Summary Annual Report

For Enloe Medical Center Defined Contribution Retirement Plan

This is a summary of the annual report Form 5500 Annual Return/Report of Employee Benefit Plan for Enloe Medical Center Defined Contribution Retirement Plan, Employer Identification Number 94-1603784, Plan No. 003 for the period January 01, 2025 through December 31, 2025. The Form 5500 annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA). Your plan is a Single-Employer defined contribution plan, which include the following characteristic(s) of 401(m), ERISA Section 404(c), Participant-Directed, Pre-Approved Pension Plan, Profit-Sharing.

Basic Financial Statement

Benefits under the plan are provided through insurance and through a trust fund. Plan expenses were $18,844,971. These expenses included $70,677 in administrative expenses and $18,774,294 in benefits paid to participants and beneficiaries. A total of 4295 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was $281,238,918, as of December 31, 2025 compared to $243,989,201 as of January 01, 2025. During the plan year, the plan experienced an increase in its net assets of $37,249,717. This increase includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of $56,094,688, including employer contributions of $19,002,339, employee contributions of $0 gains of $0, from the sale of assets, and earnings from investments of $37,092,349.

Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. financial information and information on payments to service providers;
2. insurance information, including sales commissions paid by insurance carriers;
3. an accountant's report;
4. assets held for investment;

To obtain a copy of the full annual report, or any part thereof, write or call Enloe Medical Center, 1531 ESPLANADE , CHICO, CA 959263310, 530-332-7030.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the Plan Administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan at Enloe Medical Center, 1531 ESPLANADE , CHICO, CA 959263310, and at the U.S. Department of Labor in Washington, D.C. or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. The annual report is also available online at the Department of Labor website www.efast.dol.gov.

The information contained herein has been provided by the Plan Administrator.