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

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

ERISA-Required Supplemental Schedules

Summa Health Retirement Income Plan and Trust

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

EIN: 34-1887844 **Plan Number: 010**

December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds			
	Equity Fund APL	Diversified Emerging Markets	$ 1,800,000	$ 1,800,000
	Total Mutual Funds		1,800,000	1,800,000
	Common/Collective Trusts			
*	NT Collective Short Term Investment Fund	Common/Collective Trusts	6,747,478	6,747,478
	Total Common/Collective Trusts		6,747,478	6,747,478
	Fixed Income Corporate Bonds			
*	AON	Collective INVT TR US Long Government Bond Index FD	14,500,000	14,500,000
*	AON	Intermediate Credit Fund	62,397,345	62,622,606
*	AON	Long Credit Bond Fund	76,813,763	77,150,665
	Total Fixed Income Corporate Bonds		153,711,108	154,273,271
	Government Bonds			
*	AON	Collective INVT TR US Intermediate GOVT BD Index FD	14,000,000	14,013,632
	Total Government Bonds		14,000,000	14,013,632
	Alternative Investments			
	Adams Street Partners	Private Equity Fund	32,051	4,630
	Adams Street Partners	Private Equity Fund	159,907	257,238
	Adams Street Partners	Private Equity Fund	306,595	495,330
	Adams Street Partners	Private Equity Fund	1,328,730	2,390,184
	Adams Street Partners	Private Equity Fund	802	20,744
	Adams Street Partners	Private Equity Fund	59,654	3,463
	Adams Street Partners	Private Equity Fund	581,418	1,049,057
	Adams Street Partners	Private Equity Fund	23,292	152,400
	Oaktree Real Estate	Private Real Estate Fund VI	1	543,431
	Oaktree Real Estate	Private Real Estate Fund V	1	3,109
	Total Alternative Investments		2,492,451	4,919,586
	Immediate Participation Guarantee Insurance Contracts			
*	AXA Equitable Life Assurance Company	Immediate Participation Guarantee Fund	327,754	327,754
	Total Immediate Participation Guarantee Insurance Contracts		327,754	327,754
	Total		$179,078,791	$182,081,721

* Party-in-interest.

Summa Health Retirement Income Plan and Trust

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 34-1887844 **Plan Number: 010**

Year ended December 31, 2025

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - Single Transaction in Excess of 5%									
*	Northern Trust	UNITED STATES TREAS BDS 4.625% 11-15-204 4 CUSIP: 912810UF3 12,125,000 Shares/Par Value	$ 96	$	$	$ -	$ 11,599,268	$ 11,599,268	$ -
*	Northern Trust	MFO AON COLLECTIVE INVT TR US INTERMEDIA TE GOVT BD INDEX FD CUSIP: 00187K464 1,363,193.770 Shares/Par Value	10			-	14,000,000	14,000,000	-
*	Northern Trust	MFO AON COLLECTIVE INVT TR US LONG GOVER NMENT BOND INDEX FD CUSIP: 00187K456 2,173,913.040 Shares/Par Value	7			-	14,500,000	14,500,000	-
*	Northern Trust	MFO AON INTERMEDIATE CREDIT FUND CUSIP: 00187K548 5,631,529.310 Shares/Par Value	-			-	62,397,345	62,397,345	-
*	Northern Trust	MFO AON LONG CREDIT BOND FUND CUSIP: 00187K530 8,422,561.720 Shares/Par Value	-			-	76,813,763	76,813,763	-
*	Northern Trust	NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452 35,699,132.760 Shares/Par Value	1			-	35,699,133	35,699,133	-
*	Northern Trust	NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452 28,956,909.460 Shares/Par Value	1			-	28,956,909	28,956,909	-
*	Northern Trust	NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452							

Summa Health Retirement Income Plan and Trust

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 34-1887844 **Plan Number: 010**

Year ended December 31, 2025

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
		31,800,000.000 Shares/Par Value	$ 1	$	$	$ -	$ 31,800,000	$ 31,800,000	$ -
*	Northern Trust	NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452							
		-35,057,380.760 Shares/Par Value		1		-	35,057,381	35,057,381	-
*	Northern Trust	NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452							
		-34,097,464.330 Shares/Par Value		1		-	34,097,464	34,097,464	-
*	Northern Trust	NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452							
		-31,623,501.360 Shares/Par Value		1		-	31,623,501	31,623,501	-
*	Northern Trust	NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452							
		-28,500,000.000 Shares/Par Value		1		-	28,500,000	28,500,000	-
	Total Category (i)		$ 116	$ 4	$ -	$ -	$405,044,764	$405,044,764	$ -
	Category (iii) - Series of Transactions in Same Security Exceeds 5% of Value								
*	Northern Trust	NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452							
		249 Purchases	$134,198,175	$	$	$ -	$134,198,175	$134,198,175	$ -
		130 Sales		169,258,571			169,258,571	169,258,571	
*	Northern Trust	UNITED STATES OF AMER TREAS BONDS 4.5% 11-15-2054 CUSIP: 912810UE6							
		1 Purchases	7,934,057				7,934,057	7,934,057	-
		10 Sales		8,146,062			7,934,057	8,146,062	212,005
*	Northern Trust	UNITED STATES OF AMER TREAS NOTES 4.25% 11-15-2034 CUSIP: 91282CLW9							
		1 Purchases	8,486,385				8,486,385	8,486,385	-
		4 Sales		8,850,455			8,486,385	8,850,455	364,070

Summa Health Retirement Income Plan and Trust

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 34-1887844 Plan Number: 010

Year ended December 31, 2025

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*	Northern Trust	UNITED STATES TREAS BDS 2.25% DUE 05-15-2051 REG CUSIP: 912810SX7							
		3 Purchases	$ 5,323,107	$	$	$	$ 5,323,107	$ 5,323,107	$ -
		14 Sales		5,572,603			5,406,950	5,572,603	165,652
*	Northern Trust	UNITED STATES TREAS BDS 4.625% 11-15-204 4 CUSIP: 912810UF3							
		1 Purchases	11,599,268				11,599,268	11,599,268	-
		4 Sales		11,877,051			11,599,268	11,877,051	277,783
	Total Category (iii)		$167,540,992	$203,704,742	$ -	$ -	$370,226,223	$371,245,734	$ 1,019,510
	Category (iv) - Series of Transactions with Same Party in Excess of 5%								
*	Northern Trust	UNITED STATES OF AMER TREAS BONDS 4.5% 11-15-2054 CUSIP: 912810UE6 -3,500,000/Par Value Date: 01/22/2025	$	$ 95	$	$ -	$ 3,276,602	$ 3,323,906	$ 47,305
*	Northern Trust	UNITED STATES OF AMER TREAS BONDS 4.5% 11-15-2054 CUSIP: 912810UE6 -275,000 Shares/Par Value Date: 02/04/2025		96			257,447	264,247	6,800
*	Northern Trust	UNITED STATES OF AMER TREAS NOTES 4.25% 11-15-2034 CUSIP: 91282CLW9 8,775,000 Shares/Par Value Date: 01/08/2025	97				8,486,385	8,486,385	-
*	Northern Trust	UNITED STATES OF AMER TREAS NOTES 4.25% 11-15-2034 CUSIP: 91282CLW9 -1,025,000 Shares/Par Value Date: 04/04/2025		102			991,287	1,045,300	54,013
*	Northern Trust	UNITED STATES TREAS BDS 4.625% 05-15-2044 CUSIP: 912810UB2							

Summa Health Retirement Income Plan and Trust

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 34-1887844 Plan Number: 010

Year ended December 31, 2025

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*	Northern Trust	325,000 Shares/Par Value Date: 02/28/2025 UNITED STATES TREAS BDS 4.625% 11-15-204 4 CUSIP: 912810UF3	$ 101	$	$	$	$ 328,199	$ 328,199	$ -
*	Northern Trust	12,125,000 Shares/Par Value Date: 01/08/2025 KROGER CO 5.5% 9-15-2054 CUSIP: 501044DW8	96				11,599,268	11,599,268	-
		400,000 Shares/Par Value Date: 04/04/2025	95				381,832	381,832	-
	Total Category (iv)		$ 389	$ 293	$ -	$ -	$ 25,321,020	$ 25,429,137	$ 108,118

* Indicates party-in-interest to the plan.

There were no category (ii) reportable transactions during 2025.

Schedule SB Attachment (Form 5500)—2025 Plan Year
Summa Health Retirement Income Plan and Trust
EIN: 34-1887844 PN: 010

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

For ERISA Requirements

Interest Rates	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
Salary Increases	
Minimum Funding Target Normal Cost	NA
Maximum Tax Expected Benefit Increase	NA
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 63
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii)
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3.
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100 percent)
Surviving Spouse Benefit	It is assumed that 85 percent of males and 85 percent of females have an eligible spouse, and that males are three years older than their spouses.

Schedule SB Attachment (Form 5500)—2025 Plan Year
Summa Health Retirement Income Plan and Trust
EIN: 34-1887844 PN: 010

Valuation Compensation	NA
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $280,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90 percent nor more than 110 percent of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	6.50%, limited to 5.74%
2024 Plan Year	6.50%, limited to 5.59%
2025 Plan Year	6.25%, limited to 5.50%
Trust Expenses Included in Target Normal Cost	$485,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	10.00%
62	20.00%
63	12.00%
64	12.00%
65	35.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70	30.00%
71+	100.00%

Table 2

Withdrawal Rates

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**5+**
15	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
16	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
17	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
18	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
19	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
20	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
21	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
22	28.39%	28.39%	28.39%	28.39%	23.38%	16.70%
23	26.86%	26.86%	26.86%	26.86%	22.12%	15.80%
24	25.67%	25.67%	25.67%	25.67%	21.14%	15.10%
25	24.31%	24.31%	24.31%	24.31%	20.02%	14.30%
26	23.12%	23.12%	23.12%	23.12%	19.04%	13.60%
27	21.76%	21.76%	21.76%	21.76%	17.92%	12.80%
28	21.59%	20.57%	20.57%	20.57%	16.94%	12.10%
29	21.59%	20.23%	19.55%	19.55%	16.10%	11.50%
30	21.59%	20.23%	18.70%	18.36%	15.12%	10.80%
31	21.59%	20.23%	18.70%	17.34%	14.28%	10.20%
32	21.59%	20.23%	18.70%	17.34%	13.44%	9.60%
33	21.59%	20.23%	18.70%	17.34%	13.30%	9.00%
34	21.59%	20.23%	18.70%	17.34%	13.30%	8.50%

Table 2

Withdrawal Rates

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**5+**
35	21.59%	20.23%	18.70%	17.34%	13.30%	7.90%
36	21.59%	20.23%	18.70%	17.34%	13.30%	7.40%
37	21.59%	20.23%	18.70%	17.34%	13.30%	6.90%
38	21.59%	20.23%	18.70%	17.34%	13.30%	6.50%
39	21.59%	20.23%	18.70%	17.34%	13.30%	6.00%
40	21.59%	20.23%	18.70%	17.34%	13.30%	5.60%
41	21.59%	20.23%	18.70%	17.34%	13.30%	5.20%
42	21.59%	20.23%	18.70%	17.34%	13.30%	4.90%
43	21.59%	20.23%	18.70%	17.34%	13.30%	4.50%
44	21.59%	20.23%	18.70%	17.34%	13.30%	4.20%
45	21.59%	20.23%	18.70%	17.34%	13.30%	3.90%
46	21.59%	20.23%	18.70%	17.34%	13.30%	3.60%
47	21.59%	20.23%	18.70%	17.34%	13.30%	3.40%
48	21.59%	20.23%	18.70%	17.34%	13.30%	3.10%
49	21.59%	20.23%	18.70%	17.34%	13.30%	2.90%
50	21.59%	20.23%	18.70%	17.34%	13.30%	2.70%
51	21.59%	20.23%	18.70%	17.34%	13.30%	2.60%
52	21.59%	20.23%	18.70%	17.34%	13.30%	2.40%
53	21.59%	20.23%	18.70%	17.34%	13.30%	2.30%
54	21.59%	20.23%	18.70%	17.34%	13.30%	2.20%
55+	21.59%	20.23%	18.70%	17.34%	13.30%	2.20%

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%

Table 3 continued

Disability Rates

Age	Male	Female	Age	Male	Female
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Schedule SB Attachment (Form 5500)—2025 Plan Year
Summa Health Retirement Income Plan and Trust
EIN: 34-1887844 PN: 010

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	February 1, 1946
Date of Participation	Age 18 and one year of 1,000 hours of service in an eligible position Nonunion employees hired on or after January 1, 2010 are not eligible to participate in the plan. Akron City union employees hired on or after January 1, 2013 are not eligible to participate in the plan.
Normal Retirement	
Eligibility	Age 65
Monthly Benefit	
Noncontributory Benefit	$18 multiplied by years of (Summa) credited service through December 31, 2024, plus frozen December 31, 2001 benefit from the CFGH Employees Retirement Plan (if applicable)
Contributory Benefit	The contributory benefit was frozen as of December 31, 2001 for all nonunion employees and as of December 31, 2024 for any union employees still contributing. For prior Akron City Hospital contributory members, the sum of (1), (2) and (3): (1) 0.75% of monthly basic earnings less than $350 plus 1.50% of monthly final average earnings greater than $350; times years of contributory membership between February 1, 1946 and January 31, 1960. (2) 0.75% of monthly basic earnings less than $400; times years of contributory membership between February 1, 1960 and September 30, 1969. (3) 1.50% of monthly final average earnings greater than $400; times years of contributory membership after February 1, 1960.

	But no less than: 1/32 of aggregate employee contributions (without interest) for contributory membership after September 30, 1969, plus any monthly annuities purchased under the Group Annuity Contract for membership prior to October 1, 1969. For prior St. Thomas Medical Center contributory members, the sum of (1), (2) and (3), divided by 12: (1) 12.5 percent of aggregate base employee contributions prior to January 1, 1968. (2) 32.0 percent of aggregate excess employee contributions prior to January 1, 1968. (3) 35.0 percent of aggregate excess employee contributions after December 31, 1967. Base employee contributions are monthly contributions on the first $400 of earnings. Excess employee contributions are monthly contributions on earnings in excess of $400.
Early Retirement	
Eligibility	Age 55 with three years of vesting service
Monthly Benefit	Normal retirement benefit reduced actuarially for commencement at early retirement date. For former employees of Cuyahoga Falls, a minimum benefit equal to the CFGH December 31, 2001 frozen benefit reduced by CFGH early retirement factors.
Deferred Vested Retirement	
Eligibility	Three years of vesting service
Monthly Benefit	The accrued benefit as of the date of termination payable at the participant's normal retirement age.
Preretirement Survivor Benefit	
Eligibility	Three years of vesting service and married for at least one year
Monthly Benefit	For an unmarried participant, death occurring after age 55: The accrued benefit reduced for early retirement, payable as a 10-year certain only annuity. For an unmarried participant with death occurring in service: The accrued benefit reduced for early retirement, payable as a 10-year certain only annuity.

	For a married participant, the accrued benefit reduced for joint and 50 percent survivor form and early retirement payable at the earliest retirement date. Additionally, if death occurs after age 55, the excess of the accrued benefit payable as a 10-year certain only annuity and reduced for early retirement over the amount of the 50 percent joint and survivor benefit in equivalent form.
Normal Form of Annuity	For unmarried employees, 10-year certain and life annuity; for married employees, the actuarial equivalent 50 percent joint and survivor 10-year certain and life annuity.
Optional Forms of Payment	Single life annuity, 5-year certain and life annuity, 15 year certain and life annuity, 75 percent joint and survivor annuity, and 100 percent joint and survivor 10-year certain and life annuity. For employees with contributory benefits, a lump sum equal to the employee's contributions with interest is available.
Optional Forms Factors	For payments other than lump sums, conversions are based on an interest rate of seven percent and the UP-1984 Mortality Table with a three-year setback for employees and no age setback for spouses. For lump sums, conversions currently use the interest rates under Internal Revenue Code section 417(e) from November of the preceding plan year and the mortality table under section 417(e) for the plan year.
Definitions	
Accrued Benefit	The amount which a participant is entitled to commencing on his normal retirement date in the form of a 10-year certain and life annuity based on his credited years of service and, if applicable, final average earnings as of December 31, 2024.
Average Final Compensation	Average compensation of the 10 plan years prior to earlier of : (a) termination of employment, (b) end of contributory participation or (c) December 31, 2024.
Compensation	Wages paid, excluding overtime, bonuses and other incentive earnings

Credited Years of Service	After December 31, 1990 (December 31, 2001 for former CFGH employees), one year of service for each calendar year an employee completes 1,820 hours of service. For hours between 1,000 and 1,819, service is determined according to the following:

Hours of Service	Credited Service
1,639 – 1,819	0.9
1,457 – 1,638	0.8
1,275 – 1,456	0.7
1,093 – 1,274	0.6
1,000 – 1,092	0.5

No service for less than 1,000 hours.

Prior to January 1, 1991, service is determined according to the former defined benefit pension plans of Akron City Hospital and St. Thomas Medical Center provided the employee was a member of the former plan prior to January 1, 1991.

Nonunion employees who were less than age 60 as of December 31, 2010 do not earn credited service after June 30, 2011 (frozen).

Any union or nonunion employees still active as of December 31, 2024 do not earn credited service after December 31, 2024 (frozen).

Vesting Service	Any plan year in which an employee completes at least 1,000 hours of service. For former CFGH employees, service prior to December 31, 2001 is included.
Plan Year	Calendar year.

Summary of Barberton Plan Provisions

Eligibility	Attained age 21 or more with at least one year of service and covered by collective bargaining agreement. However, an employee who is hired on or after January 1, 2010 shall not become a participant in the plan.
Eligibility Service	One year for each calendar year in which 1,000 creditable hours are earned but excluding years prior to age 18.
Credited Service	Prior to January 1, 1976—Calculated from date of hire to nearest 1/10 year excluding years prior to age 30 and excluding the first year of service. On or after January 1, 1976—One year of credited service given for 2,000 creditable hours in the calendar year. Proportional credit granted to the nearest 1/10 year if less than 2,000 creditable hours. Any participant who has terminated and is re-employed on or after January 1, 2009 shall not accrue additional credited service. Barberton employees who were younger than age 60 as of December 31, 2012 will no longer accrue credited service or make voluntary employee contributions after September 30, 2013. Barberton union employees still active as of December 31, 2024 do not earn credited service after December 31, 2024 (frozen).
Retirement Dates	
	Normal The later of, attainment of age 65 or the fifth anniversary of the date on which the participant first became a participant in the plan.
Early	After attainment of age 55 and completion of 10 years of eligibility service.
Disability	In the event of total and permanent disability, a benefit is payable if the employee has 15 or more years of eligibility service.
Deferred Vested	In the event of termination with five years of eligibility service and not eligible for any other benefits under the plan.

Normal Retirement Benefit

Basic Benefit	Monthly benefit of $17.50 per year of credited service if the employee retires on or after February 1, 1998 but prior to February 1, 1999. Monthly benefit of $18.50 per year of credited service if the employee retires on or after February 1, 1999 but prior to February 1, 2000. Monthly benefit of $19.50 per year of credited service if the employee retires on or after February 1, 2000 but prior to February 1, 2005. Monthly benefit of $19.50 per year of credited service up to 30 years plus $20.50 per year of credited service in excess of 30 years if an employee retires on or after February 1, 2005, but prior to February 1, 2007. Monthly benefit of $19.50 per year of credited service up to 30 years plus $21.00 per year of credited service in excess of 30 years if an employee retires on or after February 1, 2007. Monthly benefit of $19.50 per year of credited service up to 30 years plus $21.50 per year of credited service in excess of 30 years if an employee retires on or after February 1, 2012. Participants retiring or terminating prior to February 1, 1998 receive different benefits.

Supplemental Benefit

Eligibility	In addition to being eligible for plan coverage, employee must have annual base earnings in excess of $6,000.
Past Service Benefit	The monthly past service benefit at retirement is 1/12 of one percent of January 1, 1966 base annual earnings in excess of $6,000 times years of credited service prior to January 1, 1966.
Future Service Benefit	The monthly future service benefit at retirement is 1/12 of 41⅔ percent of the employee's contributions to the supplemental pension benefit.
Early Retirement Benefit	Upon early retirement, an employee will be entitled to his accrued benefit at age 65 or an actuarially reduced benefit at date of retirement.

Disability Retirement Benefit	Eligible disability pensioners will receive their accrued basic benefit at time of disability without actuarial reduction plus the actuarially reduced accrued supplemental benefit.
Benefit Upon Termination of Service	Upon termination after meeting the eligibility requirements for a deferred vested benefit, an employee may elect to receive either the accrued basic and supplemental benefits at age 65 or at any time after age 55 on a reduced basis if the employee had at least 10 years of eligibility service at termination. Upon termination before meeting the eligibility requirements for a deferred vested benefit, the employee contributions, if any, with applicable interest, are returned.
Preretirement Spouse's Benefit Option	Upon death after completing five years of eligibility service, provided that the employee agrees to a reduction in his benefits otherwise payable. This benefit will provide a pension to the spouse upon death of the employee prior to retirement. The amount of the spouse's benefit will be calculated as if the employee retired the day before his death and had elected a 50 percent joint and survivor pension. If death occurs prior to age 55, benefits to the spouse will commence with the month following the date that the employee would have reached age 55.
Plan Participants' Contributions	
Basic Benefit	None
Supplemental Benefit	1%, 2%, 3% or 4% of annual earnings in excess of $6,000, at employee's election. Employee contributions are not permitted after December 31, 2024.
Form of Payment	An employee may elect to receive his benefit on a straight-life, 50 percent, 75 percent or 100 percent joint and survivor, or 120-month certain and continuous basis. Unless otherwise elected, any benefit payable under the plan shall be paid: (1) On a 50 percent joint and survivor basis if the employee has been married to his current spouse for at least one year; or (2) On a straight-life basis otherwise. With a further provision that any benefits payable under (1) above will be the actuarial equivalent of a straight-life benefit.

Optional Forms Factors	For payments other than lump sums, conversions are based on an interest rate of seven percent and the UP-1984 Mortality Table with a three-year setback. For lump sums, conversions currently use the interest rates under Internal Revenue Code section 417(e) from November of the preceding plan year and the mortality table under section 417(e) for the plan year.

Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- Per the Third Amendment, effective December 31, 2024, pension benefit accruals are frozen for all remaining active union and nonunion participants in the Plan.

Additionally, the Fourth Amendment to the 2020 Restatement was executed November 6, 2025. This amendment established the date of termination for the Plan as 11:59:59 PM, local time, on December 31, 2025. As a result, this will be the last Schedule SB filed for the Plan.

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

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

As a result of an acquisition of Summa Health by General Catalyst during 2025, the Plan Sponsor's name has changed to Trailhead Community Health Fund of Greater Akron. The EIN or PN for the Plan did not change.

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
SUMMA HEALTH RETIREMENT INCOME PLAN AND TRUST

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TRAILHEAD COMMUNITY HEALTH FUND OF GREATER AKRON

D Employer Identification Number (EIN)
34-1887844

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**	182,777,777
b Actuarial value	**2b**	184,036,842

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	3,107	120,249,578	120,249,578
b For terminated vested participants	1,183	34,412,115	34,412,115
c For active participants	1,313	24,136,109	24,136,109
d Total	5,603	178,797,802	178,797,802

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**	5.34%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	485,000
c Target normal cost	**6c**	485,000

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 DAVID A. HENDERSON DAH — Signature of actuary

09/03/2026 — Date

DAVID A. HENDERSON — Type or print name of actuary

2606905 — Most recent enrollment number

AON CONSULTING, INC. — Firm name

216-430-4741 — Telephone number (including area code)

MSC# 17854, Aon
PO Box 7505
Fort Washington PA 19034
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	10,937,043
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	10,937,043
10	Interest on line 9 using prior year's actual return of 2.50 %	0	273,426
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	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 5.06 %		0
	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		0
	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	11,210,469

Part III Funding Percentages

14	Funding target attainment percentage	14	96.66 %
15	Adjusted funding target attainment percentage	15	102.93 %
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	104.24 %
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
			Totals ► 18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	64

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**	485,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	5,971,429	556,779
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**	1,041,779

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1,041,779	1,041,779

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

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

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

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

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

Schedule SB Attachment (Form 5500)—2025 Plan Year
Summa Health Retirement Income Plan and Trust
EIN: 34-1887844 PN: 010

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	5.00%	0.7738	2.34
61.5	10.00%	0.7351	4.52
62.5	20.00%	0.6616	8.27
63.5	12.00%	0.5293	4.03
64.5	12.00%	0.4658	3.60
65.5	35.00%	0.4099	9.40
66.5	20.00%	0.2664	3.54
67.5	20.00%	0.2131	2.88
68.5	20.00%	0.1705	2.34
69.5	20.00%	0.1364	1.90
70.5	30.00%	0.1091	2.31
71	100.00%	0.0764	5.42
	Weighted Average		63.53

Schedule SB Attachment (Form 5500)—2025 Plan Year
Summa Health Retirement Income Plan and Trust
EIN: 34-1887844 PN: 010

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

For ERISA Requirements

Interest Rates	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
Salary Increases	
Minimum Funding Target Normal Cost	NA
Maximum Tax Expected Benefit Increase	NA
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 63
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii)
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3.
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100 percent)
Surviving Spouse Benefit	It is assumed that 85 percent of males and 85 percent of females have an eligible spouse, and that males are three years older than their spouses.

Schedule SB Attachment (Form 5500)—2025 Plan Year
Summa Health Retirement Income Plan and Trust
EIN: 34-1887844 PN: 010

Valuation Compensation	NA
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $280,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90 percent nor more than 110 percent of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	6.50%, limited to 5.74%
2024 Plan Year	6.50%, limited to 5.59%
2025 Plan Year	6.25%, limited to 5.50%
Trust Expenses Included in Target Normal Cost	$485,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	10.00%
62	20.00%
63	12.00%
64	12.00%
65	35.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70	30.00%
71+	100.00%

Table 2

Withdrawal Rates

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**5+**
15	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
16	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
17	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
18	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
19	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
20	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
21	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
22	28.39%	28.39%	28.39%	28.39%	23.38%	16.70%
23	26.86%	26.86%	26.86%	26.86%	22.12%	15.80%
24	25.67%	25.67%	25.67%	25.67%	21.14%	15.10%
25	24.31%	24.31%	24.31%	24.31%	20.02%	14.30%
26	23.12%	23.12%	23.12%	23.12%	19.04%	13.60%
27	21.76%	21.76%	21.76%	21.76%	17.92%	12.80%
28	21.59%	20.57%	20.57%	20.57%	16.94%	12.10%
29	21.59%	20.23%	19.55%	19.55%	16.10%	11.50%
30	21.59%	20.23%	18.70%	18.36%	15.12%	10.80%
31	21.59%	20.23%	18.70%	17.34%	14.28%	10.20%
32	21.59%	20.23%	18.70%	17.34%	13.44%	9.60%
33	21.59%	20.23%	18.70%	17.34%	13.30%	9.00%
34	21.59%	20.23%	18.70%	17.34%	13.30%	8.50%

Table 2

Withdrawal Rates

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**5+**
35	21.59%	20.23%	18.70%	17.34%	13.30%	7.90%
36	21.59%	20.23%	18.70%	17.34%	13.30%	7.40%
37	21.59%	20.23%	18.70%	17.34%	13.30%	6.90%
38	21.59%	20.23%	18.70%	17.34%	13.30%	6.50%
39	21.59%	20.23%	18.70%	17.34%	13.30%	6.00%
40	21.59%	20.23%	18.70%	17.34%	13.30%	5.60%
41	21.59%	20.23%	18.70%	17.34%	13.30%	5.20%
42	21.59%	20.23%	18.70%	17.34%	13.30%	4.90%
43	21.59%	20.23%	18.70%	17.34%	13.30%	4.50%
44	21.59%	20.23%	18.70%	17.34%	13.30%	4.20%
45	21.59%	20.23%	18.70%	17.34%	13.30%	3.90%
46	21.59%	20.23%	18.70%	17.34%	13.30%	3.60%
47	21.59%	20.23%	18.70%	17.34%	13.30%	3.40%
48	21.59%	20.23%	18.70%	17.34%	13.30%	3.10%
49	21.59%	20.23%	18.70%	17.34%	13.30%	2.90%
50	21.59%	20.23%	18.70%	17.34%	13.30%	2.70%
51	21.59%	20.23%	18.70%	17.34%	13.30%	2.60%
52	21.59%	20.23%	18.70%	17.34%	13.30%	2.40%
53	21.59%	20.23%	18.70%	17.34%	13.30%	2.30%
54	21.59%	20.23%	18.70%	17.34%	13.30%	2.20%
55+	21.59%	20.23%	18.70%	17.34%	13.30%	2.20%

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%

Table 3 continued

Disability Rates

Age	Male	Female	Age	Male	Female
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Schedule SB Attachment (Form 5500)—2025 Plan Year
Summa Health Retirement Income Plan and Trust
EIN: 34-1887844 PN: 010

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	February 1, 1946
Date of Participation	Age 18 and one year of 1,000 hours of service in an eligible position Nonunion employees hired on or after January 1, 2010 are not eligible to participate in the plan. Akron City union employees hired on or after January 1, 2013 are not eligible to participate in the plan.
Normal Retirement	
Eligibility	Age 65
Monthly Benefit	
Noncontributory Benefit	$18 multiplied by years of (Summa) credited service through December 31, 2024, plus frozen December 31, 2001 benefit from the CFGH Employees Retirement Plan (if applicable)
Contributory Benefit	The contributory benefit was frozen as of December 31, 2001 for all nonunion employees and as of December 31, 2024 for any union employees still contributing. For prior Akron City Hospital contributory members, the sum of (1), (2) and (3): (1) 0.75% of monthly basic earnings less than $350 plus 1.50% of monthly final average earnings greater than $350; times years of contributory membership between February 1, 1946 and January 31, 1960. (2) 0.75% of monthly basic earnings less than $400; times years of contributory membership between February 1, 1960 and September 30, 1969. (3) 1.50% of monthly final average earnings greater than $400; times years of contributory membership after February 1, 1960.

	But no less than: 1/32 of aggregate employee contributions (without interest) for contributory membership after September 30, 1969, plus any monthly annuities purchased under the Group Annuity Contract for membership prior to October 1, 1969. For prior St. Thomas Medical Center contributory members, the sum of (1), (2) and (3), divided by 12: (1) 12.5 percent of aggregate base employee contributions prior to January 1, 1968. (2) 32.0 percent of aggregate excess employee contributions prior to January 1, 1968. (3) 35.0 percent of aggregate excess employee contributions after December 31, 1967. Base employee contributions are monthly contributions on the first $400 of earnings. Excess employee contributions are monthly contributions on earnings in excess of $400.
Early Retirement	
Eligibility	Age 55 with three years of vesting service
Monthly Benefit	Normal retirement benefit reduced actuarially for commencement at early retirement date. For former employees of Cuyahoga Falls, a minimum benefit equal to the CFGH December 31, 2001 frozen benefit reduced by CFGH early retirement factors.
Deferred Vested Retirement	
Eligibility	Three years of vesting service
Monthly Benefit	The accrued benefit as of the date of termination payable at the participant's normal retirement age.
Preretirement Survivor Benefit	
Eligibility	Three years of vesting service and married for at least one year
Monthly Benefit	For an unmarried participant, death occurring after age 55: The accrued benefit reduced for early retirement, payable as a 10-year certain only annuity. For an unmarried participant with death occurring in service: The accrued benefit reduced for early retirement, payable as a 10-year certain only annuity.

	For a married participant, the accrued benefit reduced for joint and 50 percent survivor form and early retirement payable at the earliest retirement date. Additionally, if death occurs after age 55, the excess of the accrued benefit payable as a 10-year certain only annuity and reduced for early retirement over the amount of the 50 percent joint and survivor benefit in equivalent form.
Normal Form of Annuity	For unmarried employees, 10-year certain and life annuity; for married employees, the actuarial equivalent 50 percent joint and survivor 10-year certain and life annuity.
Optional Forms of Payment	Single life annuity, 5-year certain and life annuity, 15 year certain and life annuity, 75 percent joint and survivor annuity, and 100 percent joint and survivor 10-year certain and life annuity. For employees with contributory benefits, a lump sum equal to the employee's contributions with interest is available.
Optional Forms Factors	For payments other than lump sums, conversions are based on an interest rate of seven percent and the UP-1984 Mortality Table with a three-year setback for employees and no age setback for spouses. For lump sums, conversions currently use the interest rates under Internal Revenue Code section 417(e) from November of the preceding plan year and the mortality table under section 417(e) for the plan year.
Definitions	
Accrued Benefit	The amount which a participant is entitled to commencing on his normal retirement date in the form of a 10-year certain and life annuity based on his credited years of service and, if applicable, final average earnings as of December 31, 2024.
Average Final Compensation	Average compensation of the 10 plan years prior to earlier of : (a) termination of employment, (b) end of contributory participation or (c) December 31, 2024.
Compensation	Wages paid, excluding overtime, bonuses and other incentive earnings

Credited Years of Service	After December 31, 1990 (December 31, 2001 for former CFGH employees), one year of service for each calendar year an employee completes 1,820 hours of service. For hours between 1,000 and 1,819, service is determined according to the following:

Hours of Service	Credited Service
1,639 – 1,819	0.9
1,457 – 1,638	0.8
1,275 – 1,456	0.7
1,093 – 1,274	0.6
1,000 – 1,092	0.5

No service for less than 1,000 hours.

Prior to January 1, 1991, service is determined according to the former defined benefit pension plans of Akron City Hospital and St. Thomas Medical Center provided the employee was a member of the former plan prior to January 1, 1991.

Nonunion employees who were less than age 60 as of December 31, 2010 do not earn credited service after June 30, 2011 (frozen).

Any union or nonunion employees still active as of December 31, 2024 do not earn credited service after December 31, 2024 (frozen).

Vesting Service	Any plan year in which an employee completes at least 1,000 hours of service. For former CFGH employees, service prior to December 31, 2001 is included.
Plan Year	Calendar year.

Summary of Barberton Plan Provisions

Eligibility	Attained age 21 or more with at least one year of service and covered by collective bargaining agreement. However, an employee who is hired on or after January 1, 2010 shall not become a participant in the plan.
Eligibility Service	One year for each calendar year in which 1,000 creditable hours are earned but excluding years prior to age 18.
Credited Service	Prior to January 1, 1976—Calculated from date of hire to nearest 1/10 year excluding years prior to age 30 and excluding the first year of service. On or after January 1, 1976—One year of credited service given for 2,000 creditable hours in the calendar year. Proportional credit granted to the nearest 1/10 year if less than 2,000 creditable hours. Any participant who has terminated and is re-employed on or after January 1, 2009 shall not accrue additional credited service. Barberton employees who were younger than age 60 as of December 31, 2012 will no longer accrue credited service or make voluntary employee contributions after September 30, 2013. Barberton union employees still active as of December 31, 2024 do not earn credited service after December 31, 2024 (frozen).
Retirement Dates	
	Normal The later of, attainment of age 65 or the fifth anniversary of the date on which the participant first became a participant in the plan.
Early	After attainment of age 55 and completion of 10 years of eligibility service.
Disability	In the event of total and permanent disability, a benefit is payable if the employee has 15 or more years of eligibility service.
Deferred Vested	In the event of termination with five years of eligibility service and not eligible for any other benefits under the plan.

Normal Retirement Benefit

Basic Benefit	Monthly benefit of $17.50 per year of credited service if the employee retires on or after February 1, 1998 but prior to February 1, 1999. Monthly benefit of $18.50 per year of credited service if the employee retires on or after February 1, 1999 but prior to February 1, 2000. Monthly benefit of $19.50 per year of credited service if the employee retires on or after February 1, 2000 but prior to February 1, 2005. Monthly benefit of $19.50 per year of credited service up to 30 years plus $20.50 per year of credited service in excess of 30 years if an employee retires on or after February 1, 2005, but prior to February 1, 2007. Monthly benefit of $19.50 per year of credited service up to 30 years plus $21.00 per year of credited service in excess of 30 years if an employee retires on or after February 1, 2007. Monthly benefit of $19.50 per year of credited service up to 30 years plus $21.50 per year of credited service in excess of 30 years if an employee retires on or after February 1, 2012. Participants retiring or terminating prior to February 1, 1998 receive different benefits.

Supplemental Benefit

Eligibility	In addition to being eligible for plan coverage, employee must have annual base earnings in excess of $6,000.
Past Service Benefit	The monthly past service benefit at retirement is 1/12 of one percent of January 1, 1966 base annual earnings in excess of $6,000 times years of credited service prior to January 1, 1966.
Future Service Benefit	The monthly future service benefit at retirement is 1/12 of 41⅔ percent of the employee's contributions to the supplemental pension benefit.
Early Retirement Benefit	Upon early retirement, an employee will be entitled to his accrued benefit at age 65 or an actuarially reduced benefit at date of retirement.

Disability Retirement Benefit	Eligible disability pensioners will receive their accrued basic benefit at time of disability without actuarial reduction plus the actuarially reduced accrued supplemental benefit.
Benefit Upon Termination of Service	Upon termination after meeting the eligibility requirements for a deferred vested benefit, an employee may elect to receive either the accrued basic and supplemental benefits at age 65 or at any time after age 55 on a reduced basis if the employee had at least 10 years of eligibility service at termination. Upon termination before meeting the eligibility requirements for a deferred vested benefit, the employee contributions, if any, with applicable interest, are returned.
Preretirement Spouse's Benefit Option	Upon death after completing five years of eligibility service, provided that the employee agrees to a reduction in his benefits otherwise payable. This benefit will provide a pension to the spouse upon death of the employee prior to retirement. The amount of the spouse's benefit will be calculated as if the employee retired the day before his death and had elected a 50 percent joint and survivor pension. If death occurs prior to age 55, benefits to the spouse will commence with the month following the date that the employee would have reached age 55.
Plan Participants' Contributions	
Basic Benefit	None
Supplemental Benefit	1%, 2%, 3% or 4% of annual earnings in excess of $6,000, at employee's election. Employee contributions are not permitted after December 31, 2024.
Form of Payment	An employee may elect to receive his benefit on a straight-life, 50 percent, 75 percent or 100 percent joint and survivor, or 120-month certain and continuous basis. Unless otherwise elected, any benefit payable under the plan shall be paid: (1) On a 50 percent joint and survivor basis if the employee has been married to his current spouse for at least one year; or (2) On a straight-life basis otherwise. With a further provision that any benefits payable under (1) above will be the actuarial equivalent of a straight-life benefit.

Optional Forms Factors	For payments other than lump sums, conversions are based on an interest rate of seven percent and the UP-1984 Mortality Table with a three-year setback. For lump sums, conversions currently use the interest rates under Internal Revenue Code section 417(e) from November of the preceding plan year and the mortality table under section 417(e) for the plan year.

Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- Per the Third Amendment, effective December 31, 2024, pension benefit accruals are frozen for all remaining active union and nonunion participants in the Plan.

Additionally, the Fourth Amendment to the 2020 Restatement was executed November 6, 2025. This amendment established the date of termination for the Plan as 11:59:59 PM, local time, on December 31, 2025. As a result, this will be the last Schedule SB filed for the Plan.

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

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

As a result of an acquisition of Summa Health by General Catalyst during 2025, the Plan Sponsor's name has changed to Trailhead Community Health Fund of Greater Akron. The EIN or PN for the Plan did not change.

Schedule SB Attachment (Form 5500)—2025 Plan Year
Summa Health Retirement Income Plan and Trust
EIN: 34-1887844 PN: 010

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the expected rate of return used in Value of Plan Assets from 6.50 percent for 2024 to 6.25 percent for 2025

The funding assumption change did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2025 Plan Year
Summa Health Retirement Income Plan and Trust
EIN: 34-1887844 PN: 010

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

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		1	1	1						
35-39	4	28	5	2	2					
40-44	2	73	47	4	1					
45-49	1	47	53	25	5	2				
50-54		37	64	49	21	9	4	1		
55-59		55	66	65	64	43	8	5		1
60-64	3	42	69	51	51	69	33	8		5
65-69		19	22	18	21	21	16	24	1	2
70+	1	4	1	4	6	7	4	7	3	5

N-1,313

Schedule SB Attachment (Form 5500)—2025 Plan Year
Summa Health Retirement Income Plan and Trust
EIN: 34-1887844 PN: 010

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	219,613	1,777,485	12,757,169	14,754,267
2026	463,399	1,929,835	12,232,141	14,625,375
2027	698,743	2,052,586	11,817,233	14,568,562
2028	919,435	2,228,479	11,406,122	14,554,036
2029	1,115,766	2,307,396	10,962,511	14,385,673
2030	1,304,143	2,417,516	10,533,828	14,255,487
2031	1,486,470	2,500,832	10,093,920	14,081,222
2032	1,663,510	2,577,072	9,632,565	13,873,147
2033	1,815,553	2,609,951	9,163,251	13,588,755
2034	1,942,901	2,624,176	8,676,714	13,243,791
2035	1,999,990	2,605,704	8,181,775	12,787,469
2036	2,051,706	2,590,753	7,694,963	12,337,422
2037	2,089,736	2,560,735	7,194,310	11,844,781
2038	2,116,496	2,512,109	6,691,689	11,320,294
2039	2,126,440	2,481,134	6,191,802	10,799,376
2040	2,123,783	2,419,839	5,695,822	10,239,444
2041	2,107,854	2,355,340	5,207,597	9,670,791
2042	2,076,286	2,277,153	4,727,731	9,081,170
2043	2,039,702	2,192,914	4,259,765	8,492,381
2044	1,999,331	2,101,266	3,807,223	7,907,820
2045	1,953,035	2,010,480	3,373,543	7,337,058
2046	1,900,845	1,908,227	2,961,928	6,771,000
2047	1,840,972	1,804,736	2,575,240	6,220,948
2048	1,775,195	1,699,359	2,215,949	5,690,503
2049	1,700,193	1,592,689	1,886,021	5,178,903
2050	1,621,591	1,485,066	1,586,859	4,693,516
2051	1,539,514	1,375,854	1,319,184	4,234,552
2052	1,455,811	1,268,255	1,082,994	3,807,060
2053	1,366,825	1,163,030	877,580	3,407,435
2054	1,273,627	1,059,539	701,585	3,034,751
2055	1,180,487	958,892	553,100	2,692,479
2056	1,086,730	862,645	429,794	2,379,169
2057	994,133	770,968	329,050	2,094,151
2058	904,101	684,453	248,102	1,836,656
2059	817,565	603,333	184,174	1,605,072

Schedule SB Attachment (Form 5500)—2025 Plan Year
Summa Health Retirement Income Plan and Trust
EIN: 34-1887844 PN: 010

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	735,144	528,328	134,576	1,398,048
2061	657,140	459,535	96,789	1,213,464
2062	584,033	396,943	68,528	1,049,504
2063	516,547	340,421	47,780	904,748
2064	454,827	289,945	32,823	777,595
2065	398,630	245,200	22,233	666,063
2066	347,946	205,861	14,862	568,669
2067	302,590	171,555	9,814	483,959
2068	262,132	141,883	6,408	410,423
2069	226,239	116,424	4,141	346,804
2070	194,523	94,764	2,652	291,939
2071	166,612	76,491	1,683	244,786
2072	142,134	61,212	1,059	204,405
2073	120,701	48,555	660	169,916
2074	101,988	38,168	407	140,563

Schedule SB Attachment (Form 5500)—2025 Plan Year
Summa Health Retirement Income Plan and Trust
EIN: 34-1887844 PN: 010

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 5,971,429	January 1, 2025	15	$ 556,779

Schedule SB Attachment (Form 5500)—2025 Plan Year
Summa Health Retirement Income Plan and Trust
EIN: 34-1887844 PN: 010

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

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		1	1	1						
35-39	4	28	5	2	2					
40-44	2	73	47	4	1					
45-49	1	47	53	25	5	2				
50-54		37	64	49	21	9	4	1		
55-59		55	66	65	64	43	8	5		1
60-64	3	42	69	51	51	69	33	8		5
65-69		19	22	18	21	21	16	24	1	2
70+	1	4	1	4	6	7	4	7	3	5

N-1,313

Schedule SB Attachment (Form 5500)—2025 Plan Year
Summa Health Retirement Income Plan and Trust
EIN: 34-1887844 PN: 010

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 5,971,429	January 1, 2025	15	$ 556,779

Schedule SB Attachment (Form 5500)—2025 Plan Year
Summa Health Retirement Income Plan and Trust
EIN: 34-1887844 PN: 010

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	5.00%	0.7738	2.34
61.5	10.00%	0.7351	4.52
62.5	20.00%	0.6616	8.27
63.5	12.00%	0.5293	4.03
64.5	12.00%	0.4658	3.60
65.5	35.00%	0.4099	9.40
66.5	20.00%	0.2664	3.54
67.5	20.00%	0.2131	2.88
68.5	20.00%	0.1705	2.34
69.5	20.00%	0.1364	1.90
70.5	30.00%	0.1091	2.31
71	100.00%	0.0764	5.42
	Weighted Average		63.53

Schedule SB Attachment (Form 5500)—2025 Plan Year
Summa Health Retirement Income Plan and Trust
EIN: 34-1887844 PN: 010

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	219,613	1,777,485	12,757,169	14,754,267
2026	463,399	1,929,835	12,232,141	14,625,375
2027	698,743	2,052,586	11,817,233	14,568,562
2028	919,435	2,228,479	11,406,122	14,554,036
2029	1,115,766	2,307,396	10,962,511	14,385,673
2030	1,304,143	2,417,516	10,533,828	14,255,487
2031	1,486,470	2,500,832	10,093,920	14,081,222
2032	1,663,510	2,577,072	9,632,565	13,873,147
2033	1,815,553	2,609,951	9,163,251	13,588,755
2034	1,942,901	2,624,176	8,676,714	13,243,791
2035	1,999,990	2,605,704	8,181,775	12,787,469
2036	2,051,706	2,590,753	7,694,963	12,337,422
2037	2,089,736	2,560,735	7,194,310	11,844,781
2038	2,116,496	2,512,109	6,691,689	11,320,294
2039	2,126,440	2,481,134	6,191,802	10,799,376
2040	2,123,783	2,419,839	5,695,822	10,239,444
2041	2,107,854	2,355,340	5,207,597	9,670,791
2042	2,076,286	2,277,153	4,727,731	9,081,170
2043	2,039,702	2,192,914	4,259,765	8,492,381
2044	1,999,331	2,101,266	3,807,223	7,907,820
2045	1,953,035	2,010,480	3,373,543	7,337,058
2046	1,900,845	1,908,227	2,961,928	6,771,000
2047	1,840,972	1,804,736	2,575,240	6,220,948
2048	1,775,195	1,699,359	2,215,949	5,690,503
2049	1,700,193	1,592,689	1,886,021	5,178,903
2050	1,621,591	1,485,066	1,586,859	4,693,516
2051	1,539,514	1,375,854	1,319,184	4,234,552
2052	1,455,811	1,268,255	1,082,994	3,807,060
2053	1,366,825	1,163,030	877,580	3,407,435
2054	1,273,627	1,059,539	701,585	3,034,751
2055	1,180,487	958,892	553,100	2,692,479
2056	1,086,730	862,645	429,794	2,379,169
2057	994,133	770,968	329,050	2,094,151
2058	904,101	684,453	248,102	1,836,656
2059	817,565	603,333	184,174	1,605,072

Schedule SB Attachment (Form 5500)—2025 Plan Year
Summa Health Retirement Income Plan and Trust
EIN: 34-1887844 PN: 010

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	735,144	528,328	134,576	1,398,048
2061	657,140	459,535	96,789	1,213,464
2062	584,033	396,943	68,528	1,049,504
2063	516,547	340,421	47,780	904,748
2064	454,827	289,945	32,823	777,595
2065	398,630	245,200	22,233	666,063
2066	347,946	205,861	14,862	568,669
2067	302,590	171,555	9,814	483,959
2068	262,132	141,883	6,408	410,423
2069	226,239	116,424	4,141	346,804
2070	194,523	94,764	2,652	291,939
2071	166,612	76,491	1,683	244,786
2072	142,134	61,212	1,059	204,405
2073	120,701	48,555	660	169,916
2074	101,988	38,168	407	140,563

Schedule SB Attachment (Form 5500)—2025 Plan Year
Summa Health Retirement Income Plan and Trust
EIN: 34-1887844 PN: 010

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the expected rate of return used in Value of Plan Assets from 6.50 percent for 2024 to 6.25 percent for 2025

The funding assumption change did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.

Summa Health Retirement Income Plan and Trust

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

EIN: 34-1887844 **Plan Number: 010**

December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds			
	Equity Fund APL	Diversified Emerging Markets	$ 1,800,000	$ 1,800,000
	Total Mutual Funds		1,800,000	1,800,000
	Common/Collective Trusts			
*	NT Collective Short Term Investment Fund	Common/Collective Trusts	6,747,478	6,747,478
	Total Common/Collective Trusts		6,747,478	6,747,478
	Fixed Income Corporate Bonds			
*	AON	Collective INVT TR US Long Government Bond Index FD	14,500,000	14,500,000
*	AON	Intermediate Credit Fund	62,397,345	62,622,606
*	AON	Long Credit Bond Fund	76,813,763	77,150,665
	Total Fixed Income Corporate Bonds		153,711,108	154,273,271
	Government Bonds			
*	AON	Collective INVT TR US Intermediate GOVT BD Index FD	14,000,000	14,013,632
	Total Government Bonds		14,000,000	14,013,632
	Alternative Investments			
	Adams Street Partners	Private Equity Fund	32,051	4,630
	Adams Street Partners	Private Equity Fund	159,907	257,238
	Adams Street Partners	Private Equity Fund	306,595	495,330
	Adams Street Partners	Private Equity Fund	1,328,730	2,390,184
	Adams Street Partners	Private Equity Fund	802	20,744
	Adams Street Partners	Private Equity Fund	59,654	3,463
	Adams Street Partners	Private Equity Fund	581,418	1,049,057
	Adams Street Partners	Private Equity Fund	23,292	152,400
	Oaktree Real Estate	Private Real Estate Fund VI	1	543,431
	Oaktree Real Estate	Private Real Estate Fund V	1	3,109
	Total Alternative Investments		2,492,451	4,919,586
	Immediate Participation Guarantee Insurance Contracts			
*	AXA Equitable Life Assurance Company	Immediate Participation Guarantee Fund	327,754	327,754
	Total Immediate Participation Guarantee Insurance Contracts		327,754	327,754
	Total		$179,078,791	$182,081,721

* Party-in-interest.

Summa Health Retirement Income Plan and Trust

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 34-1887844 **Plan Number: 010**

Year ended December 31, 2025

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - Single Transaction in Excess of 5%									
*	Northern Trust	UNITED STATES TREAS BDS 4.625% 11-15-204 4 CUSIP: 912810UF3 12,125,000 Shares/Par Value	$ 96	$	$	$ -	$ 11,599,268	$ 11,599,268	$ -
*	Northern Trust	MFO AON COLLECTIVE INVT TR US INTERMEDIA TE GOVT BD INDEX FD CUSIP: 00187K464 1,363,193.770 Shares/Par Value	10			-	14,000,000	14,000,000	-
*	Northern Trust	MFO AON COLLECTIVE INVT TR US LONG GOVER NMENT BOND INDEX FD CUSIP: 00187K456 2,173,913.040 Shares/Par Value	7			-	14,500,000	14,500,000	-
*	Northern Trust	MFO AON INTERMEDIATE CREDIT FUND CUSIP: 00187K548 5,631,529.310 Shares/Par Value	-			-	62,397,345	62,397,345	-
*	Northern Trust	MFO AON LONG CREDIT BOND FUND CUSIP: 00187K530 8,422,561.720 Shares/Par Value	-			-	76,813,763	76,813,763	-
*	Northern Trust	NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452 35,699,132.760 Shares/Par Value	1			-	35,699,133	35,699,133	-
*	Northern Trust	NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452 28,956,909.460 Shares/Par Value	1			-	28,956,909	28,956,909	-
*	Northern Trust	NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452							

Summa Health Retirement Income Plan and Trust

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 34-1887844 **Plan Number: 010**

Year ended December 31, 2025

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
		31,800,000.000 Shares/Par Value	$ 1	$	$	$ -	$ 31,800,000	$ 31,800,000	$ -
*	Northern Trust	NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452							
		-35,057,380.760 Shares/Par Value		1		-	35,057,381	35,057,381	-
*	Northern Trust	NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452							
		-34,097,464.330 Shares/Par Value		1		-	34,097,464	34,097,464	-
*	Northern Trust	NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452							
		-31,623,501.360 Shares/Par Value		1		-	31,623,501	31,623,501	-
*	Northern Trust	NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452							
		-28,500,000.000 Shares/Par Value		1		-	28,500,000	28,500,000	-
	Total Category (i)		$ 116	$ 4	$ -	$ -	$405,044,764	$405,044,764	$ -
	Category (iii) - Series of Transactions in Same Security Exceeds 5% of Value								
*	Northern Trust	NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452							
		249 Purchases	$134,198,175	$	$	$ -	$134,198,175	$134,198,175	$ -
		130 Sales		169,258,571			169,258,571	169,258,571	
*	Northern Trust	UNITED STATES OF AMER TREAS BONDS 4.5% 11-15-2054 CUSIP: 912810UE6							
		1 Purchases	7,934,057				7,934,057	7,934,057	-
		10 Sales		8,146,062			7,934,057	8,146,062	212,005
*	Northern Trust	UNITED STATES OF AMER TREAS NOTES 4.25% 11-15-2034 CUSIP: 91282CLW9							
		1 Purchases	8,486,385				8,486,385	8,486,385	-
		4 Sales		8,850,455			8,486,385	8,850,455	364,070

Summa Health Retirement Income Plan and Trust

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 34-1887844 Plan Number: 010

Year ended December 31, 2025

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*	Northern Trust	UNITED STATES TREAS BDS 2.25% DUE 05-15-2051 REG CUSIP: 912810SX7							
		3 Purchases	$ 5,323,107	$	$	$	$ 5,323,107	$ 5,323,107	$ -
		14 Sales		5,572,603			5,406,950	5,572,603	165,652
*	Northern Trust	UNITED STATES TREAS BDS 4.625% 11-15-204 4 CUSIP: 912810UF3							
		1 Purchases	11,599,268				11,599,268	11,599,268	-
		4 Sales		11,877,051			11,599,268	11,877,051	277,783
	Total Category (iii)		$167,540,992	$203,704,742	$ -	$ -	$370,226,223	$371,245,734	$ 1,019,510
	Category (iv) - Series of Transactions with Same Party in Excess of 5%								
*	Northern Trust	UNITED STATES OF AMER TREAS BONDS 4.5% 11-15-2054 CUSIP: 912810UE6 -3,500,000/Par Value Date: 01/22/2025	$	$ 95	$	$ -	$ 3,276,602	$ 3,323,906	$ 47,305
*	Northern Trust	UNITED STATES OF AMER TREAS BONDS 4.5% 11-15-2054 CUSIP: 912810UE6 -275,000 Shares/Par Value Date: 02/04/2025		96			257,447	264,247	6,800
*	Northern Trust	UNITED STATES OF AMER TREAS NOTES 4.25% 11-15-2034 CUSIP: 91282CLW9 8,775,000 Shares/Par Value Date: 01/08/2025	97				8,486,385	8,486,385	-
*	Northern Trust	UNITED STATES OF AMER TREAS NOTES 4.25% 11-15-2034 CUSIP: 91282CLW9 -1,025,000 Shares/Par Value Date: 04/04/2025		102			991,287	1,045,300	54,013
*	Northern Trust	UNITED STATES TREAS BDS 4.625% 05-15-2044 CUSIP: 912810UB2							

Summa Health Retirement Income Plan and Trust

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 34-1887844 Plan Number: 010

Year ended December 31, 2025

	(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*	Northern Trust	325,000 Shares/Par Value Date: 02/28/2025 UNITED STATES TREAS BDS 4.625% 11-15-204 4 CUSIP: 912810UF3	$ 101	$	$	$	$ 328,199	$ 328,199	$ -
*	Northern Trust	12,125,000 Shares/Par Value Date: 01/08/2025 KROGER CO 5.5% 9-15-2054 CUSIP: 501044DW8	96				11,599,268	11,599,268	-
		400,000 Shares/Par Value Date: 04/04/2025	95				381,832	381,832	-
	Total Category (iv)		$ 389	$ 293	$ -	$ -	$ 25,321,020	$ 25,429,137	$ 108,118

* Indicates party-in-interest to the plan.

There were no category (ii) reportable transactions during 2025.