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
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA CASH BALANCE PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/2012

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)
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA

23625 HOLMAN HIGHWAY
MONTEREY, CA 93940

2b Employer Identification Number (EIN) 94-0760193

2c Plan Sponsor's telephone number 831-625-4500

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	ALICIA MAITLAND
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	2047
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)**	1796
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1767
b	Retired or separated participants receiving benefits	**6b**	28
c	Other retired or separated participants entitled to future benefits	**6c**	245
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2040
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	2040
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**	54
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1C

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA

D Employer Identification Number (EIN)
94-0760193

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**	87162365
b Actuarial value	**2b**	83263526

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	25	2789483	2789483
b For terminated vested participants	227	8310812	8310812
c For active participants	1796	66394237	71664429
d Total	2048	77494532	82764724

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

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

5 Effective interest rate	**5**	5.38 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	12449379
b Expected plan-related expenses	**6b**	380000
c Target normal cost	**6c**	12829379

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/06/2026
Date

LYNNEA BUSH
Type or print name of actuary

26-08597
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

415-733-4100
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 10.97 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		8277874
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 5.38 %		445350
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		8723224
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	100.60 %
15	Adjusted funding target attainment percentage	15	100.60 %
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	107.41 %
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
06/20/2025	1000000	0			
12/22/2025	5960000	0			
12/31/2025	5960000	0			
09/10/2026	56000	0			
			Totals ► 18(b)	12976000	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	12346630

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
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**	12829379
b Excess assets, if applicable, but not greater than line 31a	**31b**	498802

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	12330577

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

36 Additional cash requirement (line 34 minus line 35)	**36**	12330577
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	12346630
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	16053
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	**B** Three-digit plan number (PN) ▶	
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA CASH BALANCE PLAN		003
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	94-0760193	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	234112	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRINCIPAL TRUST COMPANY

46-1393346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 25 28 50 51 52	NONE	40818	Yes [X] No [ ]	Yes [X] No [ ]	0	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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA

D Employer Identification Number (EIN)
94-0760193

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	26130	-13868
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3365000	56000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	153076	393762
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7744574	15357303
(2) U.S. Government securities	1c(2)	4132503	3624604
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	496726	275746
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	70430088	87696227
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1443620	2553336

		(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	87791717	109943110
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	509571	470130
1k Total liabilities (add all amounts in lines 1g through1j)	1k	509571	470130
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	87282146	109472980

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)	12976000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		12976000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3370631	
(B) U.S. Government securities	2b(1)(B)	162819	
(C) Corporate debt instruments	2b(1)(C)	13218	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	49490	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3596158
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	15857316	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	14858852	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		998464
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	186579	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		186579

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		7993359
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		25750560
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3282512	
(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)		3282512
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	40818	
(7) Actuarial fees	2i(7)	234112	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	2284	
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		277214
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3559726
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		22190834
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: BAKER TILLY US, LLP **(2)** EIN: 30-1413443

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 589901.

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
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA

D Employer Identification Number (EIN)
94-0760193

Part I Distributions

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

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

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

EIN(s): 41-6257133

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 | 47

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: 37.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 50.0 %
High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 13.0 % Other: 0.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Report of Independent Auditors and
Financial Statements with
Supplemental Schedules

Community Hospital of the Monterey Peninsula Cash Balance Plan

December 31, 2025 and 2024

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Report of Independent Auditors

The Board of Trustees
Montage Health and Related Corporations

Report on the Audit of the Financial Statements

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

We have performed audits of the financial statements of Community Hospital of the Monterey Peninsula Cash Balance Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, 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 Community Hospital of the Monterey Peninsula Cash Balance 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 Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

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

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 Community Hospital of the Monterey Peninsula Cash Balance Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Community Hospital of the Monterey Peninsula Cash Balance Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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 Community Hospital of the Monterey Peninsula Cash Balance Plan's internal control. Accordingly, no such opinion is expressed.

- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Community Hospital of the Monterey Peninsula Cash Balance Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2025, and 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Baker Tilly US, LLP

San Francisco, California
October 14, 2026

Financial Statements

Community Hospital of the Monterey Peninsula Cash Balance Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at fair value		
Cash and cash equivalents	$ 16,847,304	$ 8,895,573
Bond funds	39,328,087	30,760,151
Equity funds	40,139,728	30,663,343
Bonds and government securities	4,821,477	4,845,376
Balanced funds	8,228,412	9,006,594
Total investments, at fair value	109,365,008	84,171,037
Employer contribution receivable	56,000	3,365,000
Due from broker for securities sold	2,391,826	1,781,082
Noninterest bearing cash	6,116	16,076
Total assets	111,818,950	89,333,195
LIABILITIES		
Due to broker for securities purchased	2,345,970	2,051,049
NET ASSETS AVAILABLE FOR BENEFITS	$ 109,472,980	$ 87,282,146

See accompanying notes.

Community Hospital of the Monterey Peninsula Cash Balance Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	2025	2024
CHANGES IN NET ASSETS ATTRIBUTED TO		
Net appreciation in fair value of investments	$ 9,178,403	$ 4,597,809
Interest and dividends	3,596,157	2,819,557
Employer contributions	12,976,000	15,315,000
Benefits paid to participants	(3,282,512)	(2,215,165)
Administrative expenses	(277,214)	(369,268)
CHANGE IN NET ASSETS	22,190,834	20,147,933
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	87,282,146	67,134,213
End of year	$ 109,472,980	$ 87,282,146

See accompanying notes.

Note 1 – Description of Plan

The following description of the Community Hospital of the Monterey Peninsula Cash Balance Plan (the Plan) provides only general information. Participants should refer to the Plan agreement, as amended, for a more complete description of Plan provisions.

General – The Plan is a noncontributory defined benefit plan that is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and is insured by the Pension Benefit Guarantee Corporation (PBGC). In 2012, the Plan was established by the Community Hospital of the Monterey Peninsula (the Hospital or the Sponsor), the Sponsor of the Plan, for the purpose of providing retirement benefits for the Hospital's employees. The Plan is administered by the Retirement Committee, appointed by the Board of Trustees of the Hospital. Principal Bank (Principal) is the trustee and custodian of the Plan's assets.

Eligibility – The Plan covers substantially all employees of the Sponsor hired on or after January 1, 2012, or any employee of the Sponsor as of December 31, 2011, who made a one-time election after August 1, 2011, to be covered by the Plan, if they work 1,000 hours or more in a 12-month eligibility period. Eligibility starts on the earliest of January 1 or July 1 following a 1,000-hour year of service.

Pension benefits – Participating employees reaching normal retirement age of 65 are entitled to lump sum or monthly pension benefits equal to their accrued benefits, as defined. Accrued benefits are determined, in general, upon a retirement formula related to an individual participant's compensation. The normal form of benefit is a single life annuity for unmarried participants and a qualified joint and survivor annuity for married participants.

The Plan also allows for early retirement benefits.

If a participant dies before the participant's benefit commencement date, a death benefit is paid to the employee's beneficiary, as defined in the plan document. If a participant dies after the participant's benefit commencement date, no additional benefits are payable under the Plan, unless a surviving beneficiary is entitled to a survivor benefit, as defined in the plan document.

Participant accounts – Under the Plan's provisions, amounts are credited by the Hospital to the participants' hypothetical accounts. The accounts are allocated compensation credits and interest credits at the end of every year. The compensation credits are allocated based on a percentage of the participants' Plan compensation as defined in the plan document for that particular year, limited to $200,000, increased over time by cost-of-living adjustments. The applicable percentage ranges from 4% to 13% and is based on the participants' age plus years of benefit service (as defined in the plan document) at the end of the year. Effective January 1, 2018, additional contribution credit percentages for certain participants were added to the Plan's provisions, ranging from 1.03% to 10.42%.

Participant hypothetical accounts also receive interest credits at the end of every year. The amount of the interest credit is tied to the annual yield on 30-year treasury securities for September in the year immediately preceding the Plan year in which the interest is credited, subject to a minimum of 4% and a maximum of 10%. The interest credit rate was 4.04% and 4.47%, respectively, for the years ended December 31, 2025 and 2024.

Vesting – Participants become 100% vested upon reaching normal retirement age or upon death of the participant, while employed with the Hospital. Participants not at normal retirement age are fully vested after three years of service. If participants terminate before rendering three years of service and reaching normal retirement age, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Hospital's contributions.

Note 2 – Summary Of Significant Accounting Policies

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

Use of estimates – The preparation of financial statements requires the use of estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements, and the reported amounts of changes in those net assets during the reporting periods. Further, the actuarial present value of accumulated plan benefits is also calculated based on estimates, were the Plan to terminate, different actuarial assumptions, and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. These estimates could differ from actual results, and the differences could have a significant impact on the financial statements.

Cash and cash equivalents – Cash and cash equivalents include certain investments in highly liquid debt instruments with original maturities of three months or less, or in money-market funds that invest in highly liquid debt instruments. Cash and cash equivalents are carried at their approximate fair value.

Investment valuation – The investments are stated at fair value. The Plan's trustee, Principal certified the fair market value of all investments for 2025 and 2024. If available, quoted market prices are used to value investments.

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

Income recognition – Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The net appreciation or depreciation in fair value of investments consists of both the realized gains or losses and unrealized appreciation and depreciation of those investments.

Payment of benefits – Benefits to participants are recorded when paid.

Expenses – Administrative expenses are paid by the Plan.

Subsequent events – The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before the financial statements are available to be issued.

The Plan has evaluated subsequent events through October 14, 2026, which is the date the financial statements were available to be issued.

Note 3 – Tax Status

The Internal Revenue Service has determined and informed the Hospital by a letter dated August 7, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended and restated since receiving the determination letter, the plan administrator believes the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

In accordance with guidance on accounting for uncertainty in income taxes, the plan administrator has evaluated the Plan's tax positions, and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 4 – Fair Value Measurements

The framework for measuring fair value provides a 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 hierarchy are 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; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

Cash and cash equivalents: Cash and cash equivalents are valued at cost, which represents fair market value.

Bond funds – This category invests in mutual bond funds that are valued at the net asset value (NAV) of shares held by the Plan at year end.

Equity funds – This category invests in commingled equity mutual funds (domestic and international) composed largely of publicly traded common stock. The fair values of the investments in this category have been estimated using the NAV per share of the investments.

Bonds and government securities – Valued at the closing price reported on the major market on which the individual securities are traded or have reported broker trades which may be considered indicative of an active market. Where quoted prices are available in an active market, the investments are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available for the specific security, then fair values are estimated by using pricing models, quoted prices of securities with similar characteristics, discounted cash flows and other observable inputs. Such securities are classified within Level 2 of the valuation hierarchy.

Balanced funds – This category invests in mutual balanced funds that are valued at the net asset value (NAV) of shares held by the Plan at year end.

The following tables disclose by level, the fair value hierarchy, of the Plan's assets at fair value as of December 31, 2025 and 2024:

	2025			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 16,847,304	$ -	$ -	$ 16,847,304
Bond funds	-	39,328,087	-	39,328,087
Equity funds	40,139,728	-	-	40,139,728
Bonds and government securities	730,673	4,090,804	-	4,821,477
Balanced funds	-	8,228,412	-	8,228,412
Total assets in the fair value hierarchy	$ 57,717,705	$ 51,647,303	$ -	$ 109,365,008

	2024			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 8,895,573	$ -	$ -	$ 8,895,573
Bond funds	-	30,760,151	-	30,760,151
Equity funds	30,663,343	-	-	30,663,343
Bonds and government securities	1,022,979	3,822,397	-	4,845,376
Balanced funds	-	9,006,594	-	9,006,594
Total assets in the fair value hierarchy	$ 40,581,895	$ 43,589,142	$ -	$ 84,171,037

Note 5 – Accumulated Plan Benefits

Actuarial present value of accumulated plan benefits – Accumulated plan benefits are those estimated future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions for services rendered by employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits for retired or terminated employees, or their beneficiaries, are based on employees' compensation during their last ten years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the ten years preceding the valuation date.

Willis Towers Watson, consulting actuaries, 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, disability, withdrawal, or retirement), between the valuation date and the expected date of payment.

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

The actuarial valuations were prepared as of the end of the year, December 31, 2025 and 2024.

The accumulated plan benefit information was as follows:

	2025	2024
Vested benefits		
Participants currently receiving benefits	$ 3,418,054	$ 3,020,312
Other participants	90,610,891	88,404,870
Total vested accumulated benefits	94,028,945	91,425,182
Nonvested benefits	5,686,887	6,553,949
Actuarial present value of accumulated plan benefits at end of year	$ 99,715,832	$ 97,979,131

The change in the actuarial present value of accumulated plan benefits from the prior year was as follows:

	2025	2024
Actuarial present value of accumulated plan benefits at beginning of year	$ 97,979,131	$ 79,761,042
Increase (decrease) during the year attributable to		
Benefits paid	(3,282,512)	(2,215,166)
Change in actuarial assumptions	(18,477,956)	(978,184)
Actuarial losses	3,121,685	3,865,490
Benefits accumulated	15,112,303	13,611,242
Interest due to the decrease in discount period	5,015,258	3,690,588
Plan amendments	247,923	244,119
Net change	1,736,701	18,218,089
Actuarial present value of accumulated plan benefits at end of year	$ 99,715,832	$ 97,979,131

The significant assumptions underlying the actuarial computations were as follows:

Discount rate	6.00% for 2025 and 2024
Expected long-term rate of return on Plan assets	5.75% for 2025 and 4.50% for 2024
Mortality basis	The valuation mortality base table assumption is the 2012 rates of the Pri-2012 table without color or amount adjustments using separate gender-distinct mortality rates for annuitants, nonannuitants and contingent survivors. The mortality projection scale is MP-2021. The lump sum mortality table is the applicable mortality table under IRC §417(e)(3) in 2025.

Note 6 – Information Certified by the Trustee

The following information related to investments was obtained by management and agreed to or derived from information certified as complete and accurate by Principal, a qualified institution:

- Investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2025 and 2024.
- Net appreciation in fair value of investments and interest and dividends reflected on the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024.
- Investments reflected on the schedule of assets (held at end of year) as of December 31, 2025.
- Transactions reflected on the schedule of reportable transactions for the year ended December 31, 2025.

Note 7 – Risks and Uncertainties

Investment securities are exposed to various risks, such as interest rate, market, and credit risk. The value, liquidity, and related income of these securities are sensitive to changes in economic conditions and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates. It is reasonably possible that given the level of risk associated with investment securities, changes in the values of investment securities will occur in the near term and such changes could materially affect the investment 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 reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 8 – Parties-in-Interest

Plan investments include funds managed by Principal. As Principal is the trustee of the Plan's assets, transactions between the Plan and Principal qualify as party-in-interest transactions. Total fees paid to Principal by the Plan were approximately $41,000 for the years ended December 31, 2025 and 2024.

Note 9 – Funding Policy

The Hospital's funding policy is to make actuarially-determined contributions to the Plan sufficient to meet the benefits expected to be paid to participants at the time of retirement. To date, the contribution policy implemented by the Board of Trustees has been sufficient to meet the minimum funding requirements set forth under ERISA and the IRC.

Note 10 – Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Benefits attributable to employee contributions, taking into account those paid out before termination.

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

- Other vested benefits insured by the PBGC (a U.S. government agency) up to the applicable limitations (discussed below).
- All other vested benefits (that is, vested benefits not insured by the PBGC).
- All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2026, that ceiling is $7,790 per month. That ceiling applies to those annuitants who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

Note 11 – Reconciliation To Form 5500

The Form 5500 has certain items that differ from amounts shown on the accompanying financial statements. These differences relate to classification only and have no effect upon net assets available for benefits for either period.

Supplemental Schedules
Required by the Department of Labor

Community Hospital of the Monterey Peninsula Cash Balance Plan
Employer Identification Number: 94-0760193, Plan Number: 003
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Cash and cash equivalents			
*	Principal Bank Cash Collateral	1,490,000 shares	$ 1,490,000	$ 1,490,000
*	Principal/Blackrock Short-Term Investment Fund	15,357,304 shares	15,357,304	15,357,304
	Total cash equivalents		16,847,304	16,847,304
	Bond funds			
	PAPS Long Duration Corporate Bond	2,008,402 shares	17,904,305	19,099,900
	PIMCO PAPS Investment Grade Corporate Sector	865,802 shares	7,417,827	7,896,116
	PIMCO PAPS Short Term Floating Nav Port II Fund	1,231,114 shares	12,331,285	12,332,071
	Total bond funds		37,653,417	39,328,087
	Equity funds			
	Vanguard Total International Stock Index Fund - Institutional Shares	127,946 shares	15,653,741	20,738,771
	Vanguard Total Stock Market Index Fund - Institutional Shares	118,857 shares	10,400,230	19,400,957
	Total equity funds		26,053,971	40,139,728
	Bonds and government securities			
	US Treasury Bonds	295,000 par	308,164	297,859
	US Treasury Notes	106,085 par	103,842	95,283
	US Treasury Inflation Index Bond	625,265 par	338,748	337,531
	Federal Home Loan Mortgage Pool	2,286,467 par	2,250,652	2,339,308
	Federal National Mortgage Association Pool	349,409 par	345,248	355,329
	Government National Mortgage Association II TBA	200,000 par	198,898	199,294
	Beignet Investor LLC	261,000 par	261,000	275,746
	Commonwealth of Australia Bond	200,000 par	114,579	113,190
	United Kingdom Government Bond	20,000 par	25,042	23,596
	Republic of Peru Governemnt Bond	914,020 par	282,408	313,730
	Republic of South Africa Government Bond	7,590,000 par	396,549	470,611
	Total bonds and government securities		4,625,130	4,821,477
	Balance funds			
	Pimco Sector Fund Series I	820,380 shares	7,749,505	8,228,412
	Total balanced funds		7,749,505	8,228,412
	Total investments		$ 92,929,327	$ 109,365,008

* Denotes party-in-interest.

Community Hospital of the Monterey Peninsula Cash Balance Plan
Employer Identification Number: 94-0760193, Plan Number: 003
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) – single transactions in excess of 5% of Plan assets						
*Principal/Blackrock	Short-Term Investment Fund					
	Purchase	$ 5,960,000	$ -	$ 5,960,000	$ 5,960,000	$ -
	Purchase	$ 5,960,000	$ -	$ 5,960,000	$ 5,960,000	$ -
Category (iii) – series of transactions in excess of 5% of Plan assets						
PAPS	Long Duration Corporate Bond					
	Series of purchases	$ 5,242,762	$ -	$ 5,242,762	$ 5,242,762	$ -
	Series of sales	$ -	$ -	$ -	$ -	$ -
PIMCO PAPS	Short Term Floating NAV					
	Series of purchases	$ 11,313,196	$ -	$ 11,313,196	$ 11,313,196	$ -
	Series of sales	$ -	$ 8,700,857	$ 8,699,338	$ 8,700,857	$ 1,519
*Principal/Blackrock	Short-Term Investment Fund S1					
	Series of purchases	$ 25,678,109	$ -	$ 25,678,109	$ 25,678,109	$ -
	Series of sales	$ -	$ 33,422,683	$ 33,422,683	$ 33,422,683	$ -
*Principal/Blackrock	Short-Term Investment Fund S10					
	Series of purchases	$ 36,382,339	$ -	$ 36,382,339	$ 36,382,339	$ -
	Series of sales	$ -	$ 21,025,023	$ 21,025,023	$ 21,025,023	$ -
Miscellaneous	Futures contract June 2025					
	Series of sales	$ -	$ 2,897,405	$ -	$ 2,897,405	$ 2,897,405
	Series of other transaction	$ 3,321,034	$ -	$ -	$ 3,321,034	$ (3,321,034)
Miscellaneous	Futures contract September 2025					
	Series of sales	$ -	$ 2,378,597	$ -	$ 2,378,597	$ 2,378,597
	Series of other transaction	$ 2,096,194	$ -	$ -	$ 2,096,194	$ (2,096,194)

Community Hospital of the Monterey Peninsula Cash Balance Plan
Employer Identification Number: 94-0760193, Plan Number: 003
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Miscellaneous	Futures contract March 2025					
	Series of sales	$ -	$ 2,886,159	$ -	$ 2,886,159	$ 2,886,159
	Series of other transaction	$ 3,556,637	$ -	$ -	$ 3,556,637	$ (3,556,637)
Miscellaneous	Futures contract June 2025					
	Series of sales	$ -	$ 8,719,198	$ -	$ 8,719,198	$ 8,719,198
	Series of other transaction	$ 7,025,115	$ -	$ -	$ 7,025,115	$ (7,025,115)
Miscellaneous	Futures contract September 2025					
	Series of sales	$ -	$ 5,536,440	$ -	$ 5,536,440	$ 5,536,440
	Series of other transaction	$ 5,974,295	$ -	$ -	$ 5,974,295	$ (5,974,295)
Miscellaneous	Futures contract December 2025					
	Series of sales	$ -	$ 4,789,193	$ -	$ 4,789,193	$ 4,789,193
	Series of other transaction	$ 6,157,223	$ -	$ -	$ 6,157,223	$ (6,157,223)

There were no Category (ii) or (iv) reportable transactions during the year ended December 31, 2025.
Columns (e) and (f) have not been presented, as this information is not applicable.
* Denotes party-in-interest.

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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2025

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

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	39	1	0	0	0	0	0	0	0	40
	-	63,831	-	-	-	-	-	-	-	-	63,755
25-29	0	172	30	2	0	0	0	0	0	0	204
	-	99,521	92,452	-	-	-	-	-	-	-	98,776
30-34	0	207	122	3	0	0	0	0	0	0	332
	-	112,984	124,238	-	-	-	-	-	-	-	117,118
35-39	0	165	151	44	0	0	0	0	0	0	360
	-	125,321	127,383	144,561	-	-	-	-	-	-	128,538
40-44	1	122	106	61	0	0	0	0	0	0	290
	-	121,596	134,162	137,807	-	-	-	-	-	-	129,208
45-49	1	82	78	44	0	0	0	0	0	0	205
	-	134,634	139,489	149,520	-	-	-	-	-	-	139,149
50-54	1	55	65	29	0	0	0	0	0	0	150
	-	114,809	145,547	170,697	-	-	-	-	-	-	138,452
55-59	1	37	35	29	0	0	0	0	0	0	102
	-	125,898	158,242	149,953	-	-	-	-	-	-	142,964
60-64	2	22	22	26	0	0	0	0	0	0	72
	-	136,639	179,206	145,782	-	-	-	-	-	-	150,984
65-69	2	11	6	10	0	0	0	0	0	0	29
	-	-	-	-	-	-	-	-	-	-	125,056
70 & over	3	1	2	6	0	0	0	0	0	0	12
	-	-	-	-	-	-	-	-	-	-	-
Total	11	913	618	254	0	0	0	0	0	0	1,796
	-	114,937	133,044	147,846	-	-	-	-	-	-	125,349

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

Plan Name: Community Hospital of the Monterey Peninsula Cash Balance Plan
EIN / PN: 94-0760193/003
Plan Sponsor: Community Hospital of the Monterey Peninsula
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Plan Sponsor

Community Hospital of the Monterey Peninsula

EIN/PN

94-0760193/003

Interest rate basis:	
Applicable month	January
Yield curve basis	3-Segment Rates
ARPA adopted for minimum funding	Yes
ARPA adopted for benefit restrictions	Yes

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
First segment rate 10-year rate	5.00%	5.00%
Second segment rate 20-year rate	5.27%	5.27%
Third segment rate 30-year rate	5.50%	5.40%
Effective interest rate	5.38%	5.32%

Interest Crediting Rate: 4.04% in 2025 and 4.50% thereafter

Inclusion Date

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

SCHEDULE SB ATTACHMENTS

Mortality

Separate rates for non-annuitants (based on PRI-2012 “Employees” table without collar or amount adjustments, projected forward with generational projection using the IRS adjusted Scale MP-2021) and annuitants (based on PRI-2012 “Healthy Annuitants” table without collar or amount adjustments, projected forward with generational projection using the IRS adjusted Scale MP-2021).

Termination

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants terminate by age are shown below.

Age	Percentage terminating during the year
<=29	15.0%
30-59	8.0%
60+	10.0%

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Age	Percentage retiring during the year[1]
55-57	5.0%
58-61	8.0%
62-64	15.0%
65-69	30.0%
70+	100.0%

[1] Of those still active at the given age.

Disability Rates

None.

Disabled Mortality

Not Applicable.

Compensation Increases

For purposes of determining the target normal cost, compensation is assumed to increase by 3.50% per annum.

SCHEDULE SB ATTACHMENTS

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Benefit commencement date:

Preretirement death benefit: Upon death

Deferred vested benefit for active employees: 50% upon termination of employment and 50% at age 65

Deferred vested benefit for former employees: Immediate for those electing a lump sum and Age 65 for those electing an annuity

Retirement benefit: Upon termination of employment for those electing a lump sum and Age 65 for those electing an annuity

Form of Payment

50% of active and deferred vested participants are assumed to elect a lump sum immediately after termination. 50% assumed to elect normal form (Single Life Annuity for single and Joint & Survivor 50% for married) as form of payment at age 65.

Cash Balance to Annuity Conversion

As required under IRS regulations in the case of an applicable defined benefit plan in which the projected account balance is converted to an annuity using the applicable interest rate under Section 417(e)(3), for purposes of determining the plan's funding target, the future annuity is determined using the valuation interest rate under 430(h)(2) (as opposed to the interest rates under 417(e)(3) which the plan uses to determine the amount of the benefit) and the applicable mortality table under 417(e)(3) applicable for annuity starting dates occurring on the valuation date.

Spouse Age Difference

A married male (female) plan participant is assumed to be 2 years older (younger) than the spouse.

Marital Status

70% of males are married and 60% of females are married.

Employees

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

SCHEDULE SB ATTACHMENTS

Plan Compensation

Compensation assumed paid in the current year beginning on the valuation date was determined as W-2 earning provided by the employer for the prior year adjusted at the assumed compensation increase rate.

Administrative Expenses

$380,000

Timing of benefit payments

Lump sum payments are payable on date of decrement and annuity payments are paid monthly at the beginning of the month.

Valuation date

First day of plan year.

Funding target

Present value of accrued benefits.

Target normal cost

Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.

Actuarial value of assets

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2024 plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Participant Data

Employee data was supplied by the employer as of the valuation date. Data on persons receiving benefits was supplied by the plan trustee.

Plan Name:	Community Hospital of the Monterey Peninsula Cash Balance Plan
EIN / PN:	94-0760193/003
Plan Sponsor:	Community Hospital of the Monterey Peninsula
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Benefits not Included in Valuation

All benefits described in the Plan Provisions section of this report were valued based on discussions with Community Hospital of the Monterey Peninsula regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with CHOMP and, based on that review, is not aware of any significant benefits required to be valued that were not.

Decrement Timing Model

Rounded Middle of Year – All decrements are assumed to occur at the middle of the year to approximate the pattern of decrements that occur throughout the year.

In addition, eligibility for benefits, commencement and cessation of benefits, and other commencement factors will reflect the middle of the year timing.

Significant Events since Last Actuarial Valuation Report

None.

Nature of Actuarial Calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately. We believe that the use of approximations in our calculations, if any, has not resulted in a significant difference relative to the results we would have obtained by using more detailed calculations.

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations.

Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as:

- plan experience differing from that anticipated by the economic or demographic assumptions
- changes in economic or demographic assumptions
- increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period or additional cost based on the funded status)
- ass in plan provisions or applicable law
- significant events since last actuarial valuation

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

Community Hospital of the Monterey Peninsula furnished participant data as of January 1, 2025. Information on assets and contributions was supplied by Principal. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Community Hospital of the Monterey Peninsula Cash Balance Plan
Employer Identification Number: 94-0760193, Plan Number: 003
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) – single transactions in excess of 5% of Plan assets						
*Principal/Blackrock	Short-Term Investment Fund					
	Purchase	$ 5,960,000	$ -	$ 5,960,000	$ 5,960,000	$ -
	Purchase	$ 5,960,000	$ -	$ 5,960,000	$ 5,960,000	$ -
Category (iii) – series of transactions in excess of 5% of Plan assets						
PAPS	Long Duration Corporate Bond					
	Series of purchases	$ 5,242,762	$ -	$ 5,242,762	$ 5,242,762	$ -
	Series of sales	$ -	$ -	$ -	$ -	$ -
PIMCO PAPS	Short Term Floating NAV					
	Series of purchases	$ 11,313,196	$ -	$ 11,313,196	$ 11,313,196	$ -
	Series of sales	$ -	$ 8,700,857	$ 8,699,338	$ 8,700,857	$ 1,519
*Principal/Blackrock	Short-Term Investment Fund S1					
	Series of purchases	$ 25,678,109	$ -	$ 25,678,109	$ 25,678,109	$ -
	Series of sales	$ -	$ 33,422,683	$ 33,422,683	$ 33,422,683	$ -
*Principal/Blackrock	Short-Term Investment Fund S10					
	Series of purchases	$ 36,382,339	$ -	$ 36,382,339	$ 36,382,339	$ -
	Series of sales	$ -	$ 21,025,023	$ 21,025,023	$ 21,025,023	$ -
Miscellaneous	Futures contract June 2025					
	Series of sales	$ -	$ 2,897,405	$ -	$ 2,897,405	$ 2,897,405
	Series of other transaction	$ 3,321,034	$ -	$ -	$ 3,321,034	$ (3,321,034)
Miscellaneous	Futures contract September 2025					
	Series of sales	$ -	$ 2,378,597	$ -	$ 2,378,597	$ 2,378,597
	Series of other transaction	$ 2,096,194	$ -	$ -	$ 2,096,194	$ (2,096,194)

Community Hospital of the Monterey Peninsula Cash Balance Plan
Employer Identification Number: 94-0760193, Plan Number: 003
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Miscellaneous	Futures contract March 2025					
	Series of sales	$ -	$ 2,886,159	$ -	$ 2,886,159	$ 2,886,159
	Series of other transaction	$ 3,556,637	$ -	$ -	$ 3,556,637	$ (3,556,637)
Miscellaneous	Futures contract June 2025					
	Series of sales	$ -	$ 8,719,198	$ -	$ 8,719,198	$ 8,719,198
	Series of other transaction	$ 7,025,115	$ -	$ -	$ 7,025,115	$ (7,025,115)
Miscellaneous	Futures contract September 2025					
	Series of sales	$ -	$ 5,536,440	$ -	$ 5,536,440	$ 5,536,440
	Series of other transaction	$ 5,974,295	$ -	$ -	$ 5,974,295	$ (5,974,295)
Miscellaneous	Futures contract December 2025					
	Series of sales	$ -	$ 4,789,193	$ -	$ 4,789,193	$ 4,789,193
	Series of other transaction	$ 6,157,223	$ -	$ -	$ 6,157,223	$ (6,157,223)

There were no Category (ii) or (iv) reportable transactions during the year ended December 31, 2025.
Columns (e) and (f) have not been presented, as this information is not applicable.
* Denotes party-in-interest.

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
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA

D Employer Identification Number (EIN)
94-0760193

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**	87,162,365
b Actuarial value	**2b**	83,263,526

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	25	2,789,483	2,789,483
b For terminated vested participants	227	8,310,812	8,310,812
c For active participants	1,796	66,394,237	71,664,429
d Total	2,048	77,494,532	82,764,724

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

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

5 Effective interest rate	**5**	5.38%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	12,449,379
b Expected plan-related expenses	**6b**	380,000
c Target normal cost	**6c**	12,829,379

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

Lynnea Bush LB — Signature of actuary

10/06/2026 — Date

Lynnea Bush — Type or print name of actuary

2608597 — Most recent enrollment number

Willis Towers Watson US LLC — Firm name

415-733-4100 — Telephone number (including area code)

PO Box 674401

Houston TX 77267 — Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 10.97 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		8,277,874
	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 5.38 %		445,350
	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		8,723,224
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	100.60 %
15	Adjusted funding target attainment percentage	15	100.60 %
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	107.41 %
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
06/20/2025	1,000,000	0			
12/22/2025	5,960,000	0			
12/31/2025	5,960,000	0			
09/10/2026	56,000	0			
			Totals ► 18(b)	12,976,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	12,346,630

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:	
5.00 %	5.27 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
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**	12,829,379
b Excess assets, if applicable, but not greater than line 31a	**31b**	498,802

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	12,330,577

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

36 Additional cash requirement (line 34 minus line 35)	**36**	12,330,577
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	12,346,630

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

a Total (excess, if any, of line 37 over line 36)	**38a**	16,053
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE SB ATTACHMENTS

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

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name:	Community Hospital of the Monterey Peninsula Cash Balance Plan
EIN / PN:	94-0760193/003
Plan Sponsor:	Community Hospital of the Monterey Peninsula
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Plan Sponsor

Community Hospital of the Monterey Peninsula

EIN/PN

94-0760193/003

Interest rate basis:	
Applicable month	January
Yield curve basis	3-Segment Rates
ARPA adopted for minimum funding	Yes
ARPA adopted for benefit restrictions	Yes

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
First segment rate 10-year rate	5.00%	5.00%
Second segment rate 20-year rate	5.27%	5.27%
Third segment rate 30-year rate	5.50%	5.40%
Effective interest rate	5.38%	5.32%

Interest Crediting Rate: 4.04% in 2025 and 4.50% thereafter

Inclusion Date

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

SCHEDULE SB ATTACHMENTS

Mortality

Separate rates for non-annuitants (based on PRI-2012 “Employees” table without collar or amount adjustments, projected forward with generational projection using the IRS adjusted Scale MP-2021) and annuitants (based on PRI-2012 “Healthy Annuitants” table without collar or amount adjustments, projected forward with generational projection using the IRS adjusted Scale MP-2021).

Termination

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants terminate by age are shown below.

Age	Percentage terminating during the year
<=29	15.0%
30-59	8.0%
60+	10.0%

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Age	Percentage retiring during the year[1]
55-57	5.0%
58-61	8.0%
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65-69	30.0%
70+	100.0%

[1] Of those still active at the given age.

Disability Rates

None.

Disabled Mortality

Not Applicable.

Compensation Increases

For purposes of determining the target normal cost, compensation is assumed to increase by 3.50% per annum.

SCHEDULE SB ATTACHMENTS

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Benefit commencement date:

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Form of Payment

50% of active and deferred vested participants are assumed to elect a lump sum immediately after termination. 50% assumed to elect normal form (Single Life Annuity for single and Joint & Survivor 50% for married) as form of payment at age 65.

Cash Balance to Annuity Conversion

As required under IRS regulations in the case of an applicable defined benefit plan in which the projected account balance is converted to an annuity using the applicable interest rate under Section 417(e)(3), for purposes of determining the plan's funding target, the future annuity is determined using the valuation interest rate under 430(h)(2) (as opposed to the interest rates under 417(e)(3) which the plan uses to determine the amount of the benefit) and the applicable mortality table under 417(e)(3) applicable for annuity starting dates occurring on the valuation date.

Spouse Age Difference

A married male (female) plan participant is assumed to be 2 years older (younger) than the spouse.

Marital Status

70% of males are married and 60% of females are married.

Employees

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

SCHEDULE SB ATTACHMENTS

Plan Compensation

Compensation assumed paid in the current year beginning on the valuation date was determined as W-2 earning provided by the employer for the prior year adjusted at the assumed compensation increase rate.

Administrative Expenses

$380,000

Timing of benefit payments

Lump sum payments are payable on date of decrement and annuity payments are paid monthly at the beginning of the month.

Valuation date

First day of plan year.

Funding target

Present value of accrued benefits.

Target normal cost

Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.

Actuarial value of assets

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2024 plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Participant Data

Employee data was supplied by the employer as of the valuation date. Data on persons receiving benefits was supplied by the plan trustee.

Plan Name:	Community Hospital of the Monterey Peninsula Cash Balance Plan
EIN / PN:	94-0760193/003
Plan Sponsor:	Community Hospital of the Monterey Peninsula
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Benefits not Included in Valuation

All benefits described in the Plan Provisions section of this report were valued based on discussions with Community Hospital of the Monterey Peninsula regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with CHOMP and, based on that review, is not aware of any significant benefits required to be valued that were not.

Decrement Timing Model

Rounded Middle of Year – All decrements are assumed to occur at the middle of the year to approximate the pattern of decrements that occur throughout the year.

In addition, eligibility for benefits, commencement and cessation of benefits, and other commencement factors will reflect the middle of the year timing.

Significant Events since Last Actuarial Valuation Report

None.

Nature of Actuarial Calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately. We believe that the use of approximations in our calculations, if any, has not resulted in a significant difference relative to the results we would have obtained by using more detailed calculations.

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations.

Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as:

- plan experience differing from that anticipated by the economic or demographic assumptions
- changes in economic or demographic assumptions
- increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period or additional cost based on the funded status)
- ass in plan provisions or applicable law
- significant events since last actuarial valuation

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

Community Hospital of the Monterey Peninsula furnished participant data as of January 1, 2025. Information on assets and contributions was supplied by Principal. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Sponsor

Community Hospital of the Monterey Peninsula

Plan

Community Hospital of the Monterey Peninsula Cash Balance Plan

Effective Date and Most Recent Amendment

The plan was originally effective January 1, 2012. The plan has been subsequently amended and restated. The last restatement is effective January 1, 2020. The last plan amendment is Plan Amendment Number Eight effective January 1, 2024.

Plan Year

The twelve-month period ending December 31.

Coverage and Participation

"Eligible Employees" begin to participate in the plan on the first January 1 or July 1 coincident with or next following the completion of 1,000 hours of service and first anniversary of hire. "Eligible Employee" means any person on the payroll whose wages are subject to withholding for the purposes of federal income tax, but excludes:

(i) An Employee for whom the Hospital makes contributions to another qualified retirement plan for the benefit of the Employee (i.e. employees who accrue benefits under the Community Hospital of the Monterey Peninsula Retirement Plan after December 31, 2011),

(ii) An Employee whose compensation and conditions of employment are established by the terms of a collective bargaining agreement,

(iii) Employees who are leased Employees,

(iv) A director who is not an employee of Community Hospital of the Monterey Peninsula

(v) Any Employee classified by the Employer as a per diem Employee.

Note: If an employee fails to complete 1,000 hours during the first year, participation will begin on the January 1 following the plan year in which 1,000 hours are completed.

Plan Name:	Community Hospital of the Monterey Peninsula Cash Balance Plan
EIN / PN:	94-0760193/003
Plan Sponsor:	Community Hospital of the Monterey Peninsula
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Eligible employees include employees as of December 31, 2011 who made a one-time election on or after August 1, 2011 and before January 1, 2012 to participate in the Community Hospital of the Monterey Peninsula Cash Balance Plan. All employees hired or rehired on or after January 1, 2012 will be automatically enrolled in the Cash Balance Plan, subject to meeting eligibility and participation requirements.

Vesting Service

The participant's number of years of service in which credited service is at least 1,000 hours, including vesting service earned while a participant in the Community Hospital of the Monterey Peninsula Retirement Plan.

Credited Service

A year of credited service is earned in any year in which the participant is an "eligible employee" and is credited with one year of vesting service. Participants also earn a year of service in the calendar year in which they retire, die, or terminate with a vested plan benefit.

Pensionable Pay

Compensation includes W-2 compensation plus any compensation deferred under Section 125 or Section 403(b) plan. Compensation is limited as described in IRC Section §1.401(a)(17)-1

Normal Retirement Benefit

Normal Retirement Date: The later of the first day of the month coincident with or next following your 65th birthday and the fifth anniversary of your entry into the Plan.

Benefit Formula:

The Cash Balance Account begins with a zero balance on January 1, 2012. At the end of each calendar year, this account is increased with pay and interest credits as defined below:

Pay Credits – At the end of each calendar year, the Cash Balance Account is credited with pay credits equal to a percentage of Compensation earned during each calendar year. This percentage is based on how many Points the participant has at the end of each calendar year. The number of Points is calculated as the sum of the participants' age and years of Benefit Service, including any years of Benefit Service earned prior to January 1, 2012 under the CHOMP Retirement Plan. The chart below shows the different pay credit percentages that correspond to the participants' number of points:

SCHEDULE SB ATTACHMENTS

Participants' Points (sum of your Age and years of Benefit Service)	Pay Credit Percentage
Under 30	4.00%
30 - 34	4.50%
35 - 39	5.00%
40 - 44	5.75%
45 - 49	6.75%
50 - 54	7.75%
55 - 59	8.75%
60 - 64	9.75%
65 - 69	10.75%
70 - 74	11.75%
75 and Over	13.00%

Interest Credits - In addition to the pay credits, interest credits are added to the Cash Balance Account at the end of each calendar year based on a percentage of the account balance at the beginning of the year. This percentage, the interest credit rate, is set annually at a rate equal to the 30-year U.S. Treasury bond rate for the previous September but cannot be less than 4% or greater than 10%.

Normal Form of Benefit:

Qualified joint and survivor benefit with 50% continuance to surviving spouse for married participants and a life annuity for single participants.

Benefit paid upon Early/Normal/Late Retirement

The maximum of the Cash Balance Account and $9,500 minimum account balance at retirement paid as a lump sum, or an actuarial equivalent annuity.

SCHEDULE SB ATTACHMENTS

Vested Benefits Upon Termination of Service

A participant is 100% vested upon completion of 3 years of Vesting Service. However, all participants become 100% vested upon reaching their normal retirement age.

Death Benefits for Participants in Active Service

Eligibility: Entry into the Plan.

Benefit:

- Married: The participant's spouse may elect to receive the participant's Cash Balance Account as an immediate lump sum or a life annuity over the spouse's lifetime.
- Unmarried: The participant's beneficiary will receive the participant's Cash Balance Account as an immediate lump sum.

Forms of payment

Upon vested termination, the participant may elect to receive their entire Cash Balance Account as of the date of payment in the form of a lump sum. Alternatively, the participant can elect to receive a monthly annuity. This annuity can be paid in one of the four forms listed below:

- Life annuity
- 50%, 75% or 100% Joint and Survivor

Form conversions

The life annuity is the Actuarial Equivalent of the Cash Balance Account determined on the basis of the Applicable Mortality Table and Applicable Interest Rate. The applicable interest rate is the IRC Section 417(e) interest rate in effect for the November preceding the year of determination.

Pension Increases

None.

Plan Participants' Contributions

Employee contributions are neither required nor permitted.

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

SCHEDULE SB ATTACHMENTS

Future plan changes

No future plan changes were recognized in determining minimum contribution.

Changes in Plan Provisions since Last Actuarial Valuation

Eligible employee definition was updated to exclude employees classified by the employer as per diem employees in Amendment Number Six effective January 1, 2025.

Additional benefit accruals for Plan Year 2024 for select participants were provided in the Plan Amendment Number Seven effective January 1, 2024.

Clarification of the deferral distribution rules for the plan was included in Amendment Number Eight effective January 1, 2024.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

- Administrative expense assumption was updated from $400,000 to $380,000
- The Cash Balance Interest Crediting Rate has changed from 4.47% in 2024 and 4.00% thereafter to 4.04% in 2025 and 4.50% thereafter.

Plan Name:	Community Hospital of the Monterey Peninsula Cash Balance Plan
EIN / PN:	94-0760193/003
Plan Sponsor:	Community Hospital of the Monterey Peninsula
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2025

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

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	39	1	0	0	0	0	0	0	0	40
	-	63,831	-	-	-	-	-	-	-	-	63,755
25-29	0	172	30	2	0	0	0	0	0	0	204
	-	99,521	92,452	-	-	-	-	-	-	-	98,776
30-34	0	207	122	3	0	0	0	0	0	0	332
	-	112,984	124,238	-	-	-	-	-	-	-	117,118
35-39	0	165	151	44	0	0	0	0	0	0	360
	-	125,321	127,383	144,561	-	-	-	-	-	-	128,538
40-44	1	122	106	61	0	0	0	0	0	0	290
	-	121,596	134,162	137,807	-	-	-	-	-	-	129,208
45-49	1	82	78	44	0	0	0	0	0	0	205
	-	134,634	139,489	149,520	-	-	-	-	-	-	139,149
50-54	1	55	65	29	0	0	0	0	0	0	150
	-	114,809	145,547	170,697	-	-	-	-	-	-	138,452
55-59	1	37	35	29	0	0	0	0	0	0	102
	-	125,898	158,242	149,953	-	-	-	-	-	-	142,964
60-64	2	22	22	26	0	0	0	0	0	0	72
	-	136,639	179,206	145,782	-	-	-	-	-	-	150,984
65-69	2	11	6	10	0	0	0	0	0	0	29
	-	-	-	-	-	-	-	-	-	-	125,056
70 & over	3	1	2	6	0	0	0	0	0	0	12
	-	-	-	-	-	-	-	-	-	-	-
Total	11	913	618	254	0	0	0	0	0	0	1,796
	-	114,937	133,044	147,846	-	-	-	-	-	-	125,349

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

Plan Name: Community Hospital of the Monterey Peninsula Cash Balance Plan
EIN / PN: 94-0760193/003
Plan Sponsor: Community Hospital of the Monterey Peninsula
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	4,944,678	5,103,066	228,237	10,275,981
2026	3,717,176	26,222	226,041	3,969,439
2027	3,830,743	29,590	223,605	4,083,938
2028	3,670,557	39,867	221,034	3,931,458
2029	3,610,398	57,144	218,249	3,885,791
2030	3,550,326	69,391	215,229	3,834,946
2031	3,467,487	75,787	211,945	3,755,219
2032	3,417,030	86,445	208,372	3,711,847
2033	3,358,224	95,120	204,482	3,657,826
2034	3,426,115	101,069	200,248	3,727,432
2035	3,289,733	117,447	195,643	3,602,823
2036	3,404,324	138,947	190,642	3,733,913
2037	3,347,767	155,061	185,220	3,688,048
2038	3,391,534	167,511	179,360	3,738,405
2039	3,474,063	178,010	173,048	3,825,121
2040	3,441,292	187,919	166,278	3,795,489
2041	3,563,784	201,508	159,051	3,924,343
2042	3,589,865	210,000	151,374	3,951,239
2043	3,670,662	218,634	143,272	4,032,568
2044	3,861,544	230,292	134,781	4,226,617
2045	3,956,311	242,495	125,952	4,324,758
2046	4,085,570	254,037	116,853	4,456,460
2047	4,234,048	282,285	107,574	4,623,907
2048	4,402,553	318,994	98,229	4,819,776
2049	4,594,744	351,676	88,946	5,035,366
2050	4,769,130	397,157	79,854	5,246,141
2051	4,953,672	426,564	71,073	5,451,309
2052	5,142,076	439,551	62,715	5,644,342
2053	5,240,630	464,122	54,877	5,759,629
2054	5,341,512	480,045	47,636	5,869,193
2055	5,444,963	487,296	41,043	5,973,302

Plan Name: Community Hospital of the Monterey Peninsula Cash Balance Plan
EIN / PN: 94-0760193/003
Plan Sponsor: Community Hospital of the Monterey Peninsula
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2056	5,484,753	502,937	35,127	6,022,817
2057	5,540,898	508,323	29,893	6,079,114
2058	5,565,641	499,431	25,332	6,090,404
2059	5,569,712	488,667	21,414	6,079,793
2060	5,519,916	480,095	18,095	6,018,106
2061	5,465,439	468,840	15,319	5,949,598
2062	5,399,447	454,349	13,024	5,866,820
2063	5,281,377	439,392	11,146	5,731,915
2064	5,127,436	423,996	9,620	5,561,052
2065	4,969,678	408,185	8,388	5,386,251
2066	4,805,775	391,983	7,393	5,205,151
2067	4,626,783	375,407	6,587	5,008,777
2068	4,438,811	358,471	5,927	4,803,209
2069	4,244,097	341,187	5,377	4,590,661
2070	4,047,406	323,560	4,910	4,375,876
2071	3,845,873	305,593	4,503	4,155,969
2072	3,640,156	287,293	4,137	3,931,586
2073	3,431,219	268,673	3,799	3,703,691
2074	3,220,347	249,773	3,478	3,473,598

SCHEDULE SB ATTACHMENTS

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

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name:	Community Hospital of the Monterey Peninsula Cash Balance Plan
EIN / PN:	94-0760193/003
Plan Sponsor:	Community Hospital of the Monterey Peninsula
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

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SCHEDULE SB ATTACHMENTS

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SCHEDULE SB ATTACHMENTS

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Plan Sponsor:	Community Hospital of the Monterey Peninsula
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

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SCHEDULE SB ATTACHMENTS

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SCHEDULE SB ATTACHMENTS

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Eligibility: Entry into the Plan.

Benefit:

- Married: The participant's spouse may elect to receive the participant's Cash Balance Account as an immediate lump sum or a life annuity over the spouse's lifetime.
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EIN / PN:	94-0760193/003
Plan Sponsor:	Community Hospital of the Monterey Peninsula
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

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Community Hospital of the Monterey Peninsula Cash Balance Plan
Employer Identification Number: 94-0760193, Plan Number: 003
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Cash and cash equivalents			
*	Principal Bank Cash Collateral	1,490,000 shares	$ 1,490,000	$ 1,490,000
*	Principal/Blackrock Short-Term Investment Fund	15,357,304 shares	15,357,304	15,357,304
	Total cash equivalents		16,847,304	16,847,304
	Bond funds			
	PAPS Long Duration Corporate Bond	2,008,402 shares	17,904,305	19,099,900
	PIMCO PAPS Investment Grade Corporate Sector	865,802 shares	7,417,827	7,896,116
	PIMCO PAPS Short Term Floating Nav Port II Fund	1,231,114 shares	12,331,285	12,332,071
	Total bond funds		37,653,417	39,328,087
	Equity funds			
	Vanguard Total International Stock Index Fund - Institutional Shares	127,946 shares	15,653,741	20,738,771
	Vanguard Total Stock Market Index Fund - Institutional Shares	118,857 shares	10,400,230	19,400,957
	Total equity funds		26,053,971	40,139,728
	Bonds and government securities			
	US Treasury Bonds	295,000 par	308,164	297,859
	US Treasury Notes	106,085 par	103,842	95,283
	US Treasury Inflation Index Bond	625,265 par	338,748	337,531
	Federal Home Loan Mortgage Pool	2,286,467 par	2,250,652	2,339,308
	Federal National Mortgage Association Pool	349,409 par	345,248	355,329
	Government National Mortgage Association II TBA	200,000 par	198,898	199,294
	Beignet Investor LLC	261,000 par	261,000	275,746
	Commonwealth of Australia Bond	200,000 par	114,579	113,190
	United Kingdom Government Bond	20,000 par	25,042	23,596
	Republic of Peru Governemnt Bond	914,020 par	282,408	313,730
	Republic of South Africa Government Bond	7,590,000 par	396,549	470,611
	Total bonds and government securities		4,625,130	4,821,477
	Balance funds			
	Pimco Sector Fund Series I	820,380 shares	7,749,505	8,228,412
	Total balanced funds		7,749,505	8,228,412
	Total investments		$ 92,929,327	$ 109,365,008

* Denotes party-in-interest.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

- Administrative expense assumption was updated from $400,000 to $380,000
- The Cash Balance Interest Crediting Rate has changed from 4.47% in 2024 and 4.00% thereafter to 4.04% in 2025 and 4.50% thereafter.

Plan Name:	Community Hospital of the Monterey Peninsula Cash Balance Plan
EIN / PN:	94-0760193/003
Plan Sponsor:	Community Hospital of the Monterey Peninsula
Valuation Date:	January 1, 2025