

## **Summary Annual Report**

### **For SALEM HEALTH HOSPITALS & CLINICS RETIREMENT PLAN**

This is a summary of the annual report Form 5500 Annual Return/Report of Employee Benefit Plan for SALEM HEALTH HOSPITALS & CLINICS RETIREMENT PLAN, Employer Identification Number 93-0823471, Plan No. 002 for the period January 01, 2024 through December 31, 2024. 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(k), 401(m), Automatic Enrollment, Default Investment Account, Directed Brokerage Accounts, ERISA Section 404(c), Group-based Non-Elective, Member of Controlled Group, Participant-Directed, Profit-Sharing.

### **Basic Financial Statement**

Benefits under the plan are provided through insurance and through a trust fund. Plan expenses were \$67,876,832. These expenses included \$715,711 in administrative expenses and \$67,081,676 in benefits paid to participants and beneficiaries and \$79,445 in other expenses. A total of 7729 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 \$982,525,145, as of December 31, 2024 compared to \$844,077,786 as of January 01, 2024. During the plan year, the plan experienced an increase in its net assets of \$138,447,359. 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 \$206,324,191, including employer contributions of \$30,604,636, employee contributions of \$54,253,438, other contributions of \$11,116,829, gains of \$0, from the sale of assets, and earnings from investments of \$110,349,288.

### **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. information regarding any Common/Collective Trust, Pooled Separate Accounts, Master Trusts, or 103-12 Investment Entities;
4. an accountant's report;
5. assets held for investment;

To obtain a copy of the full annual report, or any part thereof, write or call Salem Health Hospitals & Clinics, P O BOX 14001 , SALEM, OR 973095014, 503-814-1862.

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 Salem Health Hospitals & Clinics, 890 OAK STREET SE , SALEM, OR 97301, 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](http://www.efast.dol.gov).