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 RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1967

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
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**	1213
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)**	198
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	177
b	Retired or separated participants receiving benefits	**6b**	557
c	Other retired or separated participants entitled to future benefits	**6c**	419
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1153
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	59
f	Total. Add lines **6d** and **6e**.	**6f**	1212
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I 3H

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

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

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
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**	71196583
b Actuarial value	**2b**	67476499

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	571	49960333	49960333
b For terminated vested participants	444	19785320	19785320
c For active participants	198	11018535	11281735
d Total	1213	80764188	81027388

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**	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	802000
c Target normal cost	**6c**	802000

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	21559
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	21559
10	Interest on line 9 using prior year's actual return of 11.19 %	0	2412
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1135
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 5.12 %		58
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		1193
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	23971

Part III Funding Percentages

14	Funding target attainment percentage	14	83.24 %
15	Adjusted funding target attainment percentage	15	84.10 %
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	84.34 %
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	528000	0			
07/15/2025	528000	0			
10/14/2025	528000	0			
01/15/2026	528000	0			
09/15/2026	333000	0			
			Totals ► 18(b)	2445000	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	2345299

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**	802000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	13574860	1543112
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**	2345112

	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**	2345112
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2345299
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	187
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 RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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)

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	171944	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	96241	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	21255	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)

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	17533	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PBI

333 SOUTH SEVENTH STREET
SUITE 2400
MINNEAPOLIS, MN 55402

(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?
15	NONE	5109	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name: FORDHAM & CO LLO
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 RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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)	930000	861000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2247197	2711737
(2) U.S. Government securities	1c(2)	6687442	7424277
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	7465638	8236493
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	4797630	3770328
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	3540905	3238454
(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)	44906646	48700179
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	634133	391389

		(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	71209591	75333857
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	0	0
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	71209591	75333857

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)	2445000	
(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)		2445000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	257	
(B) U.S. Government securities	2b(1)(B)	285301	
(C) Corporate debt instruments	2b(1)(C)	357293	
(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)		642851
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	101687	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1048134	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1149821
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2427814	
(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)		2427814
(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)		3591782
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		10257268
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5179267	
(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)		5179267
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)	96241	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	21255	
(5) Investment advisory and investment management fees	2i(5)	172143	
(6) Bank or trust company trustee/custodial fees	2i(6)	5109	
(7) Actuarial fees	2i(7)	17533	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	641454	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		953735
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6133002
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4124266
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 590039.

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 RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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** 4

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: 60.1 % Private Equity: 2.1 % Investment-Grade Debt and Interest Rate Hedging Assets: 32.0 %
High-Yield Debt: 0.0 % Real Assets: 3.9 % Cash or Cash Equivalents: 1.9 % Other: 0.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Structured Attachment

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2025

This Form is Open to Public Inspection

Name of Plan	TUALITY HEALTHCARE RETIREMENT PLAN						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	93-0430029	**PN**	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	97451	772796	4699067	5569314
2026	208786	839633	4612759	5661178
2027	311795	960737	4517475	5790007
2028	393164	1084006	4412867	5890037
2029	499200	1178590	4298769	5976559
2030	564690	1268931	4113959	5947580
2031	644785	1406793	3969404	6020982
2032	704362	1451606	3816246	5972214
2033	767027	1506719	3655224	5928970
2034	812654	1570429	3487164	5870247
2035	852088	1557440	3282818	5692346
2036	884951	1667273	3099822	5652046
2037	915959	1734969	2912592	5563520
2038	963441	1749086	2722210	5434737
2039	982786	1801002	2529801	5313589
2040	999885	1795134	2296888	5091907
2041	1013146	1778313	2101601	4893060
2042	1020605	1789507	1908382	4718494
2043	1018537	1778835	1718903	4516275
2044	1008484	1776406	1534907	4319797
2045	995395	1744856	1358148	4098399
2046	977191	1695368	1190285	3862844
2047	951832	1648876	1032757	3633465
2048	920779	1584163	886740	3391682
2049	886561	1517126	753109	3156796

Name of Plan	TUALITY HEALTHCARE RETIREMENT PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	93-0430029	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2050	849521	1452697	632416	2934634
2051	810079	1386154	524893	2721126
2052	766300	1310116	430438	2506854
2053	721024	1233558	348648	2303230
2054	675210	1156757	278861	2110828
2055	628889	1079412	220193	1928494
2056	582598	1002876	171609	1757083
2057	536567	927427	131981	1595975
2058	491559	853729	100146	1445434
2059	447964	782195	74961	1305120
2060	405886	713182	55344	1174412
2061	365664	646987	40301	1052952
2062	327503	583863	28948	940314
2063	291568	524035	20514	836117
2064	257980	467663	14347	739990
2065	226827	414873	9907	651607
2066	198141	365750	6758	570649
2067	171927	320314	4556	496797
2068	148148	278568	3038	429754
2069	126737	240482	2003	369222
2070	107608	205983	1307	314898
2071	90651	174984	844	266479
2072	75743	147363	539	223645
2073	62748	122973	340	186061
2074	51518	101643	212	153373

TUALITY HEALTHCARE RETIREMENT PLAN

Independent Auditor's Report
Financial Statements and
Supplemental Schedules

December 31, 2025 and 2024

KERNUTTSTOKES

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Independent Auditor's Report

To the Administrative Board
Tuality Healthcare Retirement Plan

Opinion

We have audited the financial statements of Tuality Healthcare Retirement 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 supplementary 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.

Kenneth Stokes LLP

Lake Oswego, Oregon
October 11, 2026

Tuality Healthcare Retirement 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	$ 2,711,737	$ 2,247,197
Common stocks	3,770,328	4,250,786
Mutual funds	48,257,573	44,064,017
Real estate investment trusts	442,606	421,314
Corporate bonds	8,236,493	7,465,638
U.S. government securities	7,424,277	6,687,442
Municipal bonds	391,389	634,133
Investments valued at NAV	3,238,454	4,509,064
Total investments at fair value	74,472,857	70,279,591
Employer contributions receivable	861,000	930,000
Total assets	75,333,857	71,209,591
Net assets available for benefits	$75,333,857	$71,209,591

See accompanying notes and independent auditor's report.

Tuality Healthcare Retirement 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	$ 2,408,663	$ 2,177,148
Net appreciation in fair value of investments	5,403,605	5,226,598
Total investment income	7,812,268	7,403,746
Employer contributions	2,445,000	2,647,000
Total additions	10,257,268	10,050,746
Deductions		
Benefits paid to participants	5,179,267	5,024,105
Administrative expenses	953,735	1,306,570
Total deductions	6,133,002	6,330,675
Net increase in net assets available for benefits	4,124,266	3,720,071
Net assets available for benefits:		
Beginning of year	71,209,591	67,489,520
End of year	$75,333,857	$71,209,591

See accompanying notes and independent auditor's report.

Tuality Healthcare Retirement 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	$45,444,089
Terminated vested participants	16,748,556
Active participants	9,251,488
Total vested benefits	71,444,133
Nonvested benefits	209,124
Total actuarial present value of accumulated plan benefits	$71,653,257

See accompanying notes and independent auditor's report.

Tuality Healthcare Retirement 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	$71,714,239
Increase (decrease) during the year attributable to:	
Benefits accumulated	291,975
Increase for interest	4,671,148
Benefits paid	(5,024,105)
Net increase (decrease)	(60,982)
Actuarial present value of accumulated plan benefits at end of year	$71,653,257

See accompanying notes and independent auditor's report.

1. Description of Plan

The following description of the Tuality Healthcare Retirement 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 October 1, 1967, as restated January 1, 2014. The Plan was amended and frozen effective August 31, 2012. 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 Plan's Administrative Board.

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 or exceeded 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 fully vested in the Plan upon completion of at least 5 years of vesting service or attainment of the normal retirement age 65 while employed. The Plan does allow for early retirement at the age of 55. Participants who terminate employment before becoming fully vested may forfeit nonvested benefits, subject to the Plan's break-in-service and reinstatement provisions of the plan document. Upon becoming vested, participants are entitled to accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Benefits under the Plan are based on employees' compensation during their highest average earnings over 5 consecutive years of credited service before the plan freeze. Upon termination of employment, pension payments are normally paid in the form of a monthly annuity payable for their lifetime or, if married, in the form of a qualified joint or survivor annuity.

Death and Disability Benefits

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefit is paid to the employee's 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

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.

The 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.

U.S. Government Securities: Consists of U.S. government bonds and U.S. agency mortgage-backed securities. U.S. government bonds are valued using pricing models maximizing the use of observable inputs for similar securities. U.S. agency mortgage-backed securities are valued on the basis of the timing and certainty of the cash flows compared to investments with similar durations.

Corporate Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Real Estate Investment Trusts: Investments in publicly traded real estate investment trusts (REITs) are valued at the closing market price reported on the active exchange on which the securities are traded as of the reporting date.

Municipal Bonds: Valued using pricing information obtained from independent pricing services. Fair value is determined using observable market inputs, including benchmark yields, reported trades, broker/dealer quotations, issuer spreads, benchmark securities, bids, offers, and other relevant market data.

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	$ 2,711,737	$ -	$ -	$ 2,711,737
Common stocks	3,770,328	-	-	3,770,328
Mutual funds	48,257,573	-	-	48,257,573
Real estate investment trusts	442,606	-	-	442,606
Corporate bonds	-	8,236,493	-	8,236,493
U.S. government securities	-	7,424,277	-	7,424,277
Municipal bonds	-	391,389	-	391,389
Investments measured at NAV (a)	-	-	-	3,238,454
Total investments at fair value	$ 55,182,244	$ 16,052,159	$ -	$ 74,472,857

Assets at Fair Value as of December 31, 2024	Level 1	Level 2	Level 3	Total
Interest-bearing cash	$ 2,247,197	$ -	$ -	$ 2,247,197
Common stocks	4,250,786	-	-	4,250,786
Mutual funds	44,064,017	-	-	44,064,017
Real estate investment trusts	421,314	-	-	421,314
Corporate bonds	-	7,465,638	-	7,465,638
U.S. government securities	-	6,687,442	-	6,687,442
Municipal bonds	-	634,133	-	634,133
Investments measured at NAV (a)	-	-	-	4,509,064
Total investments at fair value	$ 50,983,314	$ 14,787,213	$ -	$ 70,279,591

(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
GREENBACKER RENEWABLE ENERGY CO LLC CLASS P I (a)	$ 1,562,328	$ -	Quarterly	90 days
THE ASIUS FUND I LTD SERIES B NSA (b)	1,050,455	-	Quarterly	90 days
AEI NATIONAL INCOME PROPERTY FUND VII LP (c)	625,671	-	Not redeemable/limited liquidity	None

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
GREENBACKER RENEWABLE ENERGY CO LLC CLASS P I (a)	$ 2,853,621	$ -	Quarterly	90 days
THE ASIUS FUND I LTD SERIES B NSA (b)	968,159	-	Quarterly	90 days
AEI NATIONAL INCOME PROPERTY FUND VII LP (c)	687,284	-	Not redeemable/limited liquidity	None

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

(a) Greenbacker Renewable Energy Co LLC Class P-I seeks to generate long-term returns through investments in renewable energy, energy efficiency, and other sustainability-related projects and businesses.

(b) The ASIUS Fund I Ltd Series B 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.

(c) AEI National Income Property Fund VII LP seeks to generate income and potential capital appreciation through ownership of income-producing net leased commercial real estate properties located throughout the United States.

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 November 20, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended 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 is 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 Retirement Plan

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

EIN: 93-0430029 Plan Number: 001

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			
	STATE STREET INSTL US GOV'T MONEY MARKET PREMIER	$ -	$ 1,311,930
	SCHWAB TREASURY OBLIGATIONS MONEY FUND	-	795,000
	SCHWAB TRUST BANK SWEEP	-	588,474
	CASH	-	16,333
Common Stocks			
	CARDINAL HEALTH INC	104,571	142,206
	MONOLITHIC POWER SYSTEMS INC	75,876	126,890
	EBAY INC	95,653	120,546
	EXPEDITORS INTL WASH INC	67,668	118,761
	TERADYNE INC	96,253	111,684
	STERIS PLC	83,488	104,450
	QUEST DIAGNOSTICS INC	89,364	99,259
	TD SYNNEX CORP	75,075	95,546
	REGIONS FINL CORP	81,909	95,365
	ALLIANT ENERGY CORP	78,866	95,110
	ENCOMPASS HEALTH CORP	87,508	94,995
	ROLLINS INC	74,185	92,491
	AES CORP	87,701	90,256
	AVISTA CORP	88,341	89,798
	LITTELFUSE INC	88,256	89,787
	SERVICE CORP INTL	90,707	88,730
	RELIANCE INC	93,014	88,394
	ONEOK INC	72,031	87,612
	MAIN STREET CAPITAL CORP	85,247	87,566
	GRACO INC	80,918	85,495
	BROADRIDGE FINL SOLUTION	88,247	83,689
	TEXAS ROADHOUSE INC	74,985	81,008
	COTERRA ENERGY INC	84,609	80,934
	DOMINOS PIZZA INC	86,874	80,863
	GALLAGHER ARTHUR J & CO	81,704	79,707
	REINSURANCE GROUP AMER I	83,862	79,553
	AMDOCS LTD	77,712	79,544
	MCGRATH RENTCORP	79,005	77,648
	DICKS SPORTING GOODS INC	80,963	77,406
	TRACTOR SUPPLY CO	104,571	77,265

See independent auditor's report.

Tuality Healthcare Retirement Plan

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

EIN: 93-0430029 Plan Number: 001

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
	BANK OZK	$ 73,539	$ 76,393
	COMMERCE BANCSHARES INC	81,638	75,840
	WILLIAMS SONOMA INC	60,665	75,722
	RLI CORP	83,340	71,978
	IDEX CORP	80,094	70,820
	BROWN & BROWN INC	81,897	65,753
	WATTS WATER TECHNOLOGIES	67,662	65,693
	BERKLEY W R CORP	67,461	65,282
	KROGER CO	67,549	63,855
	OSHKOSH CORP	67,915	62,564
	KBR INC	96,229	60,541
	WATSCO INC	85,486	59,640
	HORMEL FOODS CORP	51,665	54,700
	YUM BRANDS INC	51,557	51,889
	CF INDS HLDGS INC	51,788	47,100
Mutual Funds			
	SCHWAB US LARGE-CAP VALUE INDEX	8,422,696	10,729,442
	SCHWAB US LARGE-CAP GROWTH IDX	5,910,773	9,344,232
	HOOD RIVER SMALL-CAP GROWTH INSTL	2,472,973	4,652,109
	GOLDMAN SACHS GQG PTNRS INTL OPPS INSTL	3,221,348	3,572,805
	CAUSEWAY INTERNATIONAL VALUE INV	3,600,000	3,491,955
	ISHARES CORE MSCI EAFE	2,764,035	3,699,439
	JPMORGAN CORE PLUS BOND I	2,261,718	2,281,985
	SPDR GOLD SHARES ETF	2,091,865	2,225,281
	PIMCO INCOME INSTL	1,800,015	1,818,199
	DOUBLELINE TOTAL RETURN BOND I	1,635,679	1,647,259
	DODGE & COX INCOME I	1,293,671	1,340,703
	VANGUARD GROWTH INDEX ADMIRAL	794,571	1,401,604
	STATE STREET UTILITIES SELECT SECTOR SPDR ETF	507,901	603,124
	ISHARES CORE S&P 500	299,520	395,895
	JPMORGAN EMERGING MARKETS EQUITY L	290,309	448,215
	PIMCO RAE EMERGING MARKETS INSTL	275,317	399,640
	ISHARES 7-10 YEAR TREASURY	199,739	205,686
Real Estate Investment Trusts			
	W P CAREY INC REIT	90,529	99,758
	OMEGA HEALTHCARE INVESTMENTS INC REIT	82,857	99,499

See independent auditor's report.

Tuality Healthcare Retirement Plan

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

EIN: 93-0430029 Plan Number: 001

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
	STAG INDUSTRIAL INC REIT	$ 100,558	$ 94,583
	CUBESMART REIT	99,574	76,606
	AVALONBAY COMMUNITIES INC REIT	82,597	72,160
Corporate Bonds			
	MORGAN STANLEY VAR DUE 10/27/31	245,029	221,563
	MURPHY OIL CORP 6.0% DUE 10/01/32	166,317	167,790
	NUSTAR LOGISTIC 6.375% DUE 10/01/30	157,075	163,020
	OCCIDENTAL PETROLEUM 7.875% DUE 09/15/31	155,191	160,160
	DOMINION ENERGY, INC 7.0% DUE 06/01/54	155,047	159,272
	EXELON CORP 6.5% DUE 03/15/55	153,075	158,929
	HYATT HOTELS CORP 5.75% DUE 03/30/32	151,366	158,203
	SLM CORP 6.5% DUE 01/31/30	154,007	156,750
	COMMONSPIRIT HE 3.347% DUE 10/01/29	148,137	154,449
	CVS HEALTH CORP 5.25% DUE 02/21/33	154,485	154,052
	WELLS FARGO & CO 7.625%	152,774	153,720
	BXP, INC. 2.55% DUE 04/01/32	149,226	152,882
	GOLDMAN SACHS 6.85% CALLABLE 02/10/30	149,914	152,696
	ALLY FINL INC. VAR DUE 05/15/29	151,187	152,502
	AMERICAN EXPRESS DUE 07/26/28	152,678	152,415
	JPMORGAN CHASE & CO DUE 04/22/42	153,620	152,081
	BANK OF AMERICA C DUE 03/15/50	163,712	151,869
	CITIGROUP INC. CALLABLE 11/15/28	151,223	151,706
	TEVA PHARMACEUTICAL 6.15% DUE 02/01/36	146,349	150,840
	THE PNC FINL SERV VAR DUE 01/24/34	141,227	150,393
	HCA INC. 3.5% DUE 09/01/30	139,532	150,103
	FORD MOTOR CO 7.45% DUE 07/16/31	147,531	149,755
	DISCOVER FINL SER VAR DUE 11/02/34	146,630	149,735
	ROYAL CARIBBEAN 5.375% DUE 01/15/36	149,416	149,440
	BOEING CO 5.15% DUE 05/01/30	145,109	149,007
	SONOCO PRODUCTS 2.85% DUE 02/01/32	143,255	148,471
	ENERGY TRANSFER 6.55% DUE 12/01/33	142,437	148,100
	AMGEN INC. 5.6% DUE 03/02/43	148,985	147,677
	AMERICAN TOWER CO 5.9% DUE 11/15/33	145,642	147,348
	CARMAX AUTO OWNER 4.63% DUE 03/15/28	146,311	146,643
	DELTA AIRLINES 5.25% DUE 07/10/30	143,169	145,907
	GENERAL MOTORS FI 5.8% DUE 06/23/28	139,121	145,792
	CROWN CASTLE INC. 4.3% DUE 02/15/29	142,152	145,418

See independent auditor's report.

Tuality Healthcare Retirement Plan

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

EIN: 93-0430029 Plan Number: 001

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
	MORGAN STANLEY DUE 01/23/30	$ 143,008	$ 145,397
	REGAL REXNORD COR 6.3% DUE 02/15/30	143,468	145,005
	EQUINIX, INC. 3.2% DUE 11/18/29	139,461	144,957
	SM ENERGY CO 6.5% DUE 07/15/28	142,930	144,900
	U.S. BANCORP VAR DUE 06/12/29	139,791	144,347
	SOUTHWESTERN EN 5.375% DUE 03/15/30	137,439	144,198
	BROADCOM INC. 4.55% DUE 02/15/32	143,692	144,183
	MICROSOFT CORP 2.525% DUE 06/01/50	164,773	143,806
	CELANESE US HOLDINGS 7.05% DUE 11/15/30	136,893	143,508
	CHARTER COMMUNICATIONS 4.4% DUE 04/01/33	143,358	143,293
	HUNTINGTON BANCSH DUE 02/02/35	142,898	142,900
	UNITED AIRLINES 5.45% DUE 08/15/38	139,859	142,431
	WHIRLPOOL CORP 2.4% DUE 05/15/31	142,555	141,823
	VERIZON COMMUNICATIONS 3.55% DUE 03/22/51	152,651	141,341
	JBS USA HOLDING 6.75% DUE 03/15/34	141,753	141,281
	TRUIST FINL CORP VAR DUE 01/24/30	136,039	139,428
	CAMPBELL'S CO 2.375% DUE 04/24/30	112,189	124,066
	DIAMONDBACK ENERGY 3.5% DUE 12/01/29	117,713	122,906
	MGM RESORTS INTERNATIONAL 6.125% DUE 09/15/29	119,754	121,975
	NAVIENT CORP 5.0% DUE 03/15/27	110,118	120,546
	GM FINL CONSUMER 4.86% DUE 06/18/29	117,851	119,700
	VERIZON MASTER T 5.16% DUE 06/20/29	117,667	118,759
	MGM RESORTS INTERNATIONAL 4.75% DUE 10/15/28	31,170	31,840
	DIAMONDBACK ENERGY 6.25% DUE 03/15/33	22,753	23,686
	NAVIENT CORP 4.875% DUE 03/15/28	23,286	23,640
	CAMPBELL'S CO 5.4% DUE 03/21/34	21,879	22,419
	NAVIENT CORP 9.375% DUE 07/25/30	15,522	15,470
U.S. Government Securities			
	US TREASURY DUE 02/19/26	991,879	1,026,106
	US TREASURY 3.125% DUE 05/15/48	495,049	424,038
	US TREASURY 3.625% DUE 02/15/53	340,341	343,291
	US TREASURY 1.875% DUE 02/15/51	247,937	193,187
	US TREASURY 3.875% DUE 02/15/43	286,431	283,103
	US TREASURY 2.25% DUE 05/15/41	160,553	151,059
	US TREASURY 3.5% DUE 02/15/39	155,031	145,981
	FNMA PL CA3664 4.0% DUE 06/01/49	693,950	672,209
	FNMA PL FS1125 3.5% DUE 07/01/50	567,524	544,766

See independent auditor's report.

Tuality Healthcare Retirement Plan

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

EIN: 93-0430029 Plan Number: 001

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
	FNMA PL FS6456 6.0% DUE 11/01/53	$ 463,448	$ 461,476
	FHLMC SD1015 4.5% DUE 05/01/48	428,861	412,840
	GNMA PL MA8874M 3.0% DUE 05/20/53	394,873	407,888
	FNMA PL FM3229 3.5% DUE 02/01/47	376,879	377,984
	FHLMC RA9270 5.5% DUE 06/01/53	338,224	343,790
	FHLMC SD5696 6.5% DUE 06/01/54	207,087	208,463
	FNMA PL FM1534 4.5% DUE 09/01/49	191,336	195,366
	FNMA PL MA5072 5.5% DUE 07/01/53	187,346	189,758
	FNMA PL FS6883 4.0% DUE 05/01/53	159,052	164,444
	FNMA PL FS3312 2.0% DUE 03/01/37	119,117	121,180
	FNMA PL FS7160 6.5% DUE 02/01/54	115,384	117,040
	FHLMC ZS9776 3.5% DUE 08/01/46	107,977	109,341
	FNMA PL FS3698 5.5% DUE 11/01/52	100,802	105,321
	FNMA PL BM3660 4.0% DUE 11/01/46	96,321	100,459
	FNMA PL BM4857 4.0% DUE 03/01/48	97,760	97,811
	FNMA PL FA2327 5.5% DUE 04/01/55	91,914	91,890
	FHLMC SD8257 4.5% DUE 10/01/52	75,097	78,302
	FHLMC SB8511 2.0% DUE 05/01/36	55,328	57,184
Alternative Investments			
	GREENBACKER RENEWABLE ENERGY CO LLC CLASS P I	3,055,000	1,562,328
	THE ASIUS FUND I LTD SERIES B NSA	188,453	1,050,455
	AEI NATIONAL INCOME PROPERTY FUND VII LP	450,000	625,671
Municipal Bonds			
	CALIFORNIA ST 7.55% DUE 04/01/39	220,378	206,309
	MIAMI-DADE CNTY 4.28% DUE 10/01/41	189,127	185,080

See independent auditor's report.

Tuality Healthcare Retirement Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 93-0430029 Plan Number: 001

For the Year Ended December 31, 2025

	(b) Description of Asset	(a) Purchase Price	(d) Selling Price	(g) Cost	(h) Current Value	(i) Net Gain/(Loss)
Single Transactions						
Buy	Causeway International Value Inv	$ 3,600,000	$ -	$ 3,600,000	$ 3,491,955	$ (108,045)
Series Transactions						
Sell	Schwab Treasury Obligations Money Fund	$ -	$ 3,998,500	$ 3,998,500	$ -	$ -
Sell	Schwab US Large-Cap Growth Idx	$ -	$ 3,785,000	$ 2,871,227	$ -	$ 913,773

See independent auditor's report.

TUALITY HEALTHCARE RETIREMENT PLAN
EIN: 93-0430029 PN: 001

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

Schedule of Active Participant Data

	Benefit Service							
	Under 1		1-4		5-9		10-14	
Age	No.	Ave. Annual Accrued Benefit	No.	Ave. Annual Accrued Benefit	No.	Ave. Annual Accrued Benefit	No.	Ave. Annual Accrued Benefit
Under 25								
25-29								
30-34								
35-39					4		2	
40-44	3				9		8	
45-49	1				4		17	
50-54			2		11		12	
55-59			1		6		9	
60-64					6		5	
65-69					2		3	
70 & up					1		1	
Total	**4**		**3**		**43**	**2,340**	**57**	**3,537**

	Benefit Service							
	15-19		20-24		25-29		30-34	
Age	No.	Ave. Annual Accrued Benefit	No.	Ave. Annual Accrued Benefit	No.	Ave. Annual Accrued Benefit	No.	Ave. Annual Accrued Benefit
Under 25								
25-29								
30-34								
35-39								
40-44	1							
45-49	10		1					
50-54	10		7					
55-59	11		9		8		1	
60-64	9		2		2		7	
65-69	3		1		6			
70 & up	1							
Total	**45**	**6,606**	**20**	**9,478**	**16**		**8**	

	Benefit Service					
	35 - 39		40 & up		Total	
Age	No.	Ave. Annual Accrued Benefit	No.	Ave. Annual Accrued Benefit	No.	Ave. Annual Accrued Benefit
Under 25						
25-29						
30-34						
35-39					6	
40-44					21	2,157
45-49					33	4,186
50-54					42	5,374
55-59					45	7,007
60-64	2				33	9,454
65-69					15	
70 & up					3	
Total	**2**				**198**	**6,067**

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	N/A – plan is frozen.

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	Normal form of benefit.
Assumed Commencement Date	Actives- with retirement probabilities. Terminated-vested – normal retirement date.
Average Retirement Age	Age 64.

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	N/A – plan is frozen.

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

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.

Marriage

Percentage Males 100%
Percentage Females 100%

Age difference (Male - Female) Two years.

Future Annual Hours Worked

Actual hours worked in prior year.

Tuality Healthcare Retirement Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 93-0430029 Plan Number: 001

For the Year Ended December 31, 2025

	(b) Description of Asset	(a) Purchase Price	(d) Selling Price	(g) Cost	(h) Current Value	(i) Net Gain/(Loss)
Single Transactions						
Buy	Causeway International Value Inv	$ 3,600,000	$ -	$ 3,600,000	$ 3,491,955	$ (108,045)
Series Transactions						
Sell	Schwab Treasury Obligations Money Fund	$ -	$ 3,998,500	$ 3,998,500	$ -	$ -
Sell	Schwab US Large-Cap Growth Idx	$ -	$ 3,785,000	$ 2,871,227	$ -	$ 913,773

See independent auditor's report.

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 Retirement Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
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**	71,196,583
b Actuarial value	**2b**	67,476,499

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	571	49,960,333	49,960,333
b For terminated vested participants	444	19,785,320	19,785,320
c For active participants	198	11,018,535	11,281,735
d Total	1,213	80,764,188	81,027,388

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**	5.36%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	802,000
c Target normal cost	**6c**	802,000

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	21,559
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	21,559
10	Interest on line 9 using prior year's actual return of 11.19%	0	2,412
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1,135
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 5.12%		58
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		1,193
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	23,971

Part III Funding Percentages

14	Funding target attainment percentage	14	83.24%
15	Adjusted funding target attainment percentage	15	84.10%
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	84.34%
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	528,000	0			
07/15/2025	528,000	0			
10/14/2025	528,000	0			
01/15/2026	528,000	0			
09/15/2026	333,000	0			
			Totals ► 18(b)	2,445,000	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	2,345,299

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**	802,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	13,574,860	1,543,112
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**	2,345,112

	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**	2,345,112
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2,345,299
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	187
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

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

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

1.	Effective Date	October 1, 1967; last restated effective January 1, 2014. Last Amendment: No. 6; effective May 27, 2025.
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, who have retired and not resumed participation, leased employees or who are employed by a company listed on Exhibit C of the plan document.
	Requirements	Later of attainment of age 21 and completion of 1 year of service.
	Entry date	First day of the month coinciding with or next following completion of eligibility requirements.
	Plan Closure	Plan participation was closed on August 31, 2012 in conjunction with the plan benefit freeze.
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.
	Benefit	Plan year during which the participant is credited with at least 1,000 hours of service. Participants who commence or resume eligible employment on other than the first day of the plan year and work less than 1,000 hours receive a partial year of benefit service equal to: $\frac{\text{Hours of Service as Eligible Employee in Plan Year}}{1{,}000}$ Benefit Service was frozen on December 31, 2012.

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	The sum of (A), (B), (C) and (D): (A) For each year or partial year of benefit service after December 31, 1987 through December 31, 2012, 1% of highest average earnings. (B) ½% of the excess of highest average earnings over the average Social Security wage base, multiplied by years of benefit service after December 31, 1987. The maximum years of benefit service after December 31, 1987 is the lesser of (1) 43 years or (2) 35 years minus benefit service prior to January 1, 1989 divided by 0.8000. (C) For each year or partial year of benefit service after February 28, 1975 and before January 1, 1988, 1% of monthly earnings during each plan year. (D) 1% of monthly earnings for calendar year 1975 multiplied by years of benefit service prior to March 1, 1975. Former participants of the AMI Pension Plan had an accrued benefit at October 1, 1982 equal to their non-vested benefit accrued under the AMI Pension Plan.

6. Early Retirement

Eligibility	The first day of the month following the attainment of age 55 and vested.
Benefit	Accrued benefit reduced by 6⅔% for each of the first 5 years that early commencement precedes normal retirement age and by 3⅓% for each additional year that early commencement precedes normal retirement age.

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

7. Late Retirement

Eligibility	Defer commencement of benefit beyond normal retirement date.
Benefit	Greater of prior year's accrued benefit actuarially increased for deferred commencement and benefit calculated under normal retirement formula, using additional years of compensation and benefit service, if applicable.

8. Disability Benefit — Not provided.

9. Death Benefit

Eligibility	Death of participant prior to commencement of benefits, after completion of five years of vesting service.
Benefit	The surviving beneficiary shall receive a monthly benefit equal to 100% of the benefit the participant had retired on the later of date of death, or earliest possible retirement age and elected a 100% joint and survivor annuity.

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 5	0%
5 or more	100%

Participants continue to earn vesting service as long as they remain employed by Tuality Healthcare

11. Compensation

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

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

	Highest Average Earnings	Plan compensation averaged over the five consecutive plan years that produce the highest average, excluding compensation prior to the 1988 plan year, plan years during which a participant fails to complete 500 hours and after August 31, 2012.
12.	Accrued Benefit	A participant's normal retirement benefit calculated using years of benefit service and average monthly compensation as of the date of calculation.
13.	Normal Form of Benefit	Single life annuity.
14.	Optional Forms of Benefit	Certain and life annuity (5-yr, 10-yr, 15-yr), joint & survivor annuity (50%, $66^{2}/_{3}$%, 75%, 100%).
15.	Actuarial Equivalent	
	Interest	6.00% pre- and post-retirement.
	Mortality	1984 Unisex Pension Mortality table with three-year setback for participants and no age setback for spouses and beneficiaries.
	§417(e)	Stability period is plan year; lookback month is second month preceding plan year.
16.	Changes Since	None.

Tuality Healthcare Retirement Plan

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

EIN: 93-0430029 Plan Number: 001

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			
	STATE STREET INSTL US GOV'T MONEY MARKET PREMIER	$ -	$ 1,311,930
	SCHWAB TREASURY OBLIGATIONS MONEY FUND	-	795,000
	SCHWAB TRUST BANK SWEEP	-	588,474
	CASH	-	16,333
Common Stocks			
	CARDINAL HEALTH INC	104,571	142,206
	MONOLITHIC POWER SYSTEMS INC	75,876	126,890
	EBAY INC	95,653	120,546
	EXPEDITORS INTL WASH INC	67,668	118,761
	TERADYNE INC	96,253	111,684
	STERIS PLC	83,488	104,450
	QUEST DIAGNOSTICS INC	89,364	99,259
	TD SYNNEX CORP	75,075	95,546
	REGIONS FINL CORP	81,909	95,365
	ALLIANT ENERGY CORP	78,866	95,110
	ENCOMPASS HEALTH CORP	87,508	94,995
	ROLLINS INC	74,185	92,491
	AES CORP	87,701	90,256
	AVISTA CORP	88,341	89,798
	LITTELFUSE INC	88,256	89,787
	SERVICE CORP INTL	90,707	88,730
	RELIANCE INC	93,014	88,394
	ONEOK INC	72,031	87,612
	MAIN STREET CAPITAL CORP	85,247	87,566
	GRACO INC	80,918	85,495
	BROADRIDGE FINL SOLUTION	88,247	83,689
	TEXAS ROADHOUSE INC	74,985	81,008
	COTERRA ENERGY INC	84,609	80,934
	DOMINOS PIZZA INC	86,874	80,863
	GALLAGHER ARTHUR J & CO	81,704	79,707
	REINSURANCE GROUP AMER I	83,862	79,553
	AMDOCS LTD	77,712	79,544
	MCGRATH RENTCORP	79,005	77,648
	DICKS SPORTING GOODS INC	80,963	77,406
	TRACTOR SUPPLY CO	104,571	77,265

See independent auditor's report.

Tuality Healthcare Retirement Plan

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

EIN: 93-0430029 Plan Number: 001

As of December 31, 2025

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	BANK OZK	$ 73,539	$ 76,393
	COMMERCE BANCSHARES INC	81,638	75,840
	WILLIAMS SONOMA INC	60,665	75,722
	RLI CORP	83,340	71,978
	IDEX CORP	80,094	70,820
	BROWN & BROWN INC	81,897	65,753
	WATTS WATER TECHNOLOGIES	67,662	65,693
	BERKLEY W R CORP	67,461	65,282
	KROGER CO	67,549	63,855
	OSHKOSH CORP	67,915	62,564
	KBR INC	96,229	60,541
	WATSCO INC	85,486	59,640
	HORMEL FOODS CORP	51,665	54,700
	YUM BRANDS INC	51,557	51,889
	CF INDS HLDGS INC	51,788	47,100
Mutual Funds			
	SCHWAB US LARGE-CAP VALUE INDEX	8,422,696	10,729,442
	SCHWAB US LARGE-CAP GROWTH IDX	5,910,773	9,344,232
	HOOD RIVER SMALL-CAP GROWTH INSTL	2,472,973	4,652,109
	GOLDMAN SACHS GQG PTNRS INTL OPPS INSTL	3,221,348	3,572,805
	CAUSEWAY INTERNATIONAL VALUE INV	3,600,000	3,491,955
	ISHARES CORE MSCI EAFE	2,764,035	3,699,439
	JPMORGAN CORE PLUS BOND I	2,261,718	2,281,985
	SPDR GOLD SHARES ETF	2,091,865	2,225,281
	PIMCO INCOME INSTL	1,800,015	1,818,199
	DOUBLELINE TOTAL RETURN BOND I	1,635,679	1,647,259
	DODGE & COX INCOME I	1,293,671	1,340,703
	VANGUARD GROWTH INDEX ADMIRAL	794,571	1,401,604
	STATE STREET UTILITIES SELECT SECTOR SPDR ETF	507,901	603,124
	ISHARES CORE S&P 500	299,520	395,895
	JPMORGAN EMERGING MARKETS EQUITY L	290,309	448,215
	PIMCO RAE EMERGING MARKETS INSTL	275,317	399,640
	ISHARES 7-10 YEAR TREASURY	199,739	205,686
Real Estate Investment Trusts			
	W P CAREY INC REIT	90,529	99,758
	OMEGA HEALTHCARE INVESTMENTS INC REIT	82,857	99,499

See independent auditor's report.

Tuality Healthcare Retirement Plan

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

EIN: 93-0430029 Plan Number: 001

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
	STAG INDUSTRIAL INC REIT	$ 100,558	$ 94,583
	CUBESMART REIT	99,574	76,606
	AVALONBAY COMMUNITIES INC REIT	82,597	72,160
Corporate Bonds			
	MORGAN STANLEY VAR DUE 10/27/31	245,029	221,563
	MURPHY OIL CORP 6.0% DUE 10/01/32	166,317	167,790
	NUSTAR LOGISTIC 6.375% DUE 10/01/30	157,075	163,020
	OCCIDENTAL PETROLEUM 7.875% DUE 09/15/31	155,191	160,160
	DOMINION ENERGY, INC 7.0% DUE 06/01/54	155,047	159,272
	EXELON CORP 6.5% DUE 03/15/55	153,075	158,929
	HYATT HOTELS CORP 5.75% DUE 03/30/32	151,366	158,203
	SLM CORP 6.5% DUE 01/31/30	154,007	156,750
	COMMONSPIRIT HE 3.347% DUE 10/01/29	148,137	154,449
	CVS HEALTH CORP 5.25% DUE 02/21/33	154,485	154,052
	WELLS FARGO & CO 7.625%	152,774	153,720
	BXP, INC. 2.55% DUE 04/01/32	149,226	152,882
	GOLDMAN SACHS 6.85% CALLABLE 02/10/30	149,914	152,696
	ALLY FINL INC. VAR DUE 05/15/29	151,187	152,502
	AMERICAN EXPRESS DUE 07/26/28	152,678	152,415
	JPMORGAN CHASE & CO DUE 04/22/42	153,620	152,081
	BANK OF AMERICA C DUE 03/15/50	163,712	151,869
	CITIGROUP INC. CALLABLE 11/15/28	151,223	151,706
	TEVA PHARMACEUTICAL 6.15% DUE 02/01/36	146,349	150,840
	THE PNC FINL SERV VAR DUE 01/24/34	141,227	150,393
	HCA INC. 3.5% DUE 09/01/30	139,532	150,103
	FORD MOTOR CO 7.45% DUE 07/16/31	147,531	149,755
	DISCOVER FINL SER VAR DUE 11/02/34	146,630	149,735
	ROYAL CARIBBEAN 5.375% DUE 01/15/36	149,416	149,440
	BOEING CO 5.15% DUE 05/01/30	145,109	149,007
	SONOCO PRODUCTS 2.85% DUE 02/01/32	143,255	148,471
	ENERGY TRANSFER 6.55% DUE 12/01/33	142,437	148,100
	AMGEN INC. 5.6% DUE 03/02/43	148,985	147,677
	AMERICAN TOWER CO 5.9% DUE 11/15/33	145,642	147,348
	CARMAX AUTO OWNER 4.63% DUE 03/15/28	146,311	146,643
	DELTA AIRLINES 5.25% DUE 07/10/30	143,169	145,907
	GENERAL MOTORS FI 5.8% DUE 06/23/28	139,121	145,792
	CROWN CASTLE INC. 4.3% DUE 02/15/29	142,152	145,418

See independent auditor's report.

Tuality Healthcare Retirement Plan

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

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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
	MORGAN STANLEY DUE 01/23/30	$ 143,008	$ 145,397
	REGAL REXNORD COR 6.3% DUE 02/15/30	143,468	145,005
	EQUINIX, INC. 3.2% DUE 11/18/29	139,461	144,957
	SM ENERGY CO 6.5% DUE 07/15/28	142,930	144,900
	U.S. BANCORP VAR DUE 06/12/29	139,791	144,347
	SOUTHWESTERN EN 5.375% DUE 03/15/30	137,439	144,198
	BROADCOM INC. 4.55% DUE 02/15/32	143,692	144,183
	MICROSOFT CORP 2.525% DUE 06/01/50	164,773	143,806
	CELANESE US HOLDINGS 7.05% DUE 11/15/30	136,893	143,508
	CHARTER COMMUNICATIONS 4.4% DUE 04/01/33	143,358	143,293
	HUNTINGTON BANCSH DUE 02/02/35	142,898	142,900
	UNITED AIRLINES 5.45% DUE 08/15/38	139,859	142,431
	WHIRLPOOL CORP 2.4% DUE 05/15/31	142,555	141,823
	VERIZON COMMUNICATIONS 3.55% DUE 03/22/51	152,651	141,341
	JBS USA HOLDING 6.75% DUE 03/15/34	141,753	141,281
	TRUIST FINL CORP VAR DUE 01/24/30	136,039	139,428
	CAMPBELL'S CO 2.375% DUE 04/24/30	112,189	124,066
	DIAMONDBACK ENERGY 3.5% DUE 12/01/29	117,713	122,906
	MGM RESORTS INTERNATIONAL 6.125% DUE 09/15/29	119,754	121,975
	NAVIENT CORP 5.0% DUE 03/15/27	110,118	120,546
	GM FINL CONSUMER 4.86% DUE 06/18/29	117,851	119,700
	VERIZON MASTER T 5.16% DUE 06/20/29	117,667	118,759
	MGM RESORTS INTERNATIONAL 4.75% DUE 10/15/28	31,170	31,840
	DIAMONDBACK ENERGY 6.25% DUE 03/15/33	22,753	23,686
	NAVIENT CORP 4.875% DUE 03/15/28	23,286	23,640
	CAMPBELL'S CO 5.4% DUE 03/21/34	21,879	22,419
	NAVIENT CORP 9.375% DUE 07/25/30	15,522	15,470
U.S. Government Securities			
	US TREASURY DUE 02/19/26	991,879	1,026,106
	US TREASURY 3.125% DUE 05/15/48	495,049	424,038
	US TREASURY 3.625% DUE 02/15/53	340,341	343,291
	US TREASURY 1.875% DUE 02/15/51	247,937	193,187
	US TREASURY 3.875% DUE 02/15/43	286,431	283,103
	US TREASURY 2.25% DUE 05/15/41	160,553	151,059
	US TREASURY 3.5% DUE 02/15/39	155,031	145,981
	FNMA PL CA3664 4.0% DUE 06/01/49	693,950	672,209
	FNMA PL FS1125 3.5% DUE 07/01/50	567,524	544,766

See independent auditor's report.

Tuality Healthcare Retirement Plan

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

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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
	FNMA PL FS6456 6.0% DUE 11/01/53	$ 463,448	$ 461,476
	FHLMC SD1015 4.5% DUE 05/01/48	428,861	412,840
	GNMA PL MA8874M 3.0% DUE 05/20/53	394,873	407,888
	FNMA PL FM3229 3.5% DUE 02/01/47	376,879	377,984
	FHLMC RA9270 5.5% DUE 06/01/53	338,224	343,790
	FHLMC SD5696 6.5% DUE 06/01/54	207,087	208,463
	FNMA PL FM1534 4.5% DUE 09/01/49	191,336	195,366
	FNMA PL MA5072 5.5% DUE 07/01/53	187,346	189,758
	FNMA PL FS6883 4.0% DUE 05/01/53	159,052	164,444
	FNMA PL FS3312 2.0% DUE 03/01/37	119,117	121,180
	FNMA PL FS7160 6.5% DUE 02/01/54	115,384	117,040
	FHLMC ZS9776 3.5% DUE 08/01/46	107,977	109,341
	FNMA PL FS3698 5.5% DUE 11/01/52	100,802	105,321
	FNMA PL BM3660 4.0% DUE 11/01/46	96,321	100,459
	FNMA PL BM4857 4.0% DUE 03/01/48	97,760	97,811
	FNMA PL FA2327 5.5% DUE 04/01/55	91,914	91,890
	FHLMC SD8257 4.5% DUE 10/01/52	75,097	78,302
	FHLMC SB8511 2.0% DUE 05/01/36	55,328	57,184
Alternative Investments			
	GREENBACKER RENEWABLE ENERGY CO LLC CLASS P I	3,055,000	1,562,328
	THE ASIUS FUND I LTD SERIES B NSA	188,453	1,050,455
	AEI NATIONAL INCOME PROPERTY FUND VII LP	450,000	625,671
Municipal Bonds			
	CALIFORNIA ST 7.55% DUE 04/01/39	220,378	206,309
	MIAMI-DADE CNTY 4.28% DUE 10/01/41	189,127	185,080

See independent auditor's report.

TUALITY HEALTHCARE RETIREMENT PLAN
EIN: 93-0430029 PN: 001

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
2024	26,066	5	5.07%	9	5.31%	266,924
2023	672,772	5	5.07%	8	5.31%	6,546,025
2022	(257,374)	5	5.07%	7	5.31%	(2,365,897)
2021	(184,691)	5	5.07%	6	5.31%	(1,593,223)
2020	1,141,128	5	5.07%	5	5.31%	9,163,652
Total Existing:	1,397,901					12,017,481

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
2025	145,211	5	5.07%	10	5.31%	1,557,379
Total:	1,543,112					13,574,860