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
TUALITY HEALTHCARE CASH BALANCE PENSION PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 09/01/2012

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TUALITY HEALTHCARE

334 SOUTHEAST EIGHTH AVENUE
HILLSBORO, OR 97123

2b Employer Identification Number (EIN)
93-0430029

2c Plan Sponsor's telephone number
503-681-1824

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	JANEEN REDING
	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**	889
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)**	461
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	407
b	Retired or separated participants receiving benefits	**6b**	25
c	Other retired or separated participants entitled to future benefits	**6c**	412
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	844
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	4
f	Total. Add lines **6d** and **6e**.	**6f**	848
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 1C 1I 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [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
TUALITY HEALTHCARE CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TUALITY HEALTHCARE

D Employer Identification Number (EIN)
93-0430029

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**	12724245
b Actuarial value	**2b**	12011054

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	20	756665	756665
b For terminated vested participants	408	6531230	6531230
c For active participants	461	7375685	7425367
d Total	889	14663580	14713262

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**	5.37 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	298000
c Target normal cost	**6c**	298000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/29/2026
Date

SHANNON R. HATFIELD, FSA, EA, MAAA
Type or print name of actuary

26-08797
Most recent enrollment number

INDEPENDENT ACTUARIES, INC
Firm name

503-601-0887
Telephone number (including area code)

FIVE CENTERPOINTE DR
SUITE 520
LAKE OSWEGO, OR 97035
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	670
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	670
10	Interest on line 9 using prior year's actual return of 12.11 %	0	81
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		752
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 5.16 %		39
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		791
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	751

Part III Funding Percentages

14	Funding target attainment percentage	14	81.62 %
15	Adjusted funding target attainment percentage	15	82.34 %
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	82.34 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	133000	0			
07/15/2025	133000	0			
10/14/2025	134000	0			
01/15/2026	134000	0			
09/15/2026	83000	0			
			Totals ► 18(b)	617000	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	591823

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

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

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	298000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2702959	293132
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**	591132

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

36 Additional cash requirement (line 34 minus line 35)	**36**	591132
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	591823

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

a Total (excess, if any, of line 37 over line 36)	**38a**	691
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
TUALITY HEALTHCARE CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
TUALITY HEALTHCARE

D Employer Identification Number (EIN)
93-0430029

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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?
13	NONE	64229	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FORDHAM & CO LLP

93-1298398

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	23428	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INDEPENDENT ACTUARIES, INC

36-4561119

(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	NONE	22567	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

COLDSTREAM WEALTH MANAGEMENT

150 SW HARRISON ST
SUITE 300
PORTLAND, OR 97201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	18913	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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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

(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: FORDHAM & CO LLP

b EIN: 93-1298398

c Position: ACCOUNTANT/AUDITOR

d Address: 233 SE SECOND AVENUE
HILLSBORO, OR 97123

e Telephone: 503-726-1054

Explanation: FORDHAM & CO LLP MERGED WITH KERNUTT STOKES.

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
TUALITY HEALTHCARE CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
TUALITY HEALTHCARE

D Employer Identification Number (EIN)
93-0430029

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	266000	217000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	692869	459999
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	727761	667675
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9275126	10434573
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1766125	1605312

		(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	12727881	13384559
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	12727881	13384559

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)	617000	
(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)		617000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6663	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6663
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	14049	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	277560	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		291609
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	92439	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		92439
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(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)		961605
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1969316
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	979100	
(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)		979100
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)	64229	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	23428	
(5) Investment advisory and investment management fees	2i(5)	22963	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	22567	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	2647	
(11) Other expenses	2i(11)	197704	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		333538
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1312638
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		656678
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: KERNUTT STOKES, LLP **(2)** EIN: 93-0396435

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		2000000
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 590031.

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
TUALITY HEALTHCARE CASH BALANCE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
TUALITY HEALTHCARE

D Employer Identification Number (EIN)
93-0430029

Part I Distributions

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

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

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

EIN(s): 13-3689044

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** 39

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

TUALITY HEALTHCARE
CASH BALANCE PENSION PLAN

Independent Auditor's Report
Financial Statements
and Supplemental Schedules

December 31, 2025 and 2024

KERNUTTSTOKES

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KERNUTTSTOKES

Independent Auditor's Report

To the Administrative Board
Tuality Healthcare Cash Balance Pension Plan

Opinion

We have audited the financial statements of Tuality Healthcare Cash Balance Pension Plan (the 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, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2024, the related statement of changes in accumulated plan benefits for the year 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 as of December 31, 2025 and 2024, the changes in net assets available for benefits for the years then ended, the accumulated plan benefits as of December 31, 2024, and the changes in accumulated plan benefits for the year 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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 the Plan's ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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.

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 schedule H, line 4i - schedule of assets (held at end of year), and schedule H, line 4j - schedule of reportable transactions, as of or 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 supplemental information required by the Department of Labor's (DOL) 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 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



Lake Oswego, Oregon
October 11, 2026

Tuality Healthcare Cash Balance Pension Plan
Statements of Net Assets Available for Benefits
As of December 31, 2025 and 2024

	2025	2024
Assets		
Investments at fair value		
Interest-bearing cash	$ 459,999	$ 692,869
Common stocks	667,675	659,615
Mutual funds	10,434,573	9,343,272
Investments valued at NAV	1,605,312	1,766,125
Total Investments at fair value	13,167,559	12,461,881
Employer contributions receivable	217,000	266,000
Total assets	13,384,559	12,727,881
Net assets available for benefits	$ 13,384,559	$ 12,727,881

See accompanying notes and independent auditor's report.

Tuality Healthcare Cash Balance Pension Plan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income		
Interest and dividends	$ 390,711	$ 347,510
Net appreciation in fair value of investments	961,605	1,074,027
Total investment income	1,352,316	1,421,537
Employer contributions	617,000	761,000
Total additions	1,969,316	2,182,537
Deductions		
Benefits paid to participants	979,100	1,103,951
Administrative expenses	333,538	440,660
Total deductions	1,312,638	1,544,611
Net increase in net assets available for benefits	656,678	637,926
Net assets available for benefits:		
Beginning of year	12,727,881	12,089,955
End of year	$ 13,384,559	$ 12,727,881

See accompanying notes and independent auditor's report.

Tuality Healthcare Cash Balance Pension Plan
Statement of Accumulated Plan Benefits
As of December 31, 2024

	2024
Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	$ 678,616
Other participants	12,172,271
Total vested benefits	12,850,887
Nonvested benefits	73,054
Total actuarial present value of accumulated plan benefits	$ 12,923,941

See accompanying notes and independent auditor's report.

Tuality Healthcare Cash Balance Pension Plan

Statement of Changes in Accumulated Plan Benefits

For the Year Ended December 31, 2024

	2024
Actuarial present value of accumulated plan benefits at beginning of year	**$ 13,022,957**
Increase (decrease) during the year attributable to:	
Benefits accumulated	163,144
Increase for interest	841,791
Benefits paid	(1,103,951)
Net increase (decrease)	(99,016)
Actuarial present value of accumulated plan benefits at end of year	$ 12,923,941

See accompanying notes and independent auditor's report.

1. Description of Plan

The following description of the Tuality Healthcare Cash Balance Pension Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit plan established effective September 1, 2012, as restated January 1, 2014. The Plan was amended to freeze the Plan effective March 1, 2021. Participants no longer receive principal credits for service and no employees can enter the Plan after February 28, 2021. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Administrative Board is responsible for oversight of the Plan. The Plan's Fiduciary Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Administrative Board.

Participant Accounts

Prior to freezing the Plan, participants received annual principal credits to their hypothetical cash balance accounts in accordance with the Plan's benefit formula, which varied based on eligible compensation and participant characteristics as defined in the Plan document. Following the freeze, no additional principal credits are provided; however, existing account balances continue to receive annual interest credits. Interest credits continue to accrue until benefits are distributed or commence. As of December 31, 2025 and 2024, the interest credit was at 4% each year.

Funding Policy

The Plan's funding policy is for the Organization to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met in 2025 and 2024.

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Pension Benefits

Plan participants are entitled to their plan benefits after terminating employment with vested rights. Participants become 100% vested in the Plan benefits upon completion of 3 years of vesting service or upon reaching normal retirement age 65 while employed. The Plan allows for early retirement at the age of 55 years old. Service subject to a break in service may be reinstated in accordance with the Plan's provisions. However, if a participant incurs 5 consecutive one-year breaks in service before becoming vested, previously earned vesting service is permanently forfeited and cannot be restored upon reemployment. If a participant's vested cash balance account does not exceed $7,000, the Plan administrator shall pay the benefit in a lump sum on or after the participant's termination of employment or death, subject to the terms of the Plan document.

Death and Disability Benefits

If a vested participant dies before the date on which retirement benefit payments to the participant begin, a benefit will be payable to the participant's spouse or beneficiary, in either a single life annuity or lump sum if married, or in the form of a lump sum if unmarried. Effective September 1, 2024, unmarried participants may also elect a joint and survivor annuity with a designated beneficiary. The Plan does not provide for disability benefits.

2. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company, as applicable. See Note 4 for discussion of fair value measurements.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Organization, as provided by the Plan document. Expenses that are paid directly by the Organization are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the statements of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net appreciation (depreciation) in fair value of investments in the statements of changes in net assets available for benefits.

Subsequent Events

Subsequent events were evaluated through October 11, 2026, the date the financial statements were available to be issued.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those 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, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date.

Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and the expected date of payment.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuation been performed as of December 31, 2024, there would be no material differences. The significant actuarial assumptions used in the valuation were:

Assumption	January 1, 2025
Discount rate	6.75%
Mortality	Pri-2012 Private Retirement Plans Mortality Total Dataset (Retiree Amount-Weighted Table for retirees, Contingent Survivor Amount-Weighted Table for beneficiaries, Employee Amount-Weighted Table for actives and vested terminated participants) with fully generational projection based on Scale MP-2021.
Retirement age	65
Long-term rate of return on assets	Not applicable
Salary increase	3%

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

4. Fair Value Measurements

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

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

Interest-bearing Cash: These investments are stated at cost, which approximates fair value.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common Stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Alternative Investments, Measured at Net Asset Value: Certain investments are valued using the net asset value (NAV) per share, or its equivalent, as a practical expedient to estimate fair value. The NAV is determined by the investment manager or fund administrator and is based on the fair value of the underlying assets owned by the fund, less its liabilities divided by the number of units outstanding. The NAV is calculated in a manner consistent with the measurement principles of investment companies.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

Assets at Fair Value as of December 31, 2025	**Level 1**	**Level 2**	**Level 3**	**Total**
Interest-bearing cash	$ 459,999	$ -	$ -	$ 459,999
Mutual funds	10,434,573	-	-	10,434,573
Common stocks	667,675	-	-	667,675
Investments measured at net asset value (a)	-	-	-	1,605,312
Total investments at fair value	$ 11,562,247	$ -	$ -	$ 13,167,559

Assets at Fair Value as of December 31, 2024	**Level 1**	**Level 2**	**Level 3**	**Total**
Interest-bearing cash	$ 692,869	$ -	$ -	$ 692,869
Mutual funds	9,343,272	-	-	9,343,272
Common stocks	659,615	-	-	659,615
Investments measured at net asset value (a)	-	-	-	1,766,125
Total investments at fair value	$ 10,695,756	$ -	$ -	$ 12,461,881

(a) In accordance with FASB ASC 820, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of December 31, 2025 and 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2025	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
iDirect Private Markets Fund Class I (a)	$ 537,003	$ -	None	None
Five Points Small Buyout Strategies IV (B), LP (b)	525,876	14,585	None	None
The Asius Fund I Ltd SEF NSA (c)	282,076	-	Quarterly	90 days
Greenbacker Renewable Energy Company CL P-I NSA (d)	260,357	-	Quarterly	90 days

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
iCapital Private Markets Fund Class I (a)	$ 477,374	$ -	None	None
Five Points Small Buyout Strategies IV (B), LP (b)	553,226	21,979	None	None
The Asius Fund I Ltd SEF NSA (c)	259,977	-	Quarterly	90 days
Greenbacker Renewable Energy Company CL P-I NSA (d)	475,548	-	Quarterly	90 days

The following sets forth the primary investment strategies of significant alternative investments as of December 31, 2025 and 2024:

a. iDirect Private Markets Fund Class I (formerly iCapital Private Markets Fund Class I) seeks long-term capital appreciation through investments in private equity and other private market opportunities managed by established investment sponsors.

b. Five Points Small Buyout Strategies IV (B), LP seeks long-term capital appreciation by investing primarily in buyout and other private equity funds. The underlying funds invest in debt and equity securities of privately held companies.

c. The Asius Fund I Ltd SEF NSA seeks to provide exposure to Asian markets through investments in a diversified portfolio of hedge funds, private equity funds, mutual funds, ETFs, debt funds, and other investment vehicles managed by Asia-focused investment managers.

d. Greenbacker Renewable Energy Company CL P-I NSA seeks to generate long-term returns through investments in renewable energy, energy efficiency, and other sustainability-related projects and businesses.

5. Related Party and Parties-In-Interest Transactions

A related party is any party who can control or significantly influence plan management or operating policies. Parties-in-interest are defined under DOL regulations as any employees of the Plan, fiduciaries of the Plan, service providers of the Plan, the employer whose employees are covered by the Plan, and certain significant owners of the employer and their relatives. Service providers may include, but are not limited to, the custodian, trustee, third-party administrator (TPA), investment managers, investment advisors, legal counsel, and plan auditor.

The Plan's investments are administered under a contract with Cold Stream Wealth Management, the custodian of the Plan. Contributions are held and managed by Cold Stream Wealth Management. These transactions are party-in-interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Organization. No such officer or employee receives compensation from the Plan. These transactions are party-in-interest transactions under ERISA.

6. 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:

1. 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.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. 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 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.

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.

7. Tax Status

The IRS has determined and informed the Organization by a letter dated August 2, 2016, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

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

8. Risks and Uncertainties

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

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

Supplemental Schedules

Tuality Healthcare Cash Balance Pension Plan

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

EIN: 930430029 Plan Number: 003

As of December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party / (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Interest-Bearing Cash			
	Schwab Government Money Fund	$ -	$ 227,849
	State Street Instl US govt Money Market Premier	-	174,896
	Charles Schwab Bank	-	42,114
	Charles Schwab Bank	-	8,551
	Charles Schwab Bank	-	5,589
	TD Bank N.A.	-	1,000
Common Stocks			
	Teradyne, Inc. (TER)	11,610	19,162
	Monolithic Power Systems, Inc. (MPWR)	14,985	18,127
	Omega Healthcare Investors, Inc. - REIT (OHI)	14,917	17,869
	Expeditors International of Washington, Inc. (EXPD)	13,990	17,583
	Cardinal Health, Inc. (CAH)	7,879	16,851
	Regions Financial Corporation (RF)	13,119	16,639
	Alliant Energy Corporation (LNT)	13,982	16,383
	TD SYNNEX Corporation (SNX)	15,332	16,375
	Littelfuse, Inc. (LFUS)	16,130	16,187
	AES Corporation (AES)	12,692	15,530
	Avista Corporation (AVA)	15,082	15,455
	Service Corporation International (SCI)	15,229	15,282
	eBay Inc. (EBAY)	9,319	15,068
	Main Street Capital Corporation (MAIN)	12,361	15,037
	Graco Inc. (GGG)	14,518	14,673
	STERIS plc (STE)	13,169	14,451
	Coterra Energy Inc. (CTRA)	13,033	13,923
	ONEOK, Inc. (OKE)	14,978	13,892
	Tractor Supply Company (TSCO)	14,603	13,753
	W. P. Carey Inc. - REIT (WPC)	12,384	13,644
	Reinsurance Group of America, Incorporated (RGA)	13,951	13,632
	STAG Industrial, Inc. - REIT (STAG)	14,251	13,564
	Broadridge Financial Solutions, Inc. (BR)	12,688	13,390
	McGrath RentCorp (MGRC)	13,309	13,221
	Bank OZK (OZK)	12,626	13,116
	Williams-Sonoma, Inc. (WSM)	10,437	13,037
	Quest Diagnostics Incorporated (DGX)	10,739	13,015
	DICK'S Sporting Goods, Inc. (DKS)	13,030	12,868

Tuality Healthcare Cash Balance Pension Plan

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

EIN: 930430029 Plan Number: 003

As of December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party / (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Commerce Bancshares, Inc. (CBSH)	$ 13,564	$ 12,614
	AvalonBay Communities, Inc. - REIT (AVB)	14,367	12,510
	Domino's Pizza, Inc. (DPZ)	13,098	12,505
	Reliance, Inc. (RS)	12,639	12,421
	RLI Corp. (RLI)	14,000	12,284
	IDEX Corporation (IEX)	13,871	12,278
	Encompass Health Corporation (EHC)	9,595	11,888
	Amdocs Limited (DOX)	12,026	11,674
	Texas Roadhouse, Inc. (TXRH)	12,468	11,454
	CubeSmart - REIT (CUBE)	14,684	11,428
	Rollins, Inc. (ROL)	10,844	11,344
	Brown & Brown, Inc. (BRO)	14,136	11,317
	Watts Water Technologies, Inc. (WTS)	11,666	11,318
	W. R. Berkley Corporation (WRB)	11,593	11,219
	The Kroger Co. (KR)	11,637	10,996
	Arthur J. Gallagher & Co. (AJG)	11,663	10,869
	Oshkosh Corporation (OSK)	11,722	10,804
	Watsco, Inc. (WSO)	14,541	10,109
	KBR, Inc. (KBR)	16,431	10,090
	Hormel Foods Corporation (HRL)	9,022	9,551
	Yum! Brands, Inc. (YUM)	9,020	9,077
	CF Industries Holdings, Inc. (CF)	9,013	8,198
Mutual Funds			
	Schwab U.S. Large-Cap Growth Index Fund (SWLGX)	1,335,811	2,111,759
	Schwab U.S. Large-Cap Value Index Fund (SWLVX)	1,561,092	2,001,053
	JPMorgan Core Plus Bond Fund Class I (HLIPX)	1,156,881	1,179,048
	Hood River Small-Cap Growth Fund Institutional (HRSMX)	514,723	844,211
	DoubleLine Total Return Bond Fund Class I (DBLTX)	758,812	766,916
	Dodge & Cox Income Fund Class I (DODIX)	615,742	552,977
	iShares 7-10 Year Treasury Bond ETF (IEF)	543,986	549,458
	Vanguard FTSE Developed Markets ETF (VEA)	442,071	529,183
	iShares Currency Hedged MSCI EAFE ETF (HEFA)	450,165	516,835
	Goldman Sachs GQG Partners International Opportunities Fund Institutional (GSIMX)	424,250	471,884
	Utilities Select Sector SPDR Fund (XLU)	259,872	309,844
	PIMCO Income Fund Institutional (PIMIX)	300,015	308,997
	JPMorgan Emerging Markets Equity Fund Class L (JMIEX)	115,305	154,768

See independent auditor's report.

Tuality Healthcare Cash Balance Pension Plan

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

EIN: 930430029 Plan Number: 003

As of December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party / (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	PIMCO RAE Emerging Markets Fund Institutional (PEIFX)	$ 96,519	$ 137,640
Alternative Investments			
	iDirect Private Markets Fund Class I	18,675	537,003
	The Asius Fund I Ltd. SEF	264,382	282,076
	Greenbacker Renewable Energy Company LLC	500,000	260,357
	Class P-I Five Points Small Buyout Strategies IV (B), LP	485,415	525,876

*Denotes a party-in-interest.

Tuality Healthcare Cash Balance Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 930430029 Plan Number: 003

For the Year Ended December 31, 2025

	(b) Description of Asset	(d) Selling Price	(g) Cost
Series Transactions			
Sell	Schwab Treasury Obligations Money Fund	$ 662,000	$ 662,000

TUALITY HEALTHCARE CASH BALANCE PLAN
EIN: 93-0430029 PN: 003

2025 Form 5500 Schedule SB, Line 26a – Schedule of Active Participant Data

Active Participant Statistics

Schedule of Active Participant Data

	Benefit Service											
	Under 1			1-4			5-9			10-14		
		Average			Average			Average			Average	
Age	**No.**	**Comp.**	**Cash Bal.**	**No.**	**Comp.**	**Cash Bal.**	**No.**	**Comp.**	**Cash Bal.**	**No.**	**Comp.**	**Cash Bal.**
Under 25												
25-29				25	66,257	2,757						
30-34				41	71,692	5,598	4					
35-39	1			50	75,133	5,763	8			2		
40-44				47	103,465	9,315	13			14		
45-49				42	111,959	11,128	11			17		
50-54				31	126,497	7,410	10			12		
55-59	1			23	129,035	15,607	7			11		
60-64				21	86,968	10,780	5			7		
65-69				6			4			2		
70 & up				6			1			2		
Total	**2**			**292**	**97,653**	**8,526**	**63**	**124,263**	**28,964**	**67**	**101,334**	**25,072**

	Benefit Service											
	15-19			20-24			25-29			30-34		
		Average			Average			Average			Average	
Age	**No.**	**Comp.**	**Cash Bal.**	**No.**	**Comp.**	**Cash Bal.**	**No.**	**Comp.**	**Cash Bal.**	**No.**	**Comp.**	**Cash Bal.**
Under 25												
25-29												
30-34												
35-39												
40-44	1											
45-49	14			1								
50-54	10			9			3					
55-59	11			7			6			1		
60-64	8			3			4			7		
65-69	2			2			5					
70 & up	1			1						1		
Total	**47**	**93,385**	**29,436**	**23**	**92,999**	**31,679**	**18**			**9**		

	Benefit Service								
	35-39			40 & up			Total		
		Average			Average			Average	
Age	**No.**	**Comp.**	**Cash Bal.**	**No.**	**Comp.**	**Cash Bal.**	**No.**	**Comp.**	**Cash Bal.**
Under 25									
25-29							25	66,257	2,757
30-34							45	70,565	6,020
35-39							61	73,742	7,230
40-44							75	102,648	13,564
45-49							85	101,017	15,987
50-54							75	136,949	23,878
55-59							67	106,975	25,039
60-64	2						57	101,292	29,351
65-69							21	139,125	34,145
70 & up							12		
Total	**2**						**523**	**100,774**	**17,902**

TUALITY HEALTHCARE CASH BALANCE PLAN
EIN: 93-0430029 PN: 003

2025 Form 5500 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Method for Minimum Required Contribution

Asset Valuation Method	Smoothed Value per Notice 2009-22.
Valuation Date	First day of plan year.
Yield Curve Selected	24-month average Segmented Yield Curve, subject to corridor provided by MAP-21 as adjusted by the Highway and Transportation Funding Act of 2014 and the American Rescue Plan Act of 2021.
Lookback Month for Determining Segment Interest Rates	4th month prior to valuation date.
Future Compensation	Actual compensation for prior year.

Actuarial Assumptions for Minimum Required Contribution

Segment Interest Rates	First Segment (Under 5 years): 5.07% Second Segment (5 to 19 years): 5.31% Third Segment (20 or more years): 5.50%
Assumed Form of Payment	Lump sum.
Lump Sum Payment Assumptions	Projected Hypothetical Account Balance discounted by applying the appropriate yield curve segment to deferral period.
Assumed Commencement Date	20% of active participants who terminate employment prior to age 55 are assumed to receive their hypothetical account balance at termination and 80% are assumed to receive it at their normal retirement date. 75% of active participants who terminate employment on or after age 55 but prior to their normal retirement date are assumed to receive their hypothetical account balance at decrement and 25% are assumed to receive it at their normal retirement date. All other active participants are assumed to receive their hypothetical account balance at decrement.

2025 Form 5500 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Concluded)

Assumed Commencement Date

Vested terminated participants are assumed to receive their hypothetical account balance at normal retirement date.

Average Retirement Age

Age 65.

Retirement Probabilities

Age	Rate
55 - 61	5%
62 - 64	10%
65 - 69	25%
70	100%

Mortality

Separate Annuitant / Non-Annuitant Male and Female static tables prescribed by regulation.

Salary Scale

3.0% annually.

Termination Probabilities

Years of Vesting Service	Rate
1 – 2	30%
2 – 4	20%
4 – 5	18%
5 – 7	16%
7 – 10	12%
10 -15	8%
15+	4%

Expenses

Three-year average of administrative expenses other than PBGC premiums plus current year PBGC premium rounded to the nearest $1,000

Future Annual Hours Worked

Actual hours worked in prior year.

Tuality Healthcare Cash Balance Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 930430029 Plan Number: 003

For the Year Ended December 31, 2025

	(b) Description of Asset	(d) Selling Price	(g) Cost
Series Transactions			
Sell	Schwab Treasury Obligations Money Fund	$ 662,000	$ 662,000

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
Tuality Healthcare Cash Balance Pension Plan

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Tuality HealthCare

D Employer Identification Number (EIN)
93-0430029

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**	12,724,245
b Actuarial value	**2b**	12,011,054

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	20	756,665	756,665
b For terminated vested participants	408	6,531,230	6,531,230
c For active participants	461	7,375,685	7,425,367
d Total	889	14,663,580	14,713,262

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**	5.37%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	298,000
c Target normal cost	**6c**	298,000

Statement by Enrolled Actuary

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

SIGN HERE

Shannon R. Hatfield, FSA, EA, MAAA — Signature of actuary

09/29/2026 — Date

Shannon R. Hatfield, FSA, EA, MAAA — Type or print name of actuary

2608797 — Most recent enrollment number

INDEPENDENT ACTUARIES, INC — Firm name

503-601-0887 — Telephone number (including area code)

Five Centerpointe Dr
Suite 520
LAKE OSWEGO OR 97035
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	670
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	670
10	Interest on line 9 using prior year's actual return of 12.11 %	0	81
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		752
	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 5.16 %		39
	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		791
	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	751

Part III Funding Percentages

14	Funding target attainment percentage	14	81.62 %
15	Adjusted funding target attainment percentage	15	82.34 %
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	82.34 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2025	133,000	0			
07/15/2025	133,000	0			
10/14/2025	134,000	0			
01/15/2026	134,000	0			
09/15/2026	83,000	0			
			Totals ▶ 18(b)	617,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	591,823

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

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

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

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

Part VI Miscellaneous Items

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

26 Demographic and benefit information

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6c)	**31a**	298,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2,702,959	293,132
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**	591,132

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

36 Additional cash requirement (line 34 minus line 35)	**36**	591,132
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	591,823
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	691
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

TUALITY HEALTHCARE CASH BALANCE PLAN
EIN: 93-0430029 PN: 003

2025 Form 5500 Schedule SB, Line 22 – Description of Weighted Average Retirement Age

(A)	(B)	(C)	(D)	(E)	(F)
Age	Retirement Rates	# of Participants	(B) x (C)	(D) ÷ 100	(A) x (E)
55	5.0	100.00	500.00	5.00	275.00
56	5.0	95.00	475.00	4.75	266.00
57	5.0	90.25	451.25	4.51	257.21
58	5.0	85.74	428.69	4.29	248.64
59	5.0	81.45	407.25	4.07	240.28
60	5.0	77.38	386.89	3.87	232.13
61	5.0	73.51	367.55	3.68	224.20
62	10.0	69.83	698.34	6.98	432.97
63	10.0	62.85	628.50	6.29	395.96
64	10.0	56.57	565.65	5.66	362.02
65	25.0	50.91	1272.72	12.73	827.27
66	25.0	38.18	954.54	9.55	630.00
67	25.0	28.64	715.90	7.16	479.66
68	25.0	21.48	536.93	5.37	365.11
69	25.0	16.11	402.70	4.03	277.86
70	100.0	12.08	1208.09	12.08	845.66
				Weighted Age:	64

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants	Total Participants
2025	707,297	1,006,934	64,313	1,778,544
2026	531,687	170,084	63,916	765,687
2027	497,480	362,342	63,456	923,278
2028	531,003	409,711	62,923	1,003,637
2029	523,837	343,954	62,305	930,095
2030	482,615	254,578	61,586	798,779
2031	511,934	309,582	60,755	882,271
2032	476,918	264,998	59,794	801,711
2033	529,006	322,478	58,690	910,174
2034	437,133	382,209	57,426	876,768
2035	500,047	215,532	55,322	770,901
2036	470,838	610,330	53,605	1,134,773
2037	439,115	401,316	51,690	892,121
2038	644,758	173,012	49,573	867,343
2039	487,181	348,625	47,256	883,062
2040	497,928	474,514	44,750	1,017,192
2041	480,756	375,488	42,073	898,317
2042	487,268	779,447	39,251	1,305,966
2043	453,779	381,981	36,313	872,073
2044	412,476	720,983	33,298	1,166,757
2045	399,855	665,496	30,249	1,095,600
2046	392,221	826,854	27,209	1,246,284
2047	467,872	431,854	24,221	923,946
2048	311,014	435,738	21,322	768,074
2049	197,537	335,875	18,550	551,962
2050	292,095	247,034	15,936	555,065
2051	210,112	146,228	13,508	369,848
2052	165,029	291,507	11,291	467,826
2053	116,755	360,174	9,298	486,228
2054	228,847	196,955	7,540	433,342
2055	170,417	176,046	6,015	352,479
2056	138,788	158,844	4,719	302,351
2057	246,925	134,491	3,637	385,053
2058	57,952	99,191	2,752	159,895
2059	70,640	55,560	2,042	128,243
2060	78,294	34,865	1,485	114,644
2061	69,826	39,688	1,057	110,571
2062	45,152	-	735	45,888
2063	10,435	-	500	10,935
2064	3,560	-	332	3,892
2065	3,485	-	215	3,700
2066	2,241	-	135	2,376
2067	896	-	83	979
2068	220	-	50	269
2069	-	-	29	29
2070	-	-	16	16
2071	-	-	9	9
2072	-	-	5	5
2073	-	-	2	2
2074	-	-	1	1

TUALITY HEALTHCARE CASH BALANCE PLAN
EIN: 93-0430029 PN: 003

2025 Form 5500 Schedule SB, Part V – Summary of Plan Provisions

1.	Effective Date	September 1, 2012; last restated effective January 1, 2014. Latest Amendment: No. 8, effective September 1, 2024.
2.	Plan Year	January 1 to December 31.
3.	Plan Eligibility	
	Eligible Employees	All employees except those whose retirement benefits are subject to collective bargaining, leased employees or who are treated for payroll tax purposes as other than an employee.
	Requirements	Later of attainment of age 21 and completion of 1 year of service, or a participant in the Tuality Healthcare Retirement Plan on September 1, 2012. No employees enter the plan after February 28, 2021 except those who were hired in 2020, worked at least 1,000 hours in 2020 and complete 12 months of service after February 28, 2021.
	Entry date	First day of the month coinciding with or next following completion of eligibility requirements.
4.	Years of Service	
	Eligibility	12-Month period commencing on employee's date of hire during which the employee is credited with at least 1,000 hours; switches to plan year on anniversary of employee's date of hire if employee fails to complete 1,000 hours in first 12-month period.
	Vesting	Plan year during which employee is credited with at least 1,000 hours of service including years prior to the effective date of the plan.
	Benefit	Plan year during which employee is credited with at least 1,000 hours of service. No service is earned after February 28, 2021.
	Continuous Employment	One year for each 12-month period and one-twelfth of a year of continuous employment for each full calendar month of employment beginning on the participant's most recent date of employment and subsequent anniversaries of that date during which the participant does not have a break in continuous employment including years prior to the effective date of the plan.

2025 Form 5500 Schedule SB, Part V – Summary of Plan Provisions
(Continued)

5. Normal Retirement

Eligibility	The first day of the month coincident with or following the participant's 65th birthday.
Benefit	Hypothetical Account Balance resulting from annual Principal Credits and interest credits. No Principal Credits are earned for service after February 28, 2021.

6. Early Retirement

Eligibility	The first day of the month following the attainment of age 55 and vested.
Benefit	Actuarial equivalent of hypothetical account balance earned to date of early retirement.

7. Late Retirement

Eligibility	Defer commencement of benefit beyond normal retirement date.
Benefit	Actuarial equivalent of hypothetical account balance earned to date of early retirement.

8. Disability Benefit — Not provided.

9. Death Benefit

Eligibility	Death of participant prior to commencement of benefits.
Benefit	For married participants, the participant's spouse receives the monthly life annuity equal to the actuarial equivalent of the participant's hypothetical account balance or a lump sum equal to the participant's hypothetical account balance. For non-married participants, the participant's beneficiary receives a lump sum equal to the participant's hypothetical account balance

2025 Form 5500 Schedule SB, Part V – Summary of Plan Provisions
(Continued)

10. Termination Benefit

Eligibility	Termination of employment for reasons other than retirement or death.
Benefit	A percentage of a participant's accrued benefit based on the following schedule:

Years of Vesting Service	Vested Percent
Less than 3	0%
3 or more	100%

11. Compensation

Limits	$200,000 as indexed.
Plan	§3401(a) compensation including elective deferrals.

12. Principal Credits — A percentage of annual earnings based on as follows:

Benefit Points	Principal Credit
Less than 40	2.5%
Between 40 and 60	3.0%
Between 60 and 80	4.0%
More than 80	5.0%

Benefit Points are equal to the sum of full and partial years of both age and Continuous Employment.

Only participants who complete one Year of Benefit Service during the plan year are eligible to receive the pay credit for the plan year.

13. Interest Credits — 4.00%

14. Accrued Benefit — Life annuity which is the Actuarial Equivalent of the Hypothetical Account Balance.

15. Normal Form of Benefit — Single life annuity.

2025 Form 5500 Schedule SB, Part V – Summary of Plan Provisions
(Concluded)

16. Optional Forms of Benefit	Lump sum, certain and life annuity (5-yr, 10-yr, 15-yr), joint & survivor annuity ($66^2/_3$%, 75%, 100%).
17. Actuarial Equivalent	
Interest	4.0% for late retirement adjustment. 417(e) rates for form conversion.
Mortality	No mortality for late retirement adjustment. Applicable mortality for form conversion.
Lump sum	Hypothetical Account Balance.
§417(e)	Stability period is plan year; lookback month is third month preceding plan year.
18. Changes Since Last Report	None.

Tuality Healthcare Cash Balance Pension Plan

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

EIN: 930430029 Plan Number: 003

As of December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party / (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Interest-Bearing Cash			
	Schwab Government Money Fund	$ -	$ 227,849
	State Street Instl US govt Money Market Premier	-	174,896
	Charles Schwab Bank	-	42,114
	Charles Schwab Bank	-	8,551
	Charles Schwab Bank	-	5,589
	TD Bank N.A.	-	1,000
Common Stocks			
	Teradyne, Inc. (TER)	11,610	19,162
	Monolithic Power Systems, Inc. (MPWR)	14,985	18,127
	Omega Healthcare Investors, Inc. - REIT (OHI)	14,917	17,869
	Expeditors International of Washington, Inc. (EXPD)	13,990	17,583
	Cardinal Health, Inc. (CAH)	7,879	16,851
	Regions Financial Corporation (RF)	13,119	16,639
	Alliant Energy Corporation (LNT)	13,982	16,383
	TD SYNNEX Corporation (SNX)	15,332	16,375
	Littelfuse, Inc. (LFUS)	16,130	16,187
	AES Corporation (AES)	12,692	15,530
	Avista Corporation (AVA)	15,082	15,455
	Service Corporation International (SCI)	15,229	15,282
	eBay Inc. (EBAY)	9,319	15,068
	Main Street Capital Corporation (MAIN)	12,361	15,037
	Graco Inc. (GGG)	14,518	14,673
	STERIS plc (STE)	13,169	14,451
	Coterra Energy Inc. (CTRA)	13,033	13,923
	ONEOK, Inc. (OKE)	14,978	13,892
	Tractor Supply Company (TSCO)	14,603	13,753
	W. P. Carey Inc. - REIT (WPC)	12,384	13,644
	Reinsurance Group of America, Incorporated (RGA)	13,951	13,632
	STAG Industrial, Inc. - REIT (STAG)	14,251	13,564
	Broadridge Financial Solutions, Inc. (BR)	12,688	13,390
	McGrath RentCorp (MGRC)	13,309	13,221
	Bank OZK (OZK)	12,626	13,116
	Williams-Sonoma, Inc. (WSM)	10,437	13,037
	Quest Diagnostics Incorporated (DGX)	10,739	13,015
	DICK'S Sporting Goods, Inc. (DKS)	13,030	12,868

Tuality Healthcare Cash Balance Pension Plan

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

EIN: 930430029 Plan Number: 003

As of December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party / (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Commerce Bancshares, Inc. (CBSH)	$ 13,564	$ 12,614
	AvalonBay Communities, Inc. - REIT (AVB)	14,367	12,510
	Domino's Pizza, Inc. (DPZ)	13,098	12,505
	Reliance, Inc. (RS)	12,639	12,421
	RLI Corp. (RLI)	14,000	12,284
	IDEX Corporation (IEX)	13,871	12,278
	Encompass Health Corporation (EHC)	9,595	11,888
	Amdocs Limited (DOX)	12,026	11,674
	Texas Roadhouse, Inc. (TXRH)	12,468	11,454
	CubeSmart - REIT (CUBE)	14,684	11,428
	Rollins, Inc. (ROL)	10,844	11,344
	Brown & Brown, Inc. (BRO)	14,136	11,317
	Watts Water Technologies, Inc. (WTS)	11,666	11,318
	W. R. Berkley Corporation (WRB)	11,593	11,219
	The Kroger Co. (KR)	11,637	10,996
	Arthur J. Gallagher & Co. (AJG)	11,663	10,869
	Oshkosh Corporation (OSK)	11,722	10,804
	Watsco, Inc. (WSO)	14,541	10,109
	KBR, Inc. (KBR)	16,431	10,090
	Hormel Foods Corporation (HRL)	9,022	9,551
	Yum! Brands, Inc. (YUM)	9,020	9,077
	CF Industries Holdings, Inc. (CF)	9,013	8,198
Mutual Funds			
	Schwab U.S. Large-Cap Growth Index Fund (SWLGX)	1,335,811	2,111,759
	Schwab U.S. Large-Cap Value Index Fund (SWLVX)	1,561,092	2,001,053
	JPMorgan Core Plus Bond Fund Class I (HLIPX)	1,156,881	1,179,048
	Hood River Small-Cap Growth Fund Institutional (HRSMX)	514,723	844,211
	DoubleLine Total Return Bond Fund Class I (DBLTX)	758,812	766,916
	Dodge & Cox Income Fund Class I (DODIX)	615,742	552,977
	iShares 7-10 Year Treasury Bond ETF (IEF)	543,986	549,458
	Vanguard FTSE Developed Markets ETF (VEA)	442,071	529,183
	iShares Currency Hedged MSCI EAFE ETF (HEFA)	450,165	516,835
	Goldman Sachs GQG Partners International Opportunities Fund Institutional (GSIMX)	424,250	471,884
	Utilities Select Sector SPDR Fund (XLU)	259,872	309,844
	PIMCO Income Fund Institutional (PIMIX)	300,015	308,997
	JPMorgan Emerging Markets Equity Fund Class L (JMIEX)	115,305	154,768

See independent auditor's report.

Tuality Healthcare Cash Balance Pension Plan

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

EIN: 930430029 Plan Number: 003

As of December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party / (c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	PIMCO RAE Emerging Markets Fund Institutional (PEIFX)	$ 96,519	$ 137,640
Alternative Investments			
	iDirect Private Markets Fund Class I	18,675	537,003
	The Asius Fund I Ltd. SEF	264,382	282,076
	Greenbacker Renewable Energy Company LLC	500,000	260,357
	Class P-I Five Points Small Buyout Strategies IV (B), LP	485,415	525,876

*Denotes a party-in-interest.

TUALITY HEALTHCARE CASH BALANCE PLAN
EIN: 93-0430029 PN: 003

2025 Form 5500 Schedule SB, Line 32 – Schedule of Amortization Bases

Existing Amortization Shortfall Bases

		First Segment Rate		Second Segment Rate		
Year of Origin	Installment Amount	Number of Payments	Interest Rate	Number of Payments	Interest Rate	Present Value
2023	101,107	5	4.75%	9	4.87%	1,059,347
2022	(6,496)	5	4.75%	8	4.87%	(64,561)
2021	83,826	5	4.75%	7	4.87%	785,732
2020	58,189	5	4.75%	6	4.87%	510,938
Total Existing:	236,626					2,291,456

Current Year Amortization Shortfall Base

		First Segment Rate		Second Segment Rate		
Year of Origin	Installment Amount	Number of Payments	Interest Rate	Number of Payments	Interest Rate	Present Value
2024	36,136	5	4.75%	10	4.87%	397,186
Total:	272,762					2,688,642