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 RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1967

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**	2349
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)**	780
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	727
b	Retired or separated participants receiving benefits	**6b**	1207
c	Other retired or separated participants entitled to future benefits	**6c**	300
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2234
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	76
f	Total. Add lines **6d** and **6e**.	**6f**	2310
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A

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 RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
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**	553339043
b Actuarial value	**2b**	560541923

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	1275	316979268	316979268
b For terminated vested participants	313	35801437	35801437
c For active participants	780	232490472	232733328
d Total	2368	585271177	585514033

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**	11725481
b Expected plan-related expenses	**6b**	2500000
c Target normal cost	**6c**	14225481

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 0.22 %	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)		20977048
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.17 %		1084513
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		22061561
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	95.73 %
15	Adjusted funding target attainment percentage	15	95.73 %
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	105.68 %
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
01/30/2025	3000000	0	12/31/2025	4120000	0
04/18/2025	1000000	0	06/22/2026	1163278	0
04/28/2025	4550000	0	06/30/2026	2695584	0
06/20/2025	1000000	0			
09/10/2025	1500000	0			
12/22/2025	4120000	0			
			Totals ► 18(b)	23148862	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	22261322

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	66

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**	14225481
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	24972110	2328411
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**	16553892

	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**	16553892
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	22261322
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	5707430
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
COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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 Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

HARBOURVEST PARTNERS LP

74-3130888

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

DRUM CAPITAL MANAGEMENT LLC

81-0670889

(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)

PACIFIC INVESTMENT MGMT CO

33-0629048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 52	NONE	1428387	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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 15 50	NONE	383466	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 62	NONE	241354	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

BLACKROCK INSTITUTIONAL TRUST CO

94-3112180

(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?
49 50	NONE	41080	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PANTHEON USA

555 CALIFORNIA STREET
SUITE 3450
SAN FRANCISCO, CA 94104

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	14658	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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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 RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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	277493	380093
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	3858862
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	123884779	142550405
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	12162620	17083678
(2) U.S. Government securities	1c(2)	184473856	194707117
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	177519454	193086621
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	4190567	3221715
(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)	247505490	253802817
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	14195301	17721077

		(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	764209560	826412385
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	210870517	239181789
1k Total liabilities (add all amounts in lines 1g through1j)	1k	210870517	239181789
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	553339043	587230596

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)	23148862	
(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)		23148862
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	299637	
(B) U.S. Government securities	2b(1)(B)	3060402	
(C) Corporate debt instruments	2b(1)(C)	8423427	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1370715	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		13154181
(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)	14536379	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		14536379
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2009383797	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2003492650	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		5891147
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	7176196	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		7176196

		(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)		7700361
c Other income	2c		3501442
d Total income. Add all **income** amounts in column (b) and enter total	2d		75108568
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	39060539	
(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)		39060539
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)	194401	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1484125	
(6) Bank or trust company trustee/custodial fees	2i(6)	241354	
(7) Actuarial fees	2i(7)	189065	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	47531	
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2156476
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		41217015
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		33891553
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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: 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 590026.

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 RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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 | 24

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: 3.0 % Private Equity: 1.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 94.0 %
High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 2.0 % 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 Retirement 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

Opinion

We have audited the financial statements of Community Hospital of the Monterey Peninsula Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits 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.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Community Hospital of the Monterey Peninsula Retirement Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America (GAAP).

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 Retirement Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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.

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 Retirement Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for purpose of expressing an opinion on the effectiveness of Community Hospital of the Monterey Peninsula Retirement 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 Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

Other Matter

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of the 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 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.

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

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

Baker Tilly US, LLP

San Francisco, California
October 14, 2026

Financial Statements

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

	2025	2024
ASSETS		
Investments, at fair value		
Cash equivalents	$ 16,297,493	$ 11,478,960
Bond funds	253,802,817	247,505,490
Global equity funds	17,721,077	14,195,301
Bonds and government securities	387,793,738	361,993,310
Private equity funds	3,221,715	4,190,567
Total investments, at fair value	678,836,840	639,363,628
Employer contribution receivable	3,858,862	-
Due from broker for securities sold	142,550,405	123,884,779
Noninterest bearing cash	1,166,278	961,153
Total assets	826,412,385	764,209,560
LIABILITIES		
Due to broker for securities purchased	239,181,789	210,870,517
NET ASSETS AVAILABLE FOR BENEFITS	$ 587,230,596	$ 553,339,043

See accompanying notes.

Community Hospital of the Monterey Peninsula Retirement 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 (depreciation) in fair value of investments	$ 24,211,080	$ (22,417,170)
Interest	13,111,117	11,217,532
Dividends	14,637,509	13,845,760
Employer contributions	23,148,862	21,486,000
Benefits paid to participants	(39,060,539)	(41,747,382)
Administrative expenses	(2,156,476)	(3,831,738)
CHANGE IN NET ASSETS	33,891,553	(21,446,998)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	553,339,043	574,786,041
End of year	$ 587,230,596	$ 553,339,043

See accompanying notes.

Note 1 – Description of Plan

The following description of the Community Hospital of the Monterey Peninsula Retirement 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). 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. The Plan's investments are managed by: Drum Capital, LLC; HarbourVest Partners, LLC; Park Street Capital Advisers LLC L.P.; Pantheon Ventures LLP; The Vanguard Group; Principal; PIMCO Investments LLC; and Blackrock Institutional Trust Company.

Effective December 31, 2011, the plan was amended and no benefits will accrue for any Employee who is hired or rehired on or after January 1, 2012, or for any employee, who has chosen, effective January 1, 2012, to become a participant in the Community Hospital of Monterey Peninsula Cash Balance Plan.

Effective January 1, 2012, the Hospital amended the Plan to clarify administrative and technical provisions regarding the benefits of a participant who has a spouse or domestic partner; to clarify additional technical provisions to comply with the final regulations of Internal Revenue Code Section 436; and to update the additional benefit accrual percentages for 2012, 2013, and 2014.

Eligibility – The Plan covers substantially all employees of the Sponsor if they work 1,000 hours or more in a twelve-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 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 employee will be credited with a monthly retirement benefit equal to 1/12 of 1⅔% of the employee's annual compensation, limited to $200,000, increased over time by cost-of-living adjustments. This amount is adjusted annually for eligible employees by a variable benefit adjustment. The variable benefit adjustment is calculated by comparing the assets of the Plan to the amount which would be in the Plan if it had earned 6%. This amount of the excess (or shortfall) is averaged with the amounts from the four previous years. If the five-year average plan asset earning is greater than 6%, the benefit would be increased by ⅔ of the excess. The normal form of benefit is a ten-year life annuity for unmarried participants and a qualified joint and survivor annuity for married participants. Participants may elect an immediate single lump sum payment as a benefit payment option within 180 days after the date of termination.

Early retirement and disability benefits are less than normal retirement benefits, depending upon age at retirement or disability, and years of credited service.

When a participant dies, a death benefit is paid to the employee's beneficiary, as defined in the plan documents.

Vesting – Participants reaching normal retirement age, while employed with the Hospital, become 100% vested in their accrued benefit. Participants not at normal retirement age are fully vested after five years of service. If participants terminate before rendering five 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 of the Plan are prepared under 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 (IRS) 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). 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.

A financial instrument's level within the hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

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.

Global 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.

Private equity funds – This category includes several private equity funds that invest primarily in distressed securities in primary partnerships and direct investments, U.S. buyouts, venture capital and non-U.S. investments. These investments can never be redeemed with the funds. Instead, the nature of the investments in this category is that distributions are received through the liquidation of the underlying assets of the fund. As of December 31, 2025, it is probable that all of the investments in this category will be sold at an amount different from the NAV of the Plan's ownership interest in partners' capital. The investments in these funds are illiquid; however, a secondary market exists.

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.

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

The following sets forth, by level within the fair value hierarchy, the Plan's assets at fair value at December 31:

	2025			
	Fair Value	Level 1	Level 2	Level 3
Global equity funds	$ 17,721,077	$ 8,745,445	$ 8,975,632	$ -
Private equity funds	3,221,715	-	-	3,221,715
Bonds and government securities	387,793,738	138,658,523	249,135,215	-
Bond funds	253,802,817	-	253,802,817	-
Cash equivalents	16,297,493	16,297,493	-	-
	$ 678,836,840	$ 163,701,461	$ 511,913,664	$ 3,221,715

	2024			
	Fair Value	Level 1	Level 2	Level 3
Global equity funds	$ 14,195,301	$ 7,420,983	$ 6,774,318	$ -
Private equity funds	4,190,567	-	-	4,190,567
Bonds and government securities	361,993,310	129,243,075	232,750,235	-
Bond funds	247,505,490	-	247,505,490	-
Cash equivalents	11,478,960	11,478,960	-	-
	$ 639,363,628	$ 148,143,018	$ 487,030,043	$ 4,190,567

The following tables reconcile the beginning and ending balances of recurring fair value measurements recognized in the accompanying financial statements using significant unobservable (Level 3) inputs:

	2025
	Private Equity Funds
Balance, beginning of year	$ 4,190,567
Actual return on plan assets	
Relating to assets still held at December 31, 2025	(545,157)
Relating to assets sold during the period	-
Purchases	-
Sales	(423,695)
Balance, end of year	$ 3,221,715

	2024
	Private Equity Funds
Balance, beginning of year	$ 5,648,912
Actual return on plan assets	
Relating to assets still held at December 31, 2024	1,021,805
Relating to assets sold during the period	(1,414,543)
Purchases	-
Sales	(1,065,607)
Balance, end of year	$ 4,190,567

As required by Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, the investments are classified within the level of the lowest significant input considered in determining fair value. In evaluating the level at which the Hospital's investments have been classified, the Hospital has assessed factors including, but not limited to, the ability to redeem at NAV at the measurement date and the existence or absence of certain restrictions at the measurement date. In accordance with this guidance, if the Hospital has the ability to redeem from the investment at the measurement date or in the near-term at NAV, the investment would be classified as a Level 2 fair value measurement. Alternatively, if the Hospital will never have the ability to redeem from the investment or is restricted from redeeming for an uncertain or extended period of time from the measurement date, the investment would be classified as a Level 3 fair value measurement.

The Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements is as follows:

Name	Fair Value 12/31/2025	Fair Value 12/31/2024	Valuation Technique	Unobservable Inputs	Range of Input Values/ (Weighted Avg)
Private Equity Funds	$ 3,221,715	$ 4,190,567	Net Asset Value	Illiquidity	N/A

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 to the service employees have rendered. 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 10 years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the 10 years preceding the valuation date.

Willis Towers Watson, consulting actuary, estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits, earned by the participants, to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, 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	$ 338,017,777	$ 325,661,039
Other participants	275,997,643	281,370,379
	614,015,420	607,031,418
Nonvested benefits	38,116	38,955
Actuarial present value of accumulated plan benefits at end of year	$ 614,053,536	$ 607,070,373

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	$ 607,070,373	$ 638,549,692
Increase (decrease) during the year attributable to		
Benefits paid	(39,060,539)	(41,747,382)
Change in actuarial assumptions	595,349	(36,383,597)
Actuarial losses	3,036,351	4,221,919
Benefits accumulated	12,382,033	13,921,258
Interest due to the decrease in discount period	29,996,107	28,421,877
Plan amendments	33,862	86,606
Net change	6,983,163	(31,479,319)
Actuarial present value of accumulated plan benefits at end of year	$ 614,053,536	$ 607,070,373

The significant assumptions underlying the actuarial computations were as follows:

Discount rate	5.73% for 2025 and 5.81% for 2024
Expected long-term rate of return on Plan assets	5.00% for 2025 and 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 – Investments

The Plan's investments have been categorized into the following groups for reporting purposes:

Global equity funds – The BlackRock MSCI ACWI Fund is an investment with collective funds in international equity stock. The fund seeks to match the performance of the MSCI All Country World ex-USA Index in U.S. dollars with net dividends as closely as possible before the deduction of fund expenses.

Vanguard Institutional Index Fund is a domestic mutual fund that invests in large-capitalization stocks. The fund employs a passive management investment approach designed to track the performance of the Standard & Poor's 500 Index, which is dominated by the stocks of large U.S. companies. The fund objective is to replicate the target index by investing substantially all of its assets in the stocks that make up the index.

Private equity funds – The Park Street Capital Private Equity Fund IX, L.P., a Delaware limited partnership, invests in a select group of private equity funds in the venture capital, buyout, and capital restructuring sectors. Such limited partnerships generally do not provide redemption options for investors, and subsequent to final closing, do not permit subscriptions by new or existing investors.

The Pantheon Europe Fund V 'B' LP and Pantheon USA Fund VIII, LP, both Delaware limited partnerships, invest in a diversified portfolio of private equity investment partnerships operating primarily in Europe and the United States, respectively. Redemption from fund investments, which are illiquid, is not permitted during the life of the fund, and resale is restricted.

The HarbourVest Partners – Dover Street VII LP and HarbourVest International Private Equity Partners VI-Partnership Fund L.P., both Delaware limited partnerships, invest in a diversified portfolio of private equity investment partnerships operating in the United States, Europe, Latin America, Asia, and in emerging private equity markets. Redemptions are prohibited for all of the partnership investments.

Special Situation Partners II LP (SSPII) is a partnership formed with a goal to make selected distressed debt investments, with the objective of achieving rates of return superior to other traditional investments, without subjecting principal to undue risk. SSPII expects to invest in partnerships or other commingled investment funds and managed accounts that invest in high yield securities, public and private debt, bank loans, trade claims, equity, or their distressed obligations. SSPII's investments are illiquid as redemptions are generally not allowed.

Bond funds – PIMCO PAPS Short Term Floating Nav portfolio seeks to achieve its investment objective by investing its assets in a diversified portfolio of Fixed Income Instruments of varying maturities, which may be represented by forwards or derivatives, such as options, futures contracts, or swap agreements. "Fixed Income Instruments" include bonds, debt securities and other similar instruments issued by various U.S. and non-U.S. public- or private-sector entities.

PIMCO PAPS Long Duration Corporate Bond Portfolio seeks to achieve its investment objective by investing its assets in a portfolio of corporate Fixed Income Instruments, which may be represented by forwards or derivatives such as options, futures contracts, or swap agreements. “Fixed Income Instruments” includes bonds, debt securities and other similar instruments issued by various U.S. and non-U.S. public- or private-sector entities.

Cash equivalents – The Cash Collateral Fund and Short-Term Investment Funds are money market funds and commercial paper is considered to be cash equivalents.

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 for 2025 and 2024. Total fees paid to Principal by the Plan were approximately $241,000 and $240,000 for the years ended December 31, 2025 and 2024, respectively.

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

Plan Sponsor: Community Hospital of the Monterey Peninsula
Employer Identification Number: 94-0760193
Plan Number: 001
Schedule H, Line 4(i)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Cash and cash equivalents			
	Principal			
*	Short Term Inv Fund	12,559,000 shares	$ 12,559,000	$ 12,559,000
*	Cash Collateral	3,734,000 shares	3,734,000	3,734,000
	Blackrock Short-Term Inv Fund	4,493 shares	4,493	4,493
	Total cash equivalents		16,297,493	16,297,493
	Global equity funds			
	Vanguard Institutional Index Fund	15,841 shares	3,324,115	8,745,445
	BlackRock MSCI ACWI Ex-US IMI Index Fund	355,763 shares	3,994,672	8,975,632
	Total global equity funds		7,318,787	17,721,077
	Bonds and government securities			
	7-Eleven INC	500,000 par	494,555	344,790
	Abu Dhabi Govt International	800,000 par	780,680	569,534
	Aercap Ireland CAP/GLOBA	600,000 par	598,992	591,846
	Aetna Inc.	100,000 par	139,023	110,090
	AIA Group LTD	600,000 par	599,034	475,452
	Alcon Finance Corporation	500,000 par	498,160	478,945
	Alexandria Real Estate E	100,000 par	100,180	100,035
	Altice France S.A.	187,670 par	182,979	185,232
	Altria Group Inc.	276,000 par	275,219	280,717
	Ameren Missouri	578,092 par	578,026	581,804
	American Assets Trust LP	700,000 par	692,545	637,931
	American Elec Pwr Inc	300,000 par	309,981	321,966
	American Electric Power	100,000 par	101,301	105,020
	American Homes 4 Rent	500,000 par	492,565	446,950
	American Tower Corp	900,000 par	1,071,923	1,012,223
	Anheuser-Busch Inbev Wor	2,100,000 par	2,094,162	2,174,025
	Apple Inc.	500,000 par	471,755	300,619
	Applovin Corp	900,000 par	898,866	933,273
	Ares Capital Corp	200,000 par	198,514	204,918
	Arizona Public Service	600,000 par	597,654	356,940
	Assured Guaranty US HLDG	50,000 par	49,858	47,141
	AT&T INC	2,372,000 par	2,135,420	1,815,175
	Australia Government Bond	1,400,000 par	997,343	770,474
	Aviation Capital Group	1,100,000 par	1,090,828	1,122,150
	Avolon Holdings Funding LTD	154,000 par	151,483	149,298
	Bacardi LTD	1,400,000 par	1,394,932	1,331,540
	Banco Santander	1,500,000 par	1,580,200	1,646,988
	Bank of America Corp	900,000 par	900,000	938,340
	Barclays PLC	2,900,000 par	2,925,875	2,980,086
	Bat Capital Corp	1,300,000 par	1,300,000	1,197,508
	Bayer US Finance LLC	1,000,000 par	997,390	1,082,600

Community Hospital of the Monterey Peninsula Retirement Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2025

Plan Sponsor: Community Hospital of the Monterey Peninsula
Employer Identification Number: 94-0760193
Plan Number: 001
Schedule H, Line 4(i)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Beignet Investor LLC	5,100,000 par	5,100,000	5,388,150
	BMS Ireland Cap FDG	300,000 par	344,760	343,972
	BMS Ireland Cap FDG DAC	200,000 par	229,840	230,198
	BNP Paribas	2,000,000 par	1,992,646	2,061,038
	Boeing Co.	4,500,000 par	4,500,000	4,646,637
	Boston Properties Inc.	300,000 par	299,445	290,469
	BPCE FR	500,000 par	500,000	515,045
	BPCE SA	1,900,000 par	1,895,320	1,980,849
	Brazil Federative Rep	604,000 par	586,110	597,416
	Brazil Republic Government Bond	500,000 par	498,535	494,250
	British Telecommunications	300,000 par	300,000	237,660
	Broadcom Inc.	1,800,000 par	1,823,378	1,633,680
	Cameron LNG LLC	300,000 par	300,000	277,266
	Capital Four US CLO	1,600,000 par	1,600,000	1,602,987
	Carlyle Finance LLC	800,000 par	799,312	780,136
	Cellnex Finance	300,000 par	296,172	237,984
	Cenovus Energy Inc.	38,000 par	37,644	36,895
	Centene Corporation	1,300,000 par	1,300,000	1,234,042
	Charter Comm Opt LLC/Cap	2,200,000 par	2,197,324	1,836,326
	Cigna Corp	1,500,000 par	1,498,730	1,464,350
	Comcast Corp	1,000,000 par	995,495	896,210
	Commonspirit Health	1,200,000 par	1,200,000	1,116,732
	Commonwealth Bank Aust	800,000 par	800,000	771,576
	Commonwealth of Australia	2,200,000 par	1,260,224	1,245,095
	Corning Inc.	300,000 par	306,615	274,038
	Credit Agricole SA	1,100,000 par	1,100,000	1,160,302
	Crown Castle International Corp	500,000 par	498,930	330,470
	CSN Resources SA	900,000 par	900,000	692,190
	CVS Health Corp	400,000 par	398,986	403,470
	DBWF Mortgage Trust	800,000 par	823,995	790,816
	Deutsche Bank NY	1,600,000 par	1,602,349	1,512,224
	Deutsche Telekom AG	100,000 par	98,934	72,101
	Discover Bank	1,100,000 par	1,098,350	1,116,225
	East Ohio Gas CO/THE	400,000 par	394,304	253,868
	Ebay Inc.	400,000 par	412,704	375,876
	Encana Corp	100,000 par	117,274	110,398
	Energy Transfer Partners	1,000,000 par	994,830	887,380
	Entergy Arkansas LLC	600,000 par	597,630	356,628
	Equifax Inc	800,000 par	797,624	817,368
	Equinix Inc	500,000 par	491,320	318,575
	Eversource Energy	300,000 par	299,706	295,836
	Fairfax Financial Holdings Ltd	500,000 par	500,000	501,460
	Fanniemae-Aces	667,943 par	651,673	658,338
	Federal Home Loan Mortgage Corporation	67,286 par	68,028	62,142
	Federal Home Loan Mortgage Corporation Pool	312,763 par	314,941	314,325
	Federal National Mortgage Association	2,400,000 par	3,409,626	2,716,416
	Federal National Mortgage Association 30 Yr TBA	23,925,000 par	23,928,545	23,999,516
	Federal National Mortgage Association Pools	946,274 par	1,006,844	887,353
	Fiserv Inc.	600,000 par	598,992	581,850
	Flex Intermediate Hold CO	1,700,000 par	1,699,949	1,564,255
	FNMA TBA 30yr	14,500,000 par	14,151,143	14,142,720
	Ford Motor Credit Co LLC	1,900,000 par	1,870,235	1,913,074

Community Hospital of the Monterey Peninsula Retirement Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (Continued)
December 31, 2025

Plan Sponsor: Community Hospital of the Monterey Peninsula
Employer Identification Number: 94-0760193
Plan Number: 001
Schedule H, Line 4(i)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Freddie Mac - SLST	515,116 par	526,245	489,726
	Fresenius Med Care III	500,000 par	498,495	444,140
	General Motors Co.	200,000 par	199,874	192,454
	General Motors Financial Co.	900,000 par	898,695	901,863
	Global Payments Inc.	300,000 par	299,019	278,295
	GLP Capital LP/ Fin II	1,100,000 par	1,099,835	1,119,151
	Goldman Sachs Bank USA	1,100,000 par	1,100,000	1,101,133
	Goldman Sachs Group Inc	1,000,000 par	1,000,000	1,044,720
	Government National Mortgage Association 30 Yr TBA	4,300,000 par	4,110,269	4,129,986
	Government National Mortgage Association Pools	110,098 par	114,240	105,791
	Greensaif Pipelines BIDC	800,000 par	800,000	848,904
	Harbour Energy PLC	800,000 par	800,000	810,088
	HAT Holding I LLC/HAT	182,000 par	182,000	180,842
	HCA Inc.	200,000 par	198,172	193,142
	Hilton Domestic Operation	400,000 par	400,000	371,312
	Hilton Grand Vac Bor Esc	600,000 par	600,000	582,798
	Hilton USA Trust	700,000 par	702,818	695,702
	Howard Hughes Corp	1,100,000 par	1,100,000	1,068,936
	HSBC Holdings PLC	2,600,000 par	2,663,789	2,648,793
	Hyundai Capital America	900,000 par	899,010	850,599
	ING Groep NV	900,000 par	896,922	911,115
	Intel Corp	1,300,000 par	1,299,441	1,210,248
	Intercontinental Exchange	3,000,000 par	2,986,770	2,558,826
	Israel Discount Bank	500,000 par	499,675	508,290
	Jersey Central PWR & LT	300,000 par	299,178	269,481
	Johnson & Johnson	1,100,000 par	1,090,243	648,527
	JPMorgan Chase & Co.	3,100,000 par	3,103,190	3,264,120
	KKR Group Finance Co. VIII	200,000 par	198,200	140,618
	Kraft Heinz Foods Co.	900,000 par	889,344	821,943
	Letra Tesouro T-Bill	200 par	34,510	35,319
	Lloyds Bank PLC	200,000 par	153,000	150,212
	Lloyds Banking Group	400,000 par	400,000	406,668
	Lloyds Banking Group PLC	2,000,000 par	2,000,000	2,066,318
	Louisville Gas & Elec	500,000 par	498,860	522,700
	Lundin Energy FI	700,000 par	698,670	642,306
	Mars Inc	1,100,000 par	1,094,049	1,095,743
	Marsh & Mclennan Cos Inc.	1,200,000 par	1,199,580	1,211,964
	Marvell Technology INC	900,000 par	899,829	866,754
	Melco Resorts Finance	400,000 par	400,000	395,924
	Microsoft Corp	100,000 par	90,365	89,662
	Mid-Atlantic Interstate	700,000 par	766,906	700,476
	Mill City Mortgage Trust	76,143 par	76,622	74,307
	Mitsubishi UFJ Financial Group	1,100,000 par	1,100,000	1,150,688
	Mondelez Intl Inc	1,500,000 par	1,091,034	1,132,754
	Morgan Stanley	4,500,000 par	4,500,000	4,587,833
	National Fuel Gas Co	600,000 par	600,924	547,362
	National Health Investor	600,000 par	595,176	544,632
	National Retail Prop Inc.	600,000 par	597,558	594,714
	Natwest Group PLC	500,000 par	499,259	536,390
	New Residential Mortgage Loan	1,078,198 par	1,091,110	1,042,825
	New South Wales Treasury Corp	1,100,000 par	598,085	590,791
	Newmont Corp / Newcrest Fin	237,000 par	236,237	229,582

Community Hospital of the Monterey Peninsula Retirement Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (Continued)
December 31, 2025

Plan Sponsor: Community Hospital of the Monterey Peninsula
Employer Identification Number: 94-0760193
Plan Number: 001
Schedule H, Line 4(i)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Nissan Motor Acceptance	1,100,000 par	1,099,461	1,101,496
	Nomura Holdings Inc.	1,000,000 par	1,000,000	917,385
	Northern Natural Gas Co.	700,000 par	699,881	560,560
	NTT Finance Corp	550,000 par	550,000	558,316
	NVR Inc.	600,000 par	650,112	567,894
	Omega Healthcare Investors	500,000 par	496,520	444,480
	Oneok Inc.	2,600,000 par	2,597,103	2,532,846
	Oracle Corp	6,400,000 par	6,361,571	4,897,453
	Organon Finance 1 LLC	1,300,000 par	1,300,000	1,266,772
	Pacific Gas & Electric	3,900,000 par	3,962,860	3,666,041
	Pacificorp	1,400,000 par	1,318,218	1,248,951
	Perkinelmer Inc.	400,000 par	398,680	385,376
	Perusahaan Listrik Negar	300,000 par	298,701	238,557
	Petroleos Mexicanos	363,000 par	400,000	362,031
	Pfizer Inc.	600,000 par	598,572	493,788
	Philip Morris Intl Inc	700,000 par	793,112	809,462
	Queensland Treasury Corp	1,100,000 par	605,477	608,947
	Renew Power Pvt Ltd	299,000 par	299,000	296,928
	Republic of Peru Government Bond	8,392,180 par	3,103,380	3,527,155
	Republic of Romania	400,000 par	463,645	468,554
	Republic of South Africa Government Bond	84,680,000 par	4,393,654	5,239,814
	Republic of Turkey	800,000 par	787,656	795,200
	RFCSP Strip Principal Zero Coupon	9,330,000 par	5,071,230	7,939,210
	Rogers Communications Inc.	600,000 par	598,662	565,302
	Rolls-Royce PLC	700,000 par	1,002,155	902,891
	Romania (NATL BK)	900,000 par	1,064,168	955,702
	Royal Bank Scotland Grp PLC	1,100,000 par	1,100,000	1,124,310
	Royalty Pharma PLC	800,000 par	764,448	619,176
	RTX Corporation	400,000 par	399,856	401,332
	Sabine Pass Liquefaction	400,000 par	398,976	401,620
	Sammons Financial Group	700,000 par	698,404	648,788
	Sands China LTD	900,000 par	897,525	916,281
	Santos Finance LTD	700,000 par	700,000	655,914
	Sasol Financing USA LLC	400,000 par	400,000	397,292
	Saudi Arabian Oil Co.	1,400,000 par	1,391,670	1,265,180
	Saudi Government Bond	200,000 par	227,500	170,990
	Saudi International Bond	1,600,000 par	1,573,950	1,414,428
	Sempra Energy	500,000 par	509,852	521,171
	SLM Student Loan Trust	676,334 par	730,864	710,990
	Societe Generale	500,000 par	500,000	477,920
	Southern Cal Edison	500,000 par	498,165	448,385
	Southern Co	300,000 par	300,000	295,752
	Southern Co Gas Capital	800,000 par	798,120	666,544
	Starbucks Corp	500,000 par	496,650	350,915
	Starwood Property Trust	300,000 par	300,000	298,530
	State of Israel Government Bond	1,100,000 par	1,055,604	1,058,211
	Stepstone Group Midco 2 GMBH 12/24	523,000 par	529,182	581,349
	Steris PLC	400,000 par	398,080	296,316
	Stichting AK Rabobank	735,325 par	821,470	975,445
	Sumitomo Mitsui Finl Group	1,100,000 par	1,100,000	1,151,216
	Sutter Health	1,000,000 par	1,000,000	788,810
	Takeda Pharmaceutical	400,000 par	398,320	409,336

Community Hospital of the Monterey Peninsula Retirement Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (Continued)
December 31, 2025

Plan Sponsor: Community Hospital of the Monterey Peninsula
Employer Identification Number: 94-0760193
Plan Number: 001
Schedule H, Line 4(i)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Targa Res Corp	300,000 par	299,445	287,208
	TD Synnex Corp	500,000 par	500,000	476,140
	Thames Water Super	70,412 par	84,538	109,091
	T-Mobile USA INC	1,900,000 par	1,909,098	1,426,546
	Towd Point Mortgage Trust	251,967 par	254,065	244,528
	Transocean Inc.	600,000 par	466,500	516,000
	Treasury Corp Victoria	400,000 par	222,190	218,333
	Trust 7401	857,000 par	839,860	844,590
	Trust F/1401	443,000 par	442,987	433,520
	UBS Group AG	1,200,000 par	1,200,000	1,159,937
	Union Pacific Corp	300,000 par	299,883	207,714
	United Airlines INC	600,000 par	619,875	598,323
	United Kingdom Government Bond	4,095,000 par	5,149,550	4,831,313
	United Mexican	1,100,000 par	1,099,439	1,130,151
	United Mexican States	1,000,000 par	996,660	913,300
	UnitedHealth Group Inc.	800,000 par	794,496	654,656
	US Bancorp	100,000 par	100,000	100,226
	US Treasury Bond Zero Coupon	300,000 par	133,496	144,225
	US Treasury Bond/Note Stripped Zero	550,000 par	300,661	284,988
	US Treasury Bonds	186,798,318 par	151,080,120	138,658,523
	US Treasury SEC Stripped Zero Coupon	400,000 par	198,471	173,858
	Ventas Realty LP/Cap CRP	100,000 par	111,291	100,565
	Venture Global Plaque	800,000 par	800,000	814,672
	Verizon Communications	3,900,000 par	3,888,938	3,283,117
	Vici Properties LP	1,100,000 par	1,091,409	1,123,309
	Vistra Operations Co LLC	300,000 par	299,844	302,139
	VMED 02 UK Financing	500,000 par	567,573	563,701
	VNO Mortgage Trust	700,000 par	720,969	694,890
	Vodafone Group PLC	1,300,000 par	1,300,000	1,020,279
	Volkswagen Group	700,000 par	698,376	724,997
	Volkswagen Group America	1,900,000 par	1,878,720	1,919,380
	Wabtec	800,000 par	799,112	809,800
	Warnermedia Holdings Inc	1,100,000 par	1,100,000	774,125
	WEA Finance LLC/Westfield	200,000 par	205,212	172,616
	Wellpoint LLC	500,000 par	549,190	470,780
	Wells Fargo & Company	3,300,000 par	3,300,000	3,497,043
	Woodside Finance LTD	1,300,000 par	1,297,955	1,264,808
	Xcel Energy Inc	500,000 par	499,365	517,781
	Total bonds and government securities		406,866,845	387,793,738

Community Hospital of the Monterey Peninsula Retirement Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (Continued)
December 31, 2025

Plan Sponsor: Community Hospital of the Monterey Peninsula
Employer Identification Number: 94-0760193
Plan Number: 001
Schedule H, Line 4(i)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Private equity funds			
	Park ST Cap Private Equity LP	1,624,785 shares	1,624,785	507,578
	Special Situation Partners II LP	1,322,205 shares	1,322,205	945,947
	Pantheon Europe Fund V, "B", LP	1,487,608 shares	1,487,608	219,508
	Pantheon USA Fund VIII, LP	500,291 shares	500,291	714,464
	Harbourvest Ptnrs - Dover St VII LP	244,951 shares	244,951	933
	Harbourvest Intl Private Ptnrs	1,362,273 shares	1,362,273	833,285
	Total private equity funds		6,542,113	3,221,715
	Bond funds			
	PAPS Long Duration Corporate Bond	26,593,338 shares	303,660,696	252,902,648
	PIMCO PAPS Short term Floating Nav	89,864 shares	900,169	900,169
	Total bond funds		304,560,865	253,802,817
	Total investments		$ 741,586,103	$ 678,836,840

* Denotes party-in-interest.

Community Hospital of the Monterey Peninsula Retirement Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended December 31, 2025

Plan Sponsor: Community Hospital of the Monterey Peninsula
Employer Identification Number: 94-0760193
Plan Number: 001
Schedule H, Line 4(j)

(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 (iii) – series of transactions in excess of 5% of Plan assets						
*Principal Bank	Cash Collateral					
	Series of purchases	$ 14,468,000	$ -	$ 14,468,000	$ 14,468,000	$ -
	Series of sales	$ -	$ 17,943,000	$ 17,943,000	$ 17,943,000	$ -
Federal National Mortgage	Bond dated 03/01/26					
Association 30 Yr TBA	Series of purchases	$ 30,937,527	$ -	$ 30,937,527	$ 30,937,527	$ -
	Series of sales	$ -	$ 36,049,657	$ 35,915,387	$ 36,049,657	$ 134,270
Federal National Mortgage	Bond dated 09/01/03					
Association 30 Yr TBA	Series of purchases	$ 19,605,451	$ -	$ 19,605,451	$ 19,605,451	$ -
	Series of sales	$ -	$ 19,582,237	$ 19,605,450	$ 19,582,237	$ (23,213)
Federal National Mortgage	Bond dated 10/15/22					
Association 30 Yr TBA	Series of purchases	$ 13,816,328	$ -	$ 13,816,328	$ 13,816,328	$ -
	Series of sales	$ -	$ 14,053,955	$ 13,816,328	$ 14,053,955	$ 237,627
Federal National Mortgage	Bond dated 01/01/19					
Association 30 Yr TBA	Series of purchases	$ 19,080,887	$ -	$ 19,080,887	$ 19,080,887	$ -
	Series of sales	$ -	$ 19,114,944	$ 19,080,887	$ 19,114,944	$ 34,057
Federal National Mortgage	Bond dated 02/01/19					
Association 30 Yr TBA	Series of purchases	$ 19,098,213	$ -	$ 19,098,213	$ 19,098,213	$ -
	Series of sales	$ -	$ 18,700,635	$ 18,777,888	$ 18,700,635	$ (77,253)
Federal National Mortgage	Bond dated 05/01/26					
Association 30 Yr TBA	Series of purchases	$ 18,873,991	$ -	$ 18,873,991	$ 18,873,991	$ -
	Series of sales	$ -	$ 18,718,377	$ 18,873,991	$ 18,718,377	$ (155,614)

Community Hospital of the Monterey Peninsula Retirement Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2025

Plan Sponsor: Community Hospital of the Monterey Peninsula
Employer Identification Number: 94-0760193
Plan Number: 001
Schedule H, Line 4(j)

(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)
Federal National Mortgage Association 30 Yr TBA	Bond dated 06/01/19					
	Series of purchases	$ 37,483,328	$ -	$ 37,483,328	$ 37,483,328	$ -
	Series of sales	$ -	$ 37,529,532	$ 37,483,328	$ 37,529,532	$ 46,204
Federal National Mortgage Association 30 Yr TBA	Bond dated 07/01/19					
	Series of purchases	$ 18,734,271	$ -	$ 18,734,271	$ 18,734,271	$ -
	Series of sales	$ -	$ 18,842,573	$ 18,734,271	$ 18,842,573	$ 108,302
Federal National Mortgage Association TBA	Bond dated 08/01/19					
	Series of purchases	$ 18,829,636	$ -	$ 18,829,636	$ 18,829,636	$ -
	Series of sales	$ -	$ 18,777,518	$ 18,829,636	$ 18,777,518	$ (52,118)
Federal National Mortgage Association TBA	Bond dated 09/01/19					
	Series of purchases	$ 23,792,051	$ -	$ 23,792,051	$ 23,792,051	$ -
	Series of sales	$ -	$ 24,153,187	$ 23,792,050	$ 24,153,187	$ 361,137
Federal National Mortgage Association TBA	Bond dated 10/01/02					
	Series of purchases	$ 33,163,249	$ -	$ 33,163,249	$ 33,163,249	$ -
	Series of sales	$ -	$ 33,175,157	$ 33,163,249	$ 33,175,157	$ 11,908
Federal National Mortgage Association TBA	Bond dated 01/01/2004					
	Series of purchases	$ 14,104,082	$ -	$ 14,104,082	$ 14,104,082	$ -
	Series of sales	$ -	$ 14,136,084	$ 14,104,082	$ 14,136,084	$ 32,002
Federal National Mortgage Association TBA	Bond dated 03/01/02					
	Series of purchases	$ 18,678,088	$ -	$ 18,678,088	$ 18,678,088	$ -
	Series of sales	$ -	$ 18,934,241	$ 18,678,088	$ 18,934,241	$ 256,153
Federal National Mortgage Association TBA	Bond dated 08/01/03					
	Series of purchases	$ 19,496,563	$ -	$ 19,496,563	$ 19,496,563	$ -
	Series of sales	$ -	$ 19,602,109	$ 19,496,563	$ 19,602,109	$ 105,546

Community Hospital of the Monterey Peninsula Retirement Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2025

Plan Sponsor: Community Hospital of the Monterey Peninsula
Employer Identification Number: 94-0760193
Plan Number: 001
Schedule H, Line 4(j)

(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)
FNMA TBA 30 Yr	Bond dated 01/01/04					
	Series of purchases	$ 14,129,570	$ -	$ 14,129,570	$ 14,129,570	$ -
	Series of sales	$ -	$ 14,161,904	$ 14,129,570	$ 14,161,904	$ 32,334
FNMA TBA 30 Yr	Bond dated 02/01/23					
	Series of purchases	$ 14,151,143	$ -	$ 14,151,143	$ 14,151,143	$ -
	Series of sales	$ -	$ 15,238,590	$ 15,337,281	$ 15,238,590	$ (98,691)
FNMA TBA 30 Yr	Bond dated 04/01/25					
	Series of purchases	$ 29,891,492	$ -	$ 29,891,492	$ 29,891,492	$ -
	Series of sales	$ -	$ 30,080,660	$ 29,891,492	$ 30,080,660	$ 189,168
FNMA TBA 30 Yr	Bond dated 05/01/26					
	Series of purchases	$ 24,665,108	$ -	$ 24,665,108	$ 24,665,108	$ -
	Series of sales	$ -	$ 24,666,356	$ 24,665,108	$ 24,666,356	$ 1,248
FNMA TBA 30 Yr	Bond dated 06/01/25					
	Series of purchases	$ 22,187,156	$ -	$ 22,187,156	$ 22,187,156	$ -
	Series of sales	$ -	$ 22,157,312	$ 22,187,156	$ 22,157,312	$ (29,844)
FNMA TBA 30 Yr	Bond dated 07/01/2023					
	Series of purchases	$ 27,520,548	$ -	$ 27,520,548	$ 27,520,548	$ -
	Series of sales	$ -	$ 27,546,730	$ 27,520,548	$ 27,546,730	$ 26,182
FNMA TBA 30 Yr	Bond dated 11/01/03					
	Series of purchases	$ 14,048,574	$ -	$ 14,048,574	$ 14,048,574	$ -
	Series of sales	$ -	$ 14,112,012	$ 14,048,574	$ 14,112,012	$ 63,438
PAPS	Long Duration Corporate Bond					
	Series of purchases	$ 14,507,502	$ -	$ 14,507,502	$ 14,507,502	$ -
	Series of sales	$ -	$ 15,539,414	$ 19,217,407	$ 15,539,414	$ (3,677,993)

Community Hospital of the Monterey Peninsula Retirement Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2025

Plan Sponsor: Community Hospital of the Monterey Peninsula
Employer Identification Number: 94-0760193
Plan Number: 001
Schedule H, Line 4(j)

(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)
PIMCO PAPS	Short-Term Floating NAV					
	Series of purchases	$ 51,428,905	$ -	$ 51,428,905	$ 51,428,905	$ -
	Series of sales	$ -	$ 51,800,028	$ 51,799,910	$ 51,800,028	$ 118
*Principal	Short-Term Investment Fund S1					
	Series of purchases	$ 100,818,146	$ -	$ 100,818,146	$ 100,818,146	$ -
	Series of sales	$ -	$ 105,086,860	$ 105,086,860	$ 105,086,860	$ -
*Principal	Short-Term Investment Fund S10					
	Series of purchases	$ 114,134,420	$ -	$ 114,134,420	$ 114,134,420	$ -
	Series of sales	$ -	$ 101,575,418	$ 101,575,418	$ 101,575,418	$ -
UMBS Pool TBA	30 Yr GTD Single Family Mortgage					
	Series of purchases	$ 18,919,825	$ -	$ 18,919,825	$ 18,919,825	$ -
	Series of sales	$ -	$ 18,889,516	$ 18,919,825	$ 18,889,516	$ (30,309)
UMBS Pool TBA	30 Yr GTD Single Family Mortgage					
	Series of purchases	$ 19,109,839	$ -	$ 19,109,839	$ 19,109,839	$ -
	Series of sales	$ -	$ 19,154,447	$ 19,109,839	$ 19,154,447	$ 44,608
UMBS Pool TBA	30 Yr GTD Single Family Mortgage					
	Series of purchases	$ 33,187,768	$ -	$ 33,187,768	$ 33,187,768	$ -
	Series of sales	$ -	$ 33,142,126	$ 33,187,768	$ 33,142,126	$ (45,642)
US Treasury	Bond dated 05/15/22					
	Series of purchases	$ 75,566,266	$ -	$ 75,566,266	$ 75,566,266	$ -
	Series of sales	$ -	$ 79,377,003	$ 80,172,901	$ 79,377,003	$ (795,898)
US Treasury	Bond dated 08/15/22					
	Series of purchases	$ 55,208,537	$ -	$ 55,208,537	$ 55,208,537	$ -
	Series of sales	$ -	$ 58,278,194	$ 58,679,756	$ 58,278,194	$ (401,562)

Community Hospital of the Monterey Peninsula Retirement Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2025

Plan Sponsor: Community Hospital of the Monterey Peninsula
Employer Identification Number: 94-0760193
Plan Number: 001
Schedule H, Line 4(j)

(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)
US Treasury	Bond dated 08/15/2024					
	Series of purchases	$ 117,399,494	$ -	$ 117,399,494	$ 117,399,494	$ -
	Series of sales	$ -	$ 117,414,191	$ 117,990,275	$ 117,414,191	$ (576,084)
US Treasury	Bond dated 02/15/2025					
	Series of purchases	$ 44,736,748	$ -	$ 44,736,748	$ 44,736,748	$ -
	Series of sales	$ -	$ 44,153,768	$ 44,236,891	$ 44,153,768	$ (83,123)
US Treasury	Bond dated 05/15/2025					
	Series of purchases	$ 26,197,545	$ -	$ 26,197,545	$ 26,197,545	$ -
	Series of sales	$ -	$ 24,339,721	$ 24,208,166	$ 24,339,721	$ 131,555
US Treasury	Bond dated 08/15/2025					
	Series of purchases	$ 41,774,795	$ -	$ 41,774,795	$ 41,774,795	$ -
	Series of sales	$ -	$ 35,422,285	$ 35,656,637	$ 35,422,285	$ (234,352)
US Treasury	Bond dated 08/15/2025					
	Series of purchases	$ 61,044,886	$ -	$ 61,044,886	$ 61,044,886	$ -
	Series of sales	$ -	$ 58,265,226	$ 58,272,812	$ 58,265,226	$ (7,586)
US Treasury	Bond dated 02/15/2025					
	Series of purchases	$ 26,893,997	$ -	$ 26,894,030	$ 26,893,997	$ (33)
	Series of sales	$ -	$ 26,839,483	$ 26,894,030	$ 26,839,483	$ (54,547)
US Treasury	Bond dated 08/15/2025					
	Series of purchases	$ 90,136,598	$ -	$ 90,136,598	$ 90,136,598	$ -
	Series of sales	$ -	$ 89,851,592	$ 89,812,945	$ 89,851,592	$ 38,647
US Treasury	Bond dated 11/30/20					
	Series of purchases	$ 16,408,952	$ -	$ 16,408,952	$ 16,408,952	$ -
	Series of sales	$ -	$ 21,206,177	$ 21,094,185	$ 21,206,177	$ 111,992

Community Hospital of the Monterey Peninsula Retirement Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2025

Plan Sponsor: Community Hospital of the Monterey Peninsula
Employer Identification Number: 94-0760193
Plan Number: 001
Schedule H, Line 4(j)

(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)
US Treasury	Bond dated 03/01/21					
	Series of purchases	$ 184,741,771	$ -	$ 184,741,771	$ 184,741,771	$ -
	Series of sales	$ -	$ 188,984,401	$ 189,661,315	$ 188,984,401	$ (676,914)
US Treasury	Bond dated 08/31/21					
	Series of purchases	$ 44,212,552	$ -	$ 44,212,552	$ 44,212,552	$ -
	Series of sales	$ -	$ 44,172,007	$ 44,433,365	$ 44,172,007	$ (261,358)

There were no Category (i), (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.

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.

SCHEDULE SB ATTACHMENTS

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

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	5	1	7	10	0	0	0	0	0	23
40-44	0	10	7	13	42	19	0	0	0	0	91
45-49	0	4	3	8	48	43	13	0	0	0	119
50-54	0	8	6	7	43	59	25	7	2	0	157
55-59	0	6	4	4	33	65	33	27	9	2	183
60-64	0	3	3	5	18	44	32	22	17	2	146
65-69	0	0	1	2	14	11	7	6	5	2	48
70 & over	0	1	0	0	1	3	4	1	3	0	13
Total	0	37	25	46	209	244	114	63	36	6	780

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

Plan Name: Community Hospital of the Monterey Peninsula Retirement Plan
EIN / PN: 94-0760193/001
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

94-0760193/001

Interest rate basis:	
Applicable month	September
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	**5.07%**	**5.07%**
Second segment rate/20-year rate	**5.31%**	**5.33%**
Third segment rate/30-year rate	**5.50%**	**5.36%**
Effective interest rate	**5.38%**	**5.33%**

Assumed Annual Variable Benefit Increases

0.000%

Expected Return on Assets

5.50% gross return in 2025 and 4.50% in 2024.

Inclusion Date

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

Plan Name:	Community Hospital of the Monterey Peninsula Retirement Plan
EIN / PN:	94-0760193/001
Plan Sponsor:	Community Hospital of the Monterey Peninsula
Valuation Date:	January 1, 2025

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.

Attained Age	Percentage terminating during the year
<=29	15.0%
30-39	4.0%
40-54	3.0%
55-59	7.0%
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	5.0%
56	5.0%
57	5.0%
58	8.0%
59	8.0%
60	8.0%
61	8.0%
62	15.0%
63	15.0%
64	15.0%
65	30.0%
66	30.0%
67	30.0%
68	30.0%
69	30.0%
70+	100.0%

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

SCHEDULE SB ATTACHMENTS

Disability Rates

None.

Disabled Mortality

Not Applicable.

Form of Payment

30% of participants who terminate employment on or after the valuation date will elect the lump sum option

Remaining participants will elect an annuity form as follows:

- Single participants will elect a 10-year certain and life annuity
- 50% of married participants will elect a 50% joint and survivor annuity
- 50% of married participants will elect a 100% joint and survivor annuity

Marriage

For purposes of valuing the pre-retirement surviving spouse's benefit, 70% of male and 60% of female eligible participants are assumed to be married and female spouses are assumed to be 2 years younger than male spouses.

Commencement Age for Deferred Vested Participants

Age 65 for all participants.

Employees

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

Compensation Increases

For purposes of determining the target normal cost, compensation is assumed to increase by 3.500%.

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.

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

$2,500,000

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

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.

Plan Name:	Community Hospital of the Monterey Peninsula Retirement Plan
EIN / PN:	94-0760193/001
Plan Sponsor:	Community Hospital of the Monterey Peninsula
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

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.

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. Willis Towers Watson has reviewed the plan provisions with Community Hospital of the Monterey Peninsula 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)
- changes in plan provisions or applicable law
- significant events since last actuarial valuation

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 Retirement Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended December 31, 2025

Plan Sponsor: Community Hospital of the Monterey Peninsula
Employer Identification Number: 94-0760193
Plan Number: 001
Schedule H, Line 4(j)

(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 (iii) – series of transactions in excess of 5% of Plan assets						
*Principal Bank	Cash Collateral					
	Series of purchases	$ 14,468,000	$ -	$ 14,468,000	$ 14,468,000	$ -
	Series of sales	$ -	$ 17,943,000	$ 17,943,000	$ 17,943,000	$ -
Federal National Mortgage	Bond dated 03/01/26					
Association 30 Yr TBA	Series of purchases	$ 30,937,527	$ -	$ 30,937,527	$ 30,937,527	$ -
	Series of sales	$ -	$ 36,049,657	$ 35,915,387	$ 36,049,657	$ 134,270
Federal National Mortgage	Bond dated 09/01/03					
Association 30 Yr TBA	Series of purchases	$ 19,605,451	$ -	$ 19,605,451	$ 19,605,451	$ -
	Series of sales	$ -	$ 19,582,237	$ 19,605,450	$ 19,582,237	$ (23,213)
Federal National Mortgage	Bond dated 10/15/22					
Association 30 Yr TBA	Series of purchases	$ 13,816,328	$ -	$ 13,816,328	$ 13,816,328	$ -
	Series of sales	$ -	$ 14,053,955	$ 13,816,328	$ 14,053,955	$ 237,627
Federal National Mortgage	Bond dated 01/01/19					
Association 30 Yr TBA	Series of purchases	$ 19,080,887	$ -	$ 19,080,887	$ 19,080,887	$ -
	Series of sales	$ -	$ 19,114,944	$ 19,080,887	$ 19,114,944	$ 34,057
Federal National Mortgage	Bond dated 02/01/19					
Association 30 Yr TBA	Series of purchases	$ 19,098,213	$ -	$ 19,098,213	$ 19,098,213	$ -
	Series of sales	$ -	$ 18,700,635	$ 18,777,888	$ 18,700,635	$ (77,253)
Federal National Mortgage	Bond dated 05/01/26					
Association 30 Yr TBA	Series of purchases	$ 18,873,991	$ -	$ 18,873,991	$ 18,873,991	$ -
	Series of sales	$ -	$ 18,718,377	$ 18,873,991	$ 18,718,377	$ (155,614)

Community Hospital of the Monterey Peninsula Retirement Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2025

Plan Sponsor: Community Hospital of the Monterey Peninsula
Employer Identification Number: 94-0760193
Plan Number: 001
Schedule H, Line 4(j)

(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)
Federal National Mortgage Association 30 Yr TBA	Bond dated 06/01/19					
	Series of purchases	$ 37,483,328	$ -	$ 37,483,328	$ 37,483,328	$ -
	Series of sales	$ -	$ 37,529,532	$ 37,483,328	$ 37,529,532	$ 46,204
Federal National Mortgage Association 30 Yr TBA	Bond dated 07/01/19					
	Series of purchases	$ 18,734,271	$ -	$ 18,734,271	$ 18,734,271	$ -
	Series of sales	$ -	$ 18,842,573	$ 18,734,271	$ 18,842,573	$ 108,302
Federal National Mortgage Association TBA	Bond dated 08/01/19					
	Series of purchases	$ 18,829,636	$ -	$ 18,829,636	$ 18,829,636	$ -
	Series of sales	$ -	$ 18,777,518	$ 18,829,636	$ 18,777,518	$ (52,118)
Federal National Mortgage Association TBA	Bond dated 09/01/19					
	Series of purchases	$ 23,792,051	$ -	$ 23,792,051	$ 23,792,051	$ -
	Series of sales	$ -	$ 24,153,187	$ 23,792,050	$ 24,153,187	$ 361,137
Federal National Mortgage Association TBA	Bond dated 10/01/02					
	Series of purchases	$ 33,163,249	$ -	$ 33,163,249	$ 33,163,249	$ -
	Series of sales	$ -	$ 33,175,157	$ 33,163,249	$ 33,175,157	$ 11,908
Federal National Mortgage Association TBA	Bond dated 01/01/2004					
	Series of purchases	$ 14,104,082	$ -	$ 14,104,082	$ 14,104,082	$ -
	Series of sales	$ -	$ 14,136,084	$ 14,104,082	$ 14,136,084	$ 32,002
Federal National Mortgage Association TBA	Bond dated 03/01/02					
	Series of purchases	$ 18,678,088	$ -	$ 18,678,088	$ 18,678,088	$ -
	Series of sales	$ -	$ 18,934,241	$ 18,678,088	$ 18,934,241	$ 256,153
Federal National Mortgage Association TBA	Bond dated 08/01/03					
	Series of purchases	$ 19,496,563	$ -	$ 19,496,563	$ 19,496,563	$ -
	Series of sales	$ -	$ 19,602,109	$ 19,496,563	$ 19,602,109	$ 105,546

Community Hospital of the Monterey Peninsula Retirement Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2025

Plan Sponsor: Community Hospital of the Monterey Peninsula
Employer Identification Number: 94-0760193
Plan Number: 001
Schedule H, Line 4(j)

(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)
FNMA TBA 30 Yr	Bond dated 01/01/04					
	Series of purchases	$ 14,129,570	$ -	$ 14,129,570	$ 14,129,570	$ -
	Series of sales	$ -	$ 14,161,904	$ 14,129,570	$ 14,161,904	$ 32,334
FNMA TBA 30 Yr	Bond dated 02/01/23					
	Series of purchases	$ 14,151,143	$ -	$ 14,151,143	$ 14,151,143	$ -
	Series of sales	$ -	$ 15,238,590	$ 15,337,281	$ 15,238,590	$ (98,691)
FNMA TBA 30 Yr	Bond dated 04/01/25					
	Series of purchases	$ 29,891,492	$ -	$ 29,891,492	$ 29,891,492	$ -
	Series of sales	$ -	$ 30,080,660	$ 29,891,492	$ 30,080,660	$ 189,168
FNMA TBA 30 Yr	Bond dated 05/01/26					
	Series of purchases	$ 24,665,108	$ -	$ 24,665,108	$ 24,665,108	$ -
	Series of sales	$ -	$ 24,666,356	$ 24,665,108	$ 24,666,356	$ 1,248
FNMA TBA 30 Yr	Bond dated 06/01/25					
	Series of purchases	$ 22,187,156	$ -	$ 22,187,156	$ 22,187,156	$ -
	Series of sales	$ -	$ 22,157,312	$ 22,187,156	$ 22,157,312	$ (29,844)
FNMA TBA 30 Yr	Bond dated 07/01/2023					
	Series of purchases	$ 27,520,548	$ -	$ 27,520,548	$ 27,520,548	$ -
	Series of sales	$ -	$ 27,546,730	$ 27,520,548	$ 27,546,730	$ 26,182
FNMA TBA 30 Yr	Bond dated 11/01/03					
	Series of purchases	$ 14,048,574	$ -	$ 14,048,574	$ 14,048,574	$ -
	Series of sales	$ -	$ 14,112,012	$ 14,048,574	$ 14,112,012	$ 63,438
PAPS	Long Duration Corporate Bond					
	Series of purchases	$ 14,507,502	$ -	$ 14,507,502	$ 14,507,502	$ -
	Series of sales	$ -	$ 15,539,414	$ 19,217,407	$ 15,539,414	$ (3,677,993)

Community Hospital of the Monterey Peninsula Retirement Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2025

Plan Sponsor: Community Hospital of the Monterey Peninsula
Employer Identification Number: 94-0760193
Plan Number: 001
Schedule H, Line 4(j)

(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)
PIMCO PAPS	Short-Term Floating NAV					
	Series of purchases	$ 51,428,905	$ -	$ 51,428,905	$ 51,428,905	$ -
	Series of sales	$ -	$ 51,800,028	$ 51,799,910	$ 51,800,028	$ 118
*Principal	Short-Term Investment Fund S1					
	Series of purchases	$ 100,818,146	$ -	$ 100,818,146	$ 100,818,146	$ -
	Series of sales	$ -	$ 105,086,860	$ 105,086,860	$ 105,086,860	$ -
*Principal	Short-Term Investment Fund S10					
	Series of purchases	$ 114,134,420	$ -	$ 114,134,420	$ 114,134,420	$ -
	Series of sales	$ -	$ 101,575,418	$ 101,575,418	$ 101,575,418	$ -
UMBS Pool TBA	30 Yr GTD Single Family Mortgage					
	Series of purchases	$ 18,919,825	$ -	$ 18,919,825	$ 18,919,825	$ -
	Series of sales	$ -	$ 18,889,516	$ 18,919,825	$ 18,889,516	$ (30,309)
UMBS Pool TBA	30 Yr GTD Single Family Mortgage					
	Series of purchases	$ 19,109,839	$ -	$ 19,109,839	$ 19,109,839	$ -
	Series of sales	$ -	$ 19,154,447	$ 19,109,839	$ 19,154,447	$ 44,608
UMBS Pool TBA	30 Yr GTD Single Family Mortgage					
	Series of purchases	$ 33,187,768	$ -	$ 33,187,768	$ 33,187,768	$ -
	Series of sales	$ -	$ 33,142,126	$ 33,187,768	$ 33,142,126	$ (45,642)
US Treasury	Bond dated 05/15/22					
	Series of purchases	$ 75,566,266	$ -	$ 75,566,266	$ 75,566,266	$ -
	Series of sales	$ -	$ 79,377,003	$ 80,172,901	$ 79,377,003	$ (795,898)
US Treasury	Bond dated 08/15/22					
	Series of purchases	$ 55,208,537	$ -	$ 55,208,537	$ 55,208,537	$ -
	Series of sales	$ -	$ 58,278,194	$ 58,679,756	$ 58,278,194	$ (401,562)

Community Hospital of the Monterey Peninsula Retirement Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2025

Plan Sponsor: Community Hospital of the Monterey Peninsula
Employer Identification Number: 94-0760193
Plan Number: 001
Schedule H, Line 4(j)

(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)
US Treasury	Bond dated 08/15/2024					
	Series of purchases	$ 117,399,494	$ -	$ 117,399,494	$ 117,399,494	$ -
	Series of sales	$ -	$ 117,414,191	$ 117,990,275	$ 117,414,191	$ (576,084)
US Treasury	Bond dated 02/15/2025					
	Series of purchases	$ 44,736,748	$ -	$ 44,736,748	$ 44,736,748	$ -
	Series of sales	$ -	$ 44,153,768	$ 44,236,891	$ 44,153,768	$ (83,123)
US Treasury	Bond dated 05/15/2025					
	Series of purchases	$ 26,197,545	$ -	$ 26,197,545	$ 26,197,545	$ -
	Series of sales	$ -	$ 24,339,721	$ 24,208,166	$ 24,339,721	$ 131,555
US Treasury	Bond dated 08/15/2025					
	Series of purchases	$ 41,774,795	$ -	$ 41,774,795	$ 41,774,795	$ -
	Series of sales	$ -	$ 35,422,285	$ 35,656,637	$ 35,422,285	$ (234,352)
US Treasury	Bond dated 08/15/2025					
	Series of purchases	$ 61,044,886	$ -	$ 61,044,886	$ 61,044,886	$ -
	Series of sales	$ -	$ 58,265,226	$ 58,272,812	$ 58,265,226	$ (7,586)
US Treasury	Bond dated 02/15/2025					
	Series of purchases	$ 26,893,997	$ -	$ 26,894,030	$ 26,893,997	$ (33)
	Series of sales	$ -	$ 26,839,483	$ 26,894,030	$ 26,839,483	$ (54,547)
US Treasury	Bond dated 08/15/2025					
	Series of purchases	$ 90,136,598	$ -	$ 90,136,598	$ 90,136,598	$ -
	Series of sales	$ -	$ 89,851,592	$ 89,812,945	$ 89,851,592	$ 38,647
US Treasury	Bond dated 11/30/20					
	Series of purchases	$ 16,408,952	$ -	$ 16,408,952	$ 16,408,952	$ -
	Series of sales	$ -	$ 21,206,177	$ 21,094,185	$ 21,206,177	$ 111,992

Community Hospital of the Monterey Peninsula Retirement Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions (Continued)
Year Ended December 31, 2025

Plan Sponsor: Community Hospital of the Monterey Peninsula
Employer Identification Number: 94-0760193
Plan Number: 001
Schedule H, Line 4(j)

(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)
US Treasury	Bond dated 03/01/21					
	Series of purchases	$ 184,741,771	$ -	$ 184,741,771	$ 184,741,771	$ -
	Series of sales	$ -	$ 188,984,401	$ 189,661,315	$ 188,984,401	$ (676,914)
US Treasury	Bond dated 08/31/21					
	Series of purchases	$ 44,212,552	$ -	$ 44,212,552	$ 44,212,552	$ -
	Series of sales	$ -	$ 44,172,007	$ 44,433,365	$ 44,172,007	$ (261,358)

There were no Category (i), (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 RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
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**	553,339,043
b Actuarial value	**2b**	560,541,923

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	1,275	316,979,268	316,979,268
b For terminated vested participants	313	35,801,437	35,801,437
c For active participants	780	232,490,472	232,733,328
d Total	2,368	585,271,177	585,514,033

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**	11,725,481
b Expected plan-related expenses	**6b**	2,500,000
c Target normal cost	**6c**	14,225,481

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 0.22 %	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)		20,977,048
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.17 %		1,084,513
	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		22,061,561
	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	95.73 %
15	Adjusted funding target attainment percentage	15	95.73 %
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	105.68 %
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
01/30/2025	3,000,000	0			
04/18/2025	1,000,000	0			
04/28/2025	4,550,000	0			
06/20/2025	1,000,000	0			
09/10/2025	1,500,000	0			
12/22/2025	4,120,000	0			
12/31/2025	4,120,000	0			
06/22/2026	1,163,278	0			
06/30/2026	2,695,584	0			
			Totals ► 18(b)	23,148,862	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	22,261,322

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	66

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**	14,225,481
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	24,972,110	2,328,411
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**	16,553,892

	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**	16,553,892
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	22,261,322

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

a Total (excess, if any, of line 37 over line 36)	**38a**	5,707,430
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 Retirement Plan
EIN / PN:	94-0760193/001
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

94-0760193/001

Interest rate basis:	
Applicable month	September
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	**5.07%**	**5.07%**
Second segment rate/20-year rate	**5.31%**	**5.33%**
Third segment rate/30-year rate	**5.50%**	**5.36%**
Effective interest rate	**5.38%**	**5.33%**

Assumed Annual Variable Benefit Increases

0.000%

Expected Return on Assets

5.50% gross return in 2025 and 4.50% in 2024.

Inclusion Date

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

Plan Name:	Community Hospital of the Monterey Peninsula Retirement Plan
EIN / PN:	94-0760193/001
Plan Sponsor:	Community Hospital of the Monterey Peninsula
Valuation Date:	January 1, 2025

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.

Attained Age	Percentage terminating during the year
<=29	15.0%
30-39	4.0%
40-54	3.0%
55-59	7.0%
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	5.0%
56	5.0%
57	5.0%
58	8.0%
59	8.0%
60	8.0%
61	8.0%
62	15.0%
63	15.0%
64	15.0%
65	30.0%
66	30.0%
67	30.0%
68	30.0%
69	30.0%
70+	100.0%

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

SCHEDULE SB ATTACHMENTS

Disability Rates

None.

Disabled Mortality

Not Applicable.

Form of Payment

30% of participants who terminate employment on or after the valuation date will elect the lump sum option

Remaining participants will elect an annuity form as follows:

- Single participants will elect a 10-year certain and life annuity
- 50% of married participants will elect a 50% joint and survivor annuity
- 50% of married participants will elect a 100% joint and survivor annuity

Marriage

For purposes of valuing the pre-retirement surviving spouse's benefit, 70% of male and 60% of female eligible participants are assumed to be married and female spouses are assumed to be 2 years younger than male spouses.

Commencement Age for Deferred Vested Participants

Age 65 for all participants.

Employees

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

Compensation Increases

For purposes of determining the target normal cost, compensation is assumed to increase by 3.500%.

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.

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

$2,500,000

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

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.

Plan Name:	Community Hospital of the Monterey Peninsula Retirement Plan
EIN / PN:	94-0760193/001
Plan Sponsor:	Community Hospital of the Monterey Peninsula
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

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.

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. Willis Towers Watson has reviewed the plan provisions with Community Hospital of the Monterey Peninsula 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)
- changes in plan provisions or applicable law
- significant events since last actuarial valuation

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 Retirement Plan

Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1967. The plan has been subsequently amended and restated. The last restatement is effective January 1, 2019. The last plan amendment is Plan Amendment Number Seven effective January 1, 2024.

Plan Year

The twelve-month period ending December 31.

Coverage and Participation

All employees are eligible to participate under 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,

(ii) an Employee whose compensation and conditions of employment are established by the terms of a collective bargaining agreement to which the Employer is a party and which does not specifically provide for coverage of such Employee under the Plan,

(iii) Employees who are leased Employees.

(iv) any Employee who is hired or rehired on or after January 1, 2012,

(v) any Employee of the Employer who has chosen effective January 1, 2012 to become a participant of the Cash Balance Plan, and

(vi) 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 Retirement Plan
EIN / PN:	94-0760193/001
Plan Sponsor:	Community Hospital of the Monterey Peninsula
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Vesting Service

The participant's number of years of service in which credited service is at least 1,000 hours.

Credited Service

Service from date of hire to date of termination, based on the number of hours worked during each calendar year. Employees must be paid for at least 1,000 hours or terminate employment with a vested benefit to earn credited service during a calendar.

Final Average Compensation/Salary

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:

Hired prior to August 1, 1991: Age 65.

Hired on or after August 1, 1991: Later of age 65 or fifth anniversary of participation.

Monthly Benefit:

Variable Benefit:

Service through December 31, 1976 - 1.25% of average monthly compensation for each year from 1974 to 1976, times years of Credited Service through December 31, 1976.

Service from January 1, 1977 through December 31, 1988 - 1.25% of monthly compensation per year of Credited Service.

Service after January 1, 1989 - 1.667% of monthly compensation per year of Credited Service.

Supplemental Benefit:

Is the greater of:

a. 0.8% of average monthly compensation in excess of $550 for each year from 1974 to 1976, times years of Credited Service through December 31, 1976.

Plus

0.8% of monthly compensation in excess of $550 for each year of Credited Service from 1977 to 1988;

a. $10 per year of Credited Service through December 31, 1988;

b. 0.6% of average monthly compensation from 1986 to 1988, in excess of $550, times years of Credited Service through December 31, 1988.

No Supplemental Benefits will accrue after December 31, 1988.

Normal Form of Benefit:

Qualified joint and survivor benefit with 50% continuance to surviving spouse for married participants and life income with ten years guaranteed for single participants.

Late Retirement

Those who commence benefit payments after Normal Retirement Age will receive the larger of:

i. The normal retirement benefit calculated using credited service and monthly compensation through the late retirement date

and

i. Their benefit as of Normal Retirement Age actuarially increased to the late retirement date.

Accrued Benefit

The participant's accrued benefit is equal to the sum of the Variable Benefit and the Supplemental Benefit defined above.

SCHEDULE SB ATTACHMENTS

Early Retirement Benefit

Hired Prior to January 1, 1990:

Eligibility: Age 55 and 10 years of Vesting Service.

Monthly Benefit: Benefit Variable Accrued Benefit plus Supplemental Accrued Benefit as of early retirement date multiplied by an early retirement factor (listed below) due to earlier commencement of payments.

Age	Variable Benefits Factor	Supplemental Benefits Factor
65	100.0%	100.0%
64	98.0%	93.3%
63	96.0%	86.7%
62	94.0%	80.0%
61	92.0%	73.3%
60	90.0%	66.7%
59	86.7%	63.3%
58	83.3%	60.0%
57	80.0%	56.7%
56	76.7%	53.3%
55	73.3%	50.0%

Hired after December 31, 1989:

Eligibility: Age 62 and 10 years of Vesting Service.

Monthly Benefit: Variable Accrued Benefit as of early retirement date multiplied by an early retirement factor (listed below) due to earlier commencement of payments.

Age	Factor
65	100.0%
64	93.3%
63	86.7%
62	80.0%

Disability Benefit

Eligibility: Total and permanent disability of participant; 10 years of Vesting Service.

Monthly Benefit: The Participant's Accrued Benefit, reduced for early commencement in same manner as for employees hired prior to January 1, 1990; actuarial reduction at ages less than 55.

SCHEDULE SB ATTACHMENTS

Vested Benefits upon Termination of Service

Vesting: A participant is 100% vested upon completion of 5 years of Vesting Service. However, all participants become 100% vested upon reaching their normal retirement date.

Termination Benefit: The termination benefit is equal to the vested accrued benefit, payable in the normal form, commencing at normal retirement date. Optionally, the participant may elect to receive a benefit commencing prior to normal retirement date reduced as described under early retirement.

Death Benefits for Participants in Active Service

Eligibility: 5 years of Vesting Service.

Monthly Benefit:

Married:

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

Unmarried:

Eligible to Retire - The beneficiary will receive a monthly annuity for 10 years, commencing immediately, equal to the benefit the participant would have received if immediate retirement had been elected.

Not Yet Eligible to Retire - The beneficiary will receive a monthly annuity for 5 years, commencing on the earliest date the participant would have been eligible to retire, equal to the benefit the participant would have received if retirement had occurred on that date.

Note:

(1) If a surviving spouse or beneficiary is entitled to benefits under more than one of the above provisions, the one with the greater value applies.

(2) A surviving spouse or beneficiary has certain options as to the timing and form of benefit.

Optional Forms of Retirement Income in Lieu of Normal Form

The plan provides other qualified joint and survivor annuity optional payment forms for married participants. No other optional forms are allowed. A one-time lump sum option was introduced, available only within 180 days after a vested Participant's termination from the Hospital. The lump sum amount will be equal to the actuarial equivalent of the single life annuity payable at normal retirement age, and will not include the value of any applicable early retirement subsidies, future variable benefit increases or form of payment subsidies.

SCHEDULE SB ATTACHMENTS

Variable Benefit Adjustments

The variable benefit increase is determined annually.

The variable benefit increase is equal to the ratio of (i) two-thirds of the average asset return in excess of 6% for the prior 5 years to (ii) the value of all benefits eligible to receive a variable increase. The minimum variable increase is 0%; that is, benefits will be increased. There is no maximum variable increase.

Adjustments apply to most active and all retired participants and on varying bases to terminated vested participants depending upon age, years of vesting service, and hire date.

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.

Future plan changes

No future plan changes were recognized in determining pension cost or 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 Five effective January 1, 2025.

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

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

SCHEDULE SB ATTACHMENTS

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

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	5	1	7	10	0	0	0	0	0	23
40-44	0	10	7	13	42	19	0	0	0	0	91
45-49	0	4	3	8	48	43	13	0	0	0	119
50-54	0	8	6	7	43	59	25	7	2	0	157
55-59	0	6	4	4	33	65	33	27	9	2	183
60-64	0	3	3	5	18	44	32	22	17	2	146
65-69	0	0	1	2	14	11	7	6	5	2	48
70 & over	0	1	0	0	1	3	4	1	3	0	13
Total	0	37	25	46	209	244	114	63	36	6	780

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

Plan Name: Community Hospital of the Monterey Peninsula Retirement Plan
EIN / PN: 94-0760193/001
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	1,177,455	289,695	30,558,287	32,025,437
2026	3,293,054	693,823	29,973,810	33,960,687
2027	4,967,558	897,404	29,313,446	35,178,408
2028	6,476,135	1,179,116	28,636,410	36,291,661
2029	8,037,805	1,455,431	27,907,480	37,400,716
2030	9,634,597	1,662,481	27,081,166	38,378,244
2031	11,196,427	1,826,261	26,192,098	39,214,786
2032	12,693,370	2,029,296	25,283,784	40,006,450
2033	14,108,017	2,256,313	24,297,268	40,661,598
2034	15,457,719	2,407,850	23,157,638	41,023,207
2035	16,616,710	2,545,876	22,002,695	41,165,281
2036	17,667,475	2,704,866	20,927,395	41,299,736
2037	18,659,930	2,844,274	19,819,074	41,323,278
2038	19,554,797	2,918,227	18,677,862	41,150,886
2039	20,227,696	2,985,001	17,509,725	40,722,422
2040	20,733,862	3,072,187	16,321,881	40,127,930
2041	21,204,114	3,159,030	15,122,863	39,486,007
2042	21,500,553	3,181,504	13,922,284	38,604,341
2043	21,745,248	3,202,014	12,730,420	37,677,682
2044	21,871,229	3,206,038	11,557,902	36,635,169
2045	21,871,241	3,187,547	10,415,169	35,473,957
2046	21,818,993	3,165,899	9,312,200	34,297,092
2047	21,663,942	3,139,635	8,258,189	33,061,766
2048	21,348,713	3,092,206	7,261,376	31,702,295
2049	20,889,969	3,026,253	6,328,919	30,245,141
2050	20,352,383	2,957,951	5,466,441	28,776,775
2051	19,721,986	2,854,272	4,677,944	27,254,202
2052	18,939,196	2,737,691	3,965,667	25,642,554
2053	18,053,753	2,611,778	3,330,086	23,995,617
2054	17,119,382	2,477,928	2,769,984	22,367,294
2055	16,157,070	2,340,724	2,282,613	20,780,407
2056	15,171,424	2,197,534	1,863,915	19,232,873
2057	14,171,099	2,052,187	1,508,782	17,732,068
2058	13,172,397	1,907,234	1,211,381	16,291,012
2059	12,186,428	1,763,972	965,434	14,915,834
2060	11,218,533	1,622,147	764,489	13,605,169
2061	10,275,352	1,485,129	602,157	12,362,638
2062	9,366,507	1,359,517	472,388	11,198,412
2063	8,495,852	1,239,159	369,606	10,104,617
2064	7,666,081	1,118,276	288,828	9,073,185
2065	6,880,061	1,003,849	225,728	8,109,638
2066	6,140,380	896,429	176,627	7,213,436
2067	5,449,072	796,181	138,473	6,383,726
2068	4,806,675	703,256	108,802	5,618,733

Plan Name: Community Hospital of the Monterey Peninsula Retirement Plan
EIN / PN: 94-0760193/001
Plan Sponsor: Community Hospital of the Monterey Peninsula
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

2069	4,213,176	617,675	85,661	4,916,512
2070	3,668,135	539,365	67,531	4,275,031
2071	3,170,691	468,173	53,251	3,692,115
2072	2,719,628	403,536	41,946	3,165,110
2073	2,313,458	345,444	32,958	2,691,860
2074	1,950,450	293,992	25,795	2,270,237

SCHEDULE SB ATTACHMENTS

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

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2025	24,972,110	15.00000	24,972,110	2,328,411
Total				24,972,110	2,328,411

Plan Name: Community Hospital of the Monterey Peninsula Retirement Plan
EIN / PN: 94-0760193/001
Plan Sponsor: Community Hospital of the Monterey Peninsula
Valuation Date: January 1, 2025

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 Retirement Plan
EIN / PN:	94-0760193/001
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

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2025	1,177,455	289,695	30,558,287	32,025,437
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2048	21,348,713	3,092,206	7,261,376	31,702,295
2049	20,889,969	3,026,253	6,328,919	30,245,141
2050	20,352,383	2,957,951	5,466,441	28,776,775
2051	19,721,986	2,854,272	4,677,944	27,254,202
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2067	5,449,072	796,181	138,473	6,383,726
2068	4,806,675	703,256	108,802	5,618,733

Plan Name: Community Hospital of the Monterey Peninsula Retirement Plan
EIN / PN: 94-0760193/001
Plan Sponsor: Community Hospital of the Monterey Peninsula
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

2069	4,213,176	617,675	85,661	4,916,512
2070	3,668,135	539,365	67,531	4,275,031
2071	3,170,691	468,173	53,251	3,692,115
2072	2,719,628	403,536	41,946	3,165,110
2073	2,313,458	345,444	32,958	2,691,860
2074	1,950,450	293,992	25,795	2,270,237

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 Retirement Plan

Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1967. The plan has been subsequently amended and restated. The last restatement is effective January 1, 2019. The last plan amendment is Plan Amendment Number Seven effective January 1, 2024.

Plan Year

The twelve-month period ending December 31.

Coverage and Participation

All employees are eligible to participate under 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,

(ii) an Employee whose compensation and conditions of employment are established by the terms of a collective bargaining agreement to which the Employer is a party and which does not specifically provide for coverage of such Employee under the Plan,

(iii) Employees who are leased Employees.

(iv) any Employee who is hired or rehired on or after January 1, 2012,

(v) any Employee of the Employer who has chosen effective January 1, 2012 to become a participant of the Cash Balance Plan, and

(vi) 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 Retirement Plan
EIN / PN:	94-0760193/001
Plan Sponsor:	Community Hospital of the Monterey Peninsula
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Vesting Service

The participant's number of years of service in which credited service is at least 1,000 hours.

Credited Service

Service from date of hire to date of termination, based on the number of hours worked during each calendar year. Employees must be paid for at least 1,000 hours or terminate employment with a vested benefit to earn credited service during a calendar.

Final Average Compensation/Salary

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:

Hired prior to August 1, 1991: Age 65.

Hired on or after August 1, 1991: Later of age 65 or fifth anniversary of participation.

Monthly Benefit:

Variable Benefit:

Service through December 31, 1976 - 1.25% of average monthly compensation for each year from 1974 to 1976, times years of Credited Service through December 31, 1976.

Service from January 1, 1977 through December 31, 1988 - 1.25% of monthly compensation per year of Credited Service.

Service after January 1, 1989 - 1.667% of monthly compensation per year of Credited Service.

Supplemental Benefit:

Is the greater of:

a. 0.8% of average monthly compensation in excess of $550 for each year from 1974 to 1976, times years of Credited Service through December 31, 1976.

Plus

0.8% of monthly compensation in excess of $550 for each year of Credited Service from 1977 to 1988;

a. $10 per year of Credited Service through December 31, 1988;

b. 0.6% of average monthly compensation from 1986 to 1988, in excess of $550, times years of Credited Service through December 31, 1988.

No Supplemental Benefits will accrue after December 31, 1988.

Normal Form of Benefit:

Qualified joint and survivor benefit with 50% continuance to surviving spouse for married participants and life income with ten years guaranteed for single participants.

Late Retirement

Those who commence benefit payments after Normal Retirement Age will receive the larger of:

i. The normal retirement benefit calculated using credited service and monthly compensation through the late retirement date

and

i. Their benefit as of Normal Retirement Age actuarially increased to the late retirement date.

Accrued Benefit

The participant's accrued benefit is equal to the sum of the Variable Benefit and the Supplemental Benefit defined above.

SCHEDULE SB ATTACHMENTS

Early Retirement Benefit

Hired Prior to January 1, 1990:

Eligibility: Age 55 and 10 years of Vesting Service.

Monthly Benefit: Benefit Variable Accrued Benefit plus Supplemental Accrued Benefit as of early retirement date multiplied by an early retirement factor (listed below) due to earlier commencement of payments.

Age	Variable Benefits Factor	Supplemental Benefits Factor
65	100.0%	100.0%
64	98.0%	93.3%
63	96.0%	86.7%
62	94.0%	80.0%
61	92.0%	73.3%
60	90.0%	66.7%
59	86.7%	63.3%
58	83.3%	60.0%
57	80.0%	56.7%
56	76.7%	53.3%
55	73.3%	50.0%

Hired after December 31, 1989:

Eligibility: Age 62 and 10 years of Vesting Service.

Monthly Benefit: Variable Accrued Benefit as of early retirement date multiplied by an early retirement factor (listed below) due to earlier commencement of payments.

Age	Factor
65	100.0%
64	93.3%
63	86.7%
62	80.0%

Disability Benefit

Eligibility: Total and permanent disability of participant; 10 years of Vesting Service.

Monthly Benefit: The Participant's Accrued Benefit, reduced for early commencement in same manner as for employees hired prior to January 1, 1990; actuarial reduction at ages less than 55.

SCHEDULE SB ATTACHMENTS

Vested Benefits upon Termination of Service

Vesting: A participant is 100% vested upon completion of 5 years of Vesting Service. However, all participants become 100% vested upon reaching their normal retirement date.

Termination Benefit: The termination benefit is equal to the vested accrued benefit, payable in the normal form, commencing at normal retirement date. Optionally, the participant may elect to receive a benefit commencing prior to normal retirement date reduced as described under early retirement.

Death Benefits for Participants in Active Service

Eligibility: 5 years of Vesting Service.

Monthly Benefit:

Married:

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

Unmarried:

Eligible to Retire - The beneficiary will receive a monthly annuity for 10 years, commencing immediately, equal to the benefit the participant would have received if immediate retirement had been elected.

Not Yet Eligible to Retire - The beneficiary will receive a monthly annuity for 5 years, commencing on the earliest date the participant would have been eligible to retire, equal to the benefit the participant would have received if retirement had occurred on that date.

Note:

(1) If a surviving spouse or beneficiary is entitled to benefits under more than one of the above provisions, the one with the greater value applies.

(2) A surviving spouse or beneficiary has certain options as to the timing and form of benefit.

Optional Forms of Retirement Income in Lieu of Normal Form

The plan provides other qualified joint and survivor annuity optional payment forms for married participants. No other optional forms are allowed. A one-time lump sum option was introduced, available only within 180 days after a vested Participant's termination from the Hospital. The lump sum amount will be equal to the actuarial equivalent of the single life annuity payable at normal retirement age, and will not include the value of any applicable early retirement subsidies, future variable benefit increases or form of payment subsidies.

SCHEDULE SB ATTACHMENTS

Variable Benefit Adjustments

The variable benefit increase is determined annually.

The variable benefit increase is equal to the ratio of (i) two-thirds of the average asset return in excess of 6% for the prior 5 years to (ii) the value of all benefits eligible to receive a variable increase. The minimum variable increase is 0%; that is, benefits will be increased. There is no maximum variable increase.

Adjustments apply to most active and all retired participants and on varying bases to terminated vested participants depending upon age, years of vesting service, and hire date.

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.

Future plan changes

No future plan changes were recognized in determining pension cost or 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 Five effective January 1, 2025.

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

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

Community Hospital of the Monterey Peninsula Retirement Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2025

Plan Sponsor: Community Hospital of the Monterey Peninsula
Employer Identification Number: 94-0760193
Plan Number: 001
Schedule H, Line 4(i)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Cash and cash equivalents			
	Principal			
*	Short Term Inv Fund	12,559,000 shares	$ 12,559,000	$ 12,559,000
*	Cash Collateral	3,734,000 shares	3,734,000	3,734,000
	Blackrock Short-Term Inv Fund	4,493 shares	4,493	4,493
	Total cash equivalents		16,297,493	16,297,493
	Global equity funds			
	Vanguard Institutional Index Fund	15,841 shares	3,324,115	8,745,445
	BlackRock MSCI ACWI Ex-US IMI Index Fund	355,763 shares	3,994,672	8,975,632
	Total global equity funds		7,318,787	17,721,077
	Bonds and government securities			
	7-Eleven INC	500,000 par	494,555	344,790
	Abu Dhabi Govt International	800,000 par	780,680	569,534
	Aercap Ireland CAP/GLOBA	600,000 par	598,992	591,846
	Aetna Inc.	100,000 par	139,023	110,090
	AIA Group LTD	600,000 par	599,034	475,452
	Alcon Finance Corporation	500,000 par	498,160	478,945
	Alexandria Real Estate E	100,000 par	100,180	100,035
	Altice France S.A.	187,670 par	182,979	185,232
	Altria Group Inc.	276,000 par	275,219	280,717
	Ameren Missouri	578,092 par	578,026	581,804
	American Assets Trust LP	700,000 par	692,545	637,931
	American Elec Pwr Inc	300,000 par	309,981	321,966
	American Electric Power	100,000 par	101,301	105,020
	American Homes 4 Rent	500,000 par	492,565	446,950
	American Tower Corp	900,000 par	1,071,923	1,012,223
	Anheuser-Busch Inbev Wor	2,100,000 par	2,094,162	2,174,025
	Apple Inc.	500,000 par	471,755	300,619
	Applovin Corp	900,000 par	898,866	933,273
	Ares Capital Corp	200,000 par	198,514	204,918
	Arizona Public Service	600,000 par	597,654	356,940
	Assured Guaranty US HLDG	50,000 par	49,858	47,141
	AT&T INC	2,372,000 par	2,135,420	1,815,175
	Australia Government Bond	1,400,000 par	997,343	770,474
	Aviation Capital Group	1,100,000 par	1,090,828	1,122,150
	Avolon Holdings Funding LTD	154,000 par	151,483	149,298
	Bacardi LTD	1,400,000 par	1,394,932	1,331,540
	Banco Santander	1,500,000 par	1,580,200	1,646,988
	Bank of America Corp	900,000 par	900,000	938,340
	Barclays PLC	2,900,000 par	2,925,875	2,980,086
	Bat Capital Corp	1,300,000 par	1,300,000	1,197,508
	Bayer US Finance LLC	1,000,000 par	997,390	1,082,600

Community Hospital of the Monterey Peninsula Retirement Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2025

Plan Sponsor: Community Hospital of the Monterey Peninsula
Employer Identification Number: 94-0760193
Plan Number: 001
Schedule H, Line 4(i)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Beignet Investor LLC	5,100,000 par	5,100,000	5,388,150
	BMS Ireland Cap FDG	300,000 par	344,760	343,972
	BMS Ireland Cap FDG DAC	200,000 par	229,840	230,198
	BNP Paribas	2,000,000 par	1,992,646	2,061,038
	Boeing Co.	4,500,000 par	4,500,000	4,646,637
	Boston Properties Inc.	300,000 par	299,445	290,469
	BPCE FR	500,000 par	500,000	515,045
	BPCE SA	1,900,000 par	1,895,320	1,980,849
	Brazil Federative Rep	604,000 par	586,110	597,416
	Brazil Republic Government Bond	500,000 par	498,535	494,250
	British Telecommunications	300,000 par	300,000	237,660
	Broadcom Inc.	1,800,000 par	1,823,378	1,633,680
	Cameron LNG LLC	300,000 par	300,000	277,266
	Capital Four US CLO	1,600,000 par	1,600,000	1,602,987
	Carlyle Finance LLC	800,000 par	799,312	780,136
	Cellnex Finance	300,000 par	296,172	237,984
	Cenovus Energy Inc.	38,000 par	37,644	36,895
	Centene Corporation	1,300,000 par	1,300,000	1,234,042
	Charter Comm Opt LLC/Cap	2,200,000 par	2,197,324	1,836,326
	Cigna Corp	1,500,000 par	1,498,730	1,464,350
	Comcast Corp	1,000,000 par	995,495	896,210
	Commonspirit Health	1,200,000 par	1,200,000	1,116,732
	Commonwealth Bank Aust	800,000 par	800,000	771,576
	Commonwealth of Australia	2,200,000 par	1,260,224	1,245,095
	Corning Inc.	300,000 par	306,615	274,038
	Credit Agricole SA	1,100,000 par	1,100,000	1,160,302
	Crown Castle International Corp	500,000 par	498,930	330,470
	CSN Resources SA	900,000 par	900,000	692,190
	CVS Health Corp	400,000 par	398,986	403,470
	DBWF Mortgage Trust	800,000 par	823,995	790,816
	Deutsche Bank NY	1,600,000 par	1,602,349	1,512,224
	Deutsche Telekom AG	100,000 par	98,934	72,101
	Discover Bank	1,100,000 par	1,098,350	1,116,225
	East Ohio Gas CO/THE	400,000 par	394,304	253,868
	Ebay Inc.	400,000 par	412,704	375,876
	Encana Corp	100,000 par	117,274	110,398
	Energy Transfer Partners	1,000,000 par	994,830	887,380
	Entergy Arkansas LLC	600,000 par	597,630	356,628
	Equifax Inc	800,000 par	797,624	817,368
	Equinix Inc	500,000 par	491,320	318,575
	Eversource Energy	300,000 par	299,706	295,836
	Fairfax Financial Holdings Ltd	500,000 par	500,000	501,460
	Fanniemae-Aces	667,943 par	651,673	658,338
	Federal Home Loan Mortgage Corporation	67,286 par	68,028	62,142
	Federal Home Loan Mortgage Corporation Pool	312,763 par	314,941	314,325
	Federal National Mortgage Association	2,400,000 par	3,409,626	2,716,416
	Federal National Mortgage Association 30 Yr TBA	23,925,000 par	23,928,545	23,999,516
	Federal National Mortgage Association Pools	946,274 par	1,006,844	887,353
	Fiserv Inc.	600,000 par	598,992	581,850
	Flex Intermediate Hold CO	1,700,000 par	1,699,949	1,564,255
	FNMA TBA 30yr	14,500,000 par	14,151,143	14,142,720
	Ford Motor Credit Co LLC	1,900,000 par	1,870,235	1,913,074

Community Hospital of the Monterey Peninsula Retirement Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (Continued)
December 31, 2025

Plan Sponsor: Community Hospital of the Monterey Peninsula
Employer Identification Number: 94-0760193
Plan Number: 001
Schedule H, Line 4(i)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Freddie Mac - SLST	515,116 par	526,245	489,726
	Fresenius Med Care III	500,000 par	498,495	444,140
	General Motors Co.	200,000 par	199,874	192,454
	General Motors Financial Co.	900,000 par	898,695	901,863
	Global Payments Inc.	300,000 par	299,019	278,295
	GLP Capital LP/ Fin II	1,100,000 par	1,099,835	1,119,151
	Goldman Sachs Bank USA	1,100,000 par	1,100,000	1,101,133
	Goldman Sachs Group Inc	1,000,000 par	1,000,000	1,044,720
	Government National Mortgage Association 30 Yr TBA	4,300,000 par	4,110,269	4,129,986
	Government National Mortgage Association Pools	110,098 par	114,240	105,791
	Greensaif Pipelines BIDC	800,000 par	800,000	848,904
	Harbour Energy PLC	800,000 par	800,000	810,088
	HAT Holding I LLC/HAT	182,000 par	182,000	180,842
	HCA Inc.	200,000 par	198,172	193,142
	Hilton Domestic Operation	400,000 par	400,000	371,312
	Hilton Grand Vac Bor Esc	600,000 par	600,000	582,798
	Hilton USA Trust	700,000 par	702,818	695,702
	Howard Hughes Corp	1,100,000 par	1,100,000	1,068,936
	HSBC Holdings PLC	2,600,000 par	2,663,789	2,648,793
	Hyundai Capital America	900,000 par	899,010	850,599
	ING Groep NV	900,000 par	896,922	911,115
	Intel Corp	1,300,000 par	1,299,441	1,210,248
	Intercontinental Exchange	3,000,000 par	2,986,770	2,558,826
	Israel Discount Bank	500,000 par	499,675	508,290
	Jersey Central PWR & LT	300,000 par	299,178	269,481
	Johnson & Johnson	1,100,000 par	1,090,243	648,527
	JPMorgan Chase & Co.	3,100,000 par	3,103,190	3,264,120
	KKR Group Finance Co. VIII	200,000 par	198,200	140,618
	Kraft Heinz Foods Co.	900,000 par	889,344	821,943
	Letra Tesouro T-Bill	200 par	34,510	35,319
	Lloyds Bank PLC	200,000 par	153,000	150,212
	Lloyds Banking Group	400,000 par	400,000	406,668
	Lloyds Banking Group PLC	2,000,000 par	2,000,000	2,066,318
	Louisville Gas & Elec	500,000 par	498,860	522,700
	Lundin Energy FI	700,000 par	698,670	642,306
	Mars Inc	1,100,000 par	1,094,049	1,095,743
	Marsh & Mclennan Cos Inc.	1,200,000 par	1,199,580	1,211,964
	Marvell Technology INC	900,000 par	899,829	866,754
	Melco Resorts Finance	400,000 par	400,000	395,924
	Microsoft Corp	100,000 par	90,365	89,662
	Mid-Atlantic Interstate	700,000 par	766,906	700,476
	Mill City Mortgage Trust	76,143 par	76,622	74,307
	Mitsubishi UFJ Financial Group	1,100,000 par	1,100,000	1,150,688
	Mondelez Intl Inc	1,500,000 par	1,091,034	1,132,754
	Morgan Stanley	4,500,000 par	4,500,000	4,587,833
	National Fuel Gas Co	600,000 par	600,924	547,362
	National Health Investor	600,000 par	595,176	544,632
	National Retail Prop Inc.	600,000 par	597,558	594,714
	Natwest Group PLC	500,000 par	499,259	536,390
	New Residential Mortgage Loan	1,078,198 par	1,091,110	1,042,825
	New South Wales Treasury Corp	1,100,000 par	598,085	590,791
	Newmont Corp / Newcrest Fin	237,000 par	236,237	229,582

Community Hospital of the Monterey Peninsula Retirement Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (Continued)
December 31, 2025

Plan Sponsor: Community Hospital of the Monterey Peninsula
Employer Identification Number: 94-0760193
Plan Number: 001
Schedule H, Line 4(i)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Nissan Motor Acceptance	1,100,000 par	1,099,461	1,101,496
	Nomura Holdings Inc.	1,000,000 par	1,000,000	917,385
	Northern Natural Gas Co.	700,000 par	699,881	560,560
	NTT Finance Corp	550,000 par	550,000	558,316
	NVR Inc.	600,000 par	650,112	567,894
	Omega Healthcare Investors	500,000 par	496,520	444,480
	Oneok Inc.	2,600,000 par	2,597,103	2,532,846
	Oracle Corp	6,400,000 par	6,361,571	4,897,453
	Organon Finance 1 LLC	1,300,000 par	1,300,000	1,266,772
	Pacific Gas & Electric	3,900,000 par	3,962,860	3,666,041
	Pacificorp	1,400,000 par	1,318,218	1,248,951
	Perkinelmer Inc.	400,000 par	398,680	385,376
	Perusahaan Listrik Negar	300,000 par	298,701	238,557
	Petroleos Mexicanos	363,000 par	400,000	362,031
	Pfizer Inc.	600,000 par	598,572	493,788
	Philip Morris Intl Inc	700,000 par	793,112	809,462
	Queensland Treasury Corp	1,100,000 par	605,477	608,947
	Renew Power Pvt Ltd	299,000 par	299,000	296,928
	Republic of Peru Government Bond	8,392,180 par	3,103,380	3,527,155
	Republic of Romania	400,000 par	463,645	468,554
	Republic of South Africa Government Bond	84,680,000 par	4,393,654	5,239,814
	Republic of Turkey	800,000 par	787,656	795,200
	RFCSP Strip Principal Zero Coupon	9,330,000 par	5,071,230	7,939,210
	Rogers Communications Inc.	600,000 par	598,662	565,302
	Rolls-Royce PLC	700,000 par	1,002,155	902,891
	Romania (NATL BK)	900,000 par	1,064,168	955,702
	Royal Bank Scotland Grp PLC	1,100,000 par	1,100,000	1,124,310
	Royalty Pharma PLC	800,000 par	764,448	619,176
	RTX Corporation	400,000 par	399,856	401,332
	Sabine Pass Liquefaction	400,000 par	398,976	401,620
	Sammons Financial Group	700,000 par	698,404	648,788
	Sands China LTD	900,000 par	897,525	916,281
	Santos Finance LTD	700,000 par	700,000	655,914
	Sasol Financing USA LLC	400,000 par	400,000	397,292
	Saudi Arabian Oil Co.	1,400,000 par	1,391,670	1,265,180
	Saudi Government Bond	200,000 par	227,500	170,990
	Saudi International Bond	1,600,000 par	1,573,950	1,414,428
	Sempra Energy	500,000 par	509,852	521,171
	SLM Student Loan Trust	676,334 par	730,864	710,990
	Societe Generale	500,000 par	500,000	477,920
	Southern Cal Edison	500,000 par	498,165	448,385
	Southern Co	300,000 par	300,000	295,752
	Southern Co Gas Capital	800,000 par	798,120	666,544
	Starbucks Corp	500,000 par	496,650	350,915
	Starwood Property Trust	300,000 par	300,000	298,530
	State of Israel Government Bond	1,100,000 par	1,055,604	1,058,211
	Stepstone Group Midco 2 GMBH 12/24	523,000 par	529,182	581,349
	Steris PLC	400,000 par	398,080	296,316
	Stichting AK Rabobank	735,325 par	821,470	975,445
	Sumitomo Mitsui Finl Group	1,100,000 par	1,100,000	1,151,216
	Sutter Health	1,000,000 par	1,000,000	788,810
	Takeda Pharmaceutical	400,000 par	398,320	409,336

Community Hospital of the Monterey Peninsula Retirement Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (Continued)
December 31, 2025

Plan Sponsor: Community Hospital of the Monterey Peninsula
Employer Identification Number: 94-0760193
Plan Number: 001
Schedule H, Line 4(i)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Targa Res Corp	300,000 par	299,445	287,208
	TD Synnex Corp	500,000 par	500,000	476,140
	Thames Water Super	70,412 par	84,538	109,091
	T-Mobile USA INC	1,900,000 par	1,909,098	1,426,546
	Towd Point Mortgage Trust	251,967 par	254,065	244,528
	Transocean Inc.	600,000 par	466,500	516,000
	Treasury Corp Victoria	400,000 par	222,190	218,333
	Trust 7401	857,000 par	839,860	844,590
	Trust F/1401	443,000 par	442,987	433,520
	UBS Group AG	1,200,000 par	1,200,000	1,159,937
	Union Pacific Corp	300,000 par	299,883	207,714
	United Airlines INC	600,000 par	619,875	598,323
	United Kingdom Government Bond	4,095,000 par	5,149,550	4,831,313
	United Mexican	1,100,000 par	1,099,439	1,130,151
	United Mexican States	1,000,000 par	996,660	913,300
	UnitedHealth Group Inc.	800,000 par	794,496	654,656
	US Bancorp	100,000 par	100,000	100,226
	US Treasury Bond Zero Coupon	300,000 par	133,496	144,225
	US Treasury Bond/Note Stripped Zero	550,000 par	300,661	284,988
	US Treasury Bonds	186,798,318 par	151,080,120	138,658,523
	US Treasury SEC Stripped Zero Coupon	400,000 par	198,471	173,858
	Ventas Realty LP/Cap CRP	100,000 par	111,291	100,565
	Venture Global Plaque	800,000 par	800,000	814,672
	Verizon Communications	3,900,000 par	3,888,938	3,283,117
	Vici Properties LP	1,100,000 par	1,091,409	1,123,309
	Vistra Operations Co LLC	300,000 par	299,844	302,139
	VMED 02 UK Financing	500,000 par	567,573	563,701
	VNO Mortgage Trust	700,000 par	720,969	694,890
	Vodafone Group PLC	1,300,000 par	1,300,000	1,020,279
	Volkswagen Group	700,000 par	698,376	724,997
	Volkswagen Group America	1,900,000 par	1,878,720	1,919,380
	Wabtec	800,000 par	799,112	809,800
	Warnermedia Holdings Inc	1,100,000 par	1,100,000	774,125
	WEA Finance LLC/Westfield	200,000 par	205,212	172,616
	Wellpoint LLC	500,000 par	549,190	470,780
	Wells Fargo & Company	3,300,000 par	3,300,000	3,497,043
	Woodside Finance LTD	1,300,000 par	1,297,955	1,264,808
	Xcel Energy Inc	500,000 par	499,365	517,781
	Total bonds and government securities		406,866,845	387,793,738

Community Hospital of the Monterey Peninsula Retirement Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) (Continued)
December 31, 2025

Plan Sponsor: Community Hospital of the Monterey Peninsula
Employer Identification Number: 94-0760193
Plan Number: 001
Schedule H, Line 4(i)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Private equity funds			
	Park ST Cap Private Equity LP	1,624,785 shares	1,624,785	507,578
	Special Situation Partners II LP	1,322,205 shares	1,322,205	945,947
	Pantheon Europe Fund V, "B", LP	1,487,608 shares	1,487,608	219,508
	Pantheon USA Fund VIII, LP	500,291 shares	500,291	714,464
	Harbourvest Ptnrs - Dover St VII LP	244,951 shares	244,951	933
	Harbourvest Intl Private Ptnrs	1,362,273 shares	1,362,273	833,285
	Total private equity funds		6,542,113	3,221,715
	Bond funds			
	PAPS Long Duration Corporate Bond	26,593,338 shares	303,660,696	252,902,648
	PIMCO PAPS Short term Floating Nav	89,864 shares	900,169	900,169
	Total bond funds		304,560,865	253,802,817
	Total investments		$ 741,586,103	$ 678,836,840

* Denotes party-in-interest.

SCHEDULE SB ATTACHMENTS

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

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2025	24,972,110	15.00000	24,972,110	2,328,411
Total				24,972,110	2,328,411

Plan Name: Community Hospital of the Monterey Peninsula Retirement Plan
EIN / PN: 94-0760193/001
Plan Sponsor: Community Hospital of the Monterey Peninsula
Valuation Date: January 1, 2025