

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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.)

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: 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

<p>1a Name of plan <u>SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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) <u>SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC.</u></p> <p><u>10010 CAMPUS POINT DRIVE, CPC 305</u> <u>SAN DIEGO, CA 92121</u></p>	<p>1c Effective date of plan <u>09/24/2012</u></p> <p>2b Employer Identification Number (EIN) <u>45-3998554</u></p> <p>2c Plan Sponsor's telephone number <u>858-678-6511</u></p> <p>2d Business code (see instructions) <u>621111</u></p>

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.	10/01/2025	JASON COOK
	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 <input checked="" type="checkbox"/> 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: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	162
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	143
	6a(2)	156
	6b	0
	6c	23
	6d	179
	6e	0
	6f	179
	6g(1)	139
6g(2)	156	
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 Characteristics Codes in the instructions:
 2F 2G 2J 2K 2T 2E 3D

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **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) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC.	D Employer Identification Number (EIN) 45-3998554	

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

STRATEGIC ADVISORS, INC.

04-2654524

(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	ADVISOR	10574	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	513	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
AMG GW&K SM MD CP I - BNY MELLON I 500 ROSS STREET PITTSBURGH, PA 53442	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
AMG TS MID CAP GR N - BNY MELLON I 500 ROSS STREET PITTSBURGH, PA 53442	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
ARTISAN MID CAP VAL - SS&C GLOBAL 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
AS SMALL CO VALUE A - DST ASSET MA 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
BARON ASSET FUND - SS&C GIDS, INC 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
BARON SMALL CAP - SS&C GIDS, INC 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
DODGE&COX INTL STK I - SS&C GIDS, 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
NYL/E US EQ YLD I - NYLIM SERVICE 52-2206685	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
PIMCO TOT RETURN ADM - SS&C GLOBAL 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.25%	

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:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC.</u>	D Employer Identification Number (EIN) <u>45-3998554</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MIP II CL 1</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>04-3022712-025</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>63034</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC.</u>	D Employer Identification Number (EIN) <u>45-3998554</u>

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	958560	957637
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	136026	113376
(9) Value of interest in common/collective trusts	1c(9)	50075	63034
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	37422758	50004085
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	38567419	51138132
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	38567419	51138132

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)	2262081	
(B) Participants.....	2a(1)(B)	3002046	
(C) Others (including rollovers).....	2a(1)(C)	1540943	
(2) Noncash contributions.....	2a(2)	0	6805070
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	29577	40464
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	10887	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		40464
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	1606856
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1606856	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1606856
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	0
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	0
(B) Other.....	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	591
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	4728322
c Other income	2c	0
d Total income. Add all income amounts in column (b) and enter total.....	2d	13181303

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	584153
(2) To insurance carriers for the provision of benefits	2e(2)	0
(3) Other.....	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	584153
f Corrective distributions (see instructions)	2f	14781
g Certain deemed distributions of participant loans (see instructions).....	2g	569
h Interest expense.....	2h	0
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	0
(2) Contract administrator fees	2i(2)	300
(3) Recordkeeping fees	2i(3)	213
(4) IQPA audit fees	2i(4)	0
(5) Investment advisory and investment management fees	2i(5)	10574
(6) Bank or trust company trustee/custodial fees	2i(6)	0
(7) Actuarial fees	2i(7)	0
(8) Legal fees	2i(8)	0
(9) Valuation/appraisal fees	2i(9)	0
(10) Other trustee fees and expenses	2i(10)	0
(11) Other expenses.....	2i(11)	0
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	11087
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	610590

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	12570713
l Transfers of assets:		
(1) To this plan.....	2l(1)	0
(2) From this plan	2l(2)	0

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) 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) 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: **CONSIDINE & CONSIDINE**

(2) EIN: **95-2694444**

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.)		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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes 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.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC.</u>	D Employer Identification Number (EIN) <u>45-3998554</u>	

Part I	Distributions
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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	
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): <u>04-6568107</u>		
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	

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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A.

**SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC.
401(K) PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN

	<u>Pages</u>
I Index	1
II Independent auditor's report	2 – 5
III Statements of net assets available for benefits	6
IV Statements of changes in net assets available for benefits	7
V Notes to the financial statements	8 – 18
VI Required supplemental information	
- Schedule H, line 4i – Schedule of assets (held at end of year)	19 – 24

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors

Scripps Health Inpatient Providers Medical Group, Inc. 401(k) Plan

Scope and Nature of the ERISA Section 103(a)(3)(c) Audit

We have performed audits of the accompanying financial statements of Scripps Health Inpatient Providers Medical Group, Inc. 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Scripps Health Inpatient Providers Medical Group, Inc. 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Scripps Health Inpatient Providers Medical Group, Inc. 401(k) 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 ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 Scripps Health Inpatient Providers Medical Group, Inc. 401(k) Plan's ability to continue as a going concern for one year after the date 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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Scripps Health Inpatient Providers Medical Group, Inc. 401(k) 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 Scripps Health Inpatient Providers Medical Group, Inc. 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matters

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at the end of the year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit

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 generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



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An accountancy corporation

September 15, 2025

SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023

Page 6

	2024	2023
ASSETS		
INVESTMENTS (note 5)		
Investments at fair value (note 5)	\$ 50,004,085	\$ 37,422,758
Money market funds	957,637	958,560
Common collective trust funds (note 6)	63,034	50,075
	51,024,756	38,431,393
RECEIVABLES		
Employees' contributions	-	14,345
Employer's contributions	2,654,783	2,192,581
Notes receivable from participants (note 5)	113,376	136,026
	2,768,159	2,342,952
TOTAL ASSETS	53,792,915	40,774,345
LIABILITIES		
Excess contributions payable	7,423	14,782
NET ASSETS AVAILABLE FOR BENEFITS	\$ 53,785,492	\$ 40,759,563

See accompanying notes

**SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

Page 7

	2024	2023
CHANGES TO NET ASSETS ATTRIBUTED TO:		
NET INVESTMENT INCOME (note 5)		
Net appreciation in fair value of investments	\$ 4,729,029	\$ 5,441,864
Interest and dividends on investments	1,636,433	872,023
	6,365,462	6,313,887
CONTRIBUTIONS		
Employee	2,980,163	2,496,456
Employer	2,724,283	2,193,878
Rollover	1,540,943	49,686
	7,245,389	4,740,020
Interest income on notes receivable from participants (note 5)	10,887	10,516
TOTAL CHANGES	13,621,738	11,064,423
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	584,722	1,160,042
Administrator and investment fees (note 4)	11,087	9,189
TOTAL DEDUCTIONS	595,809	1,169,231
NET INCREASE	13,025,929	9,895,192
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	40,759,563	30,864,371
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	\$ 53,785,492	\$ 40,759,563

See accompanying notes

SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Page 8

NOTE 1 DESCRIPTION OF PLAN

The following description of Scripps Health Inpatient Providers Medical Group, Inc. 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan's Sponsor is Scripps Health Inpatient Providers Medical Group, Inc. (the "Company," "Plan Sponsor," or the "Employer").

GENERAL

The Plan, initially adopted September 24, 2012, is a defined contribution plan covering all employees of the Company excluding the following ineligible class of employees: (a) employees covered by a collective bargaining agreement; (b) leased employees; (c) nonresident aliens who do not receive any earned income from the employer which constitutes United States source income; and (d) casual employees. Eligible employees become eligible for the Plan immediately upon hire. Casual employees become eligible upon completing 1,000 hours of service during a computation period and must be at least 21 years of age.

CONTRIBUTIONS

Contributions to the Plan are as follows:

- 1) Participant contributions — Participants may elect to make pre-tax salary deferral contributions or Roth contributions to the Plan up to the annual limit (\$23,000 and \$22,500 in 2024 and 2023) established by the Internal Revenue Service ("IRS"). Participants who have attained at least age 50 can make catch-up contributions in addition to the above, up to the maximum amount allowed by the IRS (\$7,500 in 2024 and 2023).
- 2) Rollover contributions — The Plan allows for the participants in a former employer's qualified plan to contribute direct rollovers to this plan, provided the rollover will not jeopardize the tax-exempt status of the Plan or create adverse tax consequences for the Employer.
- 3) Matching contributions — The Plan allows for the Company to make discretionary matching contributions not to exceed the participant's contribution for the plan year and not to include catch-up contributions. These contributions are made on an annual basis. For the years ended December 31, 2024 and 2023, the amount was equal to each \$1.00 of salary deferrals for each participant who worked 1,350 hours during the plan year up to a maximum determined by the Company. For those participants with at least 800 hours of service but less than 1,350 hours during the plan year the Company made a contribution of the same amount as above multiplied by 75 percent.

SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Page 9

4) Top heavy minimum contributions — The Company may at times make contributions to non-key participants to satisfy top heavy minimum contribution requirements. For the years ended December 31, 2024 and 2023, no top heavy minimum contributions were made.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution, allocations of the Company's contributions and the Plan earnings (net of administrative fees). Allocations are based on participant's compensation or account balance, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

VESTING

Participants are immediately fully vested in participant contributions and the earnings and appreciation or depreciation thereon. Participants are vested in employer contributions and the earnings and appreciation or depreciation thereon based on years of service as follows:

1 year	50%
2 years	100%
3 years	100%
4 years	100%
5 years	100%

PAYMENT OF BENEFITS

On termination of service, death, disability, attainment of age 59.5, or retirement, a participant (or participant's beneficiary in the event of death) may elect to receive a lump-sum distribution equal to the participant's vested account balance or annual installments through the year of the participant's death. Account balances for terminated participants that are \$7,000 or less will be distributed in a lump sum, or, at the participant's election, will be rolled over to another qualified retirement plan or to an individual retirement account (IRA) of the participants choosing. Account balances for terminated participants that exceed \$1,000 may be distributed by the Plan Administrator with the participant's consent or distributed in a lump sum for less than \$1,000. Hardship distributions are not permitted from the participant's employee deferral account.

COMPENSATION

Compensation means the participant's wages, which includes compensation paid before becoming a participant of the Plan, and amounts that are paid after a participant's severance from employment,

SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Page 10

including regular pay, leave cash outs, and deferred compensation. Compensation in excess of \$345,000 shall be disregarded for all purposes other than for purposes of salary deferral elections.

ADMINISTRATIVE EXPENSES

All expenses incident to the administration, termination or protection of the Plan, including, but not limited to, legal, accounting and Trustee fees, shall be paid by the Company or, if not paid by the Company, shall be paid by the administrator from the Plan assets. A participant's account balance will be charged with certain fees and expenses. Asset-based fees (e.g. management fees and other operating expenses) are used to cover the expenses related to running an investment fund and are generally deducted directly from a participant's investment returns. Amounts totaling \$11,087 and \$9,189 were paid by the Plan for consulting fees, Trustee fees, fees for benefits paid to participants and participant loan fees for the years ended December 31, 2024 and 2023. In addition, the Company provides administrative services to the Plan at no cost to the Plan. Certain investment related expenses are included as a reduction of investment return and are not separately reflected.

INVESTMENT OPTIONS

Participants may invest their entire account in specific assets, specific funds or other investments permitted under the Plan. All participant directed investments shall be charged or credited with the net earnings, gains, losses, and expenses as well as any appreciation or depreciation in the market value.

FORFEITED ACCOUNTS

Non-vested employer matching contributions forfeited by terminated participants may be made available to reinstate previously forfeited account balances of participants, if any, or may be used to satisfy any contribution that may be required pursuant to a participant who was erroneously omitted from the Plan, or used to pay any administrative expenses of the Plan. The remaining forfeitures, if any, shall be used for future employer matching contributions. Non-vested employer non-match contributions forfeited by terminated participants are used to reduce future non-match employer contributions such as discretionary or top-heavy minimum contributions. At December 31, 2024 and 2023, there was \$0 of unallocated forfeitures. Forfeitures in the amount of \$2,121 and \$10,789 were used for employer contributions for the years ended December 31, 2024 and 2023, respectively.

NOTES RECEIVABLE FROM PARTICIPANTS

Participants are permitted to borrow from their accounts. Loans shall not exceed a participant's vested interest in the Plan, must be adequately secured, and bear a reasonable rate of interest. Loans shall provide for a periodic repayment over a reasonable period of time. No loan to any participant shall be made to the extent that such loan when added to the outstanding balance of all other loans to the

SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Page 11

participant would exceed the lesser of (a) \$50,000 reduced by the excess (if any) of the highest outstanding balance of plan loans during the one-year period ending on the day before the loan is made over the outstanding balance of plan loans on the date the loan is made, or (b) one-half the present value of the participant's vested interest in his account.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting — The accompanying financial statements have been prepared using the accrual method of accounting in conformity with generally accepted accounting principles (GAAP) in the United States of America.

Estimates — The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

Investments valuation and income recognition — Investments are stated at fair value as certified by the institution that holds the Plan's assets as an investment manager and are under the custody of the Plan's Trustee. Quoted market prices are used to value investments at fair value. Shares of mutual funds are valued at the net asset value ("NAV") of shares held by the Plan at year end. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on accrual basis. Dividends are recorded on the ex-dividend date.

Investment contracts held by a defined-contribution plan are required to be reported at contract value. Contract value is the relevant measurement attributed for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

The Plan follows Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2015-12, Plan Accounting: Defined Contribution Pension Plans (Topic 962): Part (II) Plan Investment Disclosures. This standard simplifies employee benefit plan reporting with respect to plan investment disclosures.

Notes receivable from participants — Loans to participants are reported at the unpaid principal balances plus any accrued but unpaid interest. Notes receivable from participants are reported net of an allowance of \$0 as of December 31, 2024 and 2023.

Benefits paid to participants — Benefits are recorded when paid.

SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Page 12

Fair value measurement — The Plan follows accounting standards consistent with the FASB Codification which defines fair value, establishes a framework for measuring fair value and enhances disclosures about fair value measurements for all financial assets and liabilities.

Credit losses — The Plan follows standards applicable to accounting for credit losses, which replaces the incurred loss methodology with an expected loss methodology that is referred to as the current expected credit loss (CECL) methodology. The measurement of expected credit losses under the current expected credit loss methodology is applicable to trading receivables, financing receivables, held-to-maturity debt securities, and receivables relating to repurchase agreements and securities lending agreements. It also applies to off-balance sheet credit exposures not accounted for as insurance (loan commitments, standby letters of credit, financial guarantees, and other similar instruments) and net investments in leases recognized by a lessor in accordance with Topic 842 on leases. Financial assets held by the Plan that are subject to this guidance are contributions receivable and notes receivable from participants. At December 31, 2024 and 2023, the Plan had no allowance for credit losses.

Classification and measurement of financial instruments — The Plan follows ASU 2016-01 “Recognition and Measurement of Financial Assets and Financial Liabilities” which amends certain aspects of current guidance on the recognition, measurement and disclosure of financials instruments. Among other changes, this ASU requires most equity investments to be measured at fair value. Additionally, the ASU eliminates the requirement to disclose the method and significant assumptions used to estimate the fair value for instruments not recognized at fair value in the Plan’s financial statements.

Income taxes — The pension plan is tax exempt under the Internal Revenue Code Section 401(k) and consequently pays no income tax.

The Plan uses a prototype 401(k) profit sharing agreement provided by the Trustee. The prototype agreement received its most recent opinion letter on March 31, 2014, in which the Internal Revenue Service (IRS) stated that the agreement as then designed was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan adopted this agreement effective August 31, 2015. The agreement has been amended since that time in order to conform to more recent pension laws and regulations. The Plan Sponsor and Fidelity Management Trust Company (“the Trustee”) believe the Plan is operating in accordance with applicable requirements of the IRC; however no formal determination letter has been received for the amended Plan.

The Plan follows accounting standards for uncertainty in income taxes recognized in the Plan's financial statements and prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. It also provides guidance on derecognition and measurement of a tax position taken or to be taken in a tax return. As of December 31, 2024 and 2023, the Plan has not accrued interest or penalties related to uncertain tax positions.

SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Page 13

NOTE 3 PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, the rights of all employees to account balances accrued to the date of the termination are fully vested and non-forfeitable.

NOTE 4 PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by the Trustee which qualifies these transactions as party-in-interest transactions. Administrative fees incurred by the Plan to the Trustee totaled \$11,087 and \$9,189 for the years ended December 31, 2024 and 2023, respectively. In addition, the Company pays certain administrative fees of the Plan, which are not reimbursed as well as providing administrative services to the Plan at no cost to the Plan. The Plan also has investments in funds owned by the Trustee. Total net assets invested in the Trustee funds were \$49,174,231 and \$36,940,111 as of December 31, 2024 and 2023, respectively.

NOTE 5 INFORMATION CERTIFIED BY THE TRUSTEE

The Company has obtained certification from the Trustee that all of the information provided to the Company by the Trustee is complete and accurate. The Trustee certification applies to substantially all of the Plan's investment assets, transactions, and supplemental schedules. The Trustee reports such information primarily on a cash basis while the accompanying financial statements and supplemental schedules are presented on an accrual basis. Therefore, certain amounts reflected in the financial statements and supplemental schedules may differ from the information certified by the Trustee.

SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Page 14

The following information is prepared and certified by Fidelity Management Trust Company as of December 31:

	2024	2023
Investments at fair value:		
Mutual funds	\$ 50,004,085	\$ 37,422,758
Money market funds	957,637	958,560
	50,961,722	38,381,318
Investments at NAV:		
Common collective trust funds	63,034	50,075
Notes receivable from participants	113,376	136,026
	\$ 51,138,132	\$ 38,567,419
	2024	2023
Investment income:		
Net appreciation in fair value of investments	\$ 4,728,913	\$ 5,443,055
Interest and dividends on investments	1,636,433	872,023
Interest income on notes receivable from participants	10,887	10,516
	\$ 6,376,233	\$ 6,325,594

During 2024 and 2023, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) changed in value as follows:

	2024	2023
Mutual funds	\$ 4,728,322	\$ 5,443,709
Common collective trust funds	591	(654)
	\$ 4,728,913	\$ 5,443,055

NOTE 6 COMMON-COLLECTIVE TRUST

During 2024 and 2023, the Plan held an interest in the Managed Income Portfolio II fund (the "Fund"). The Fund is a commingled pool of the Fidelity Group Trust for Employee Benefit Plans and managed by Fidelity Managed Income Trust Company. The assets of the funds are invested in fixed income securities, shares of money market funds, future contracts, option contracts, and swap agreements. The Fund may also invest in investment contracts offered by insurance companies and other approved financial institutions. The issuers' ability to meet these obligations may be affected by economic developments in their respective companies and industries. Although it is the policy of the Trust to use its best efforts to maintain a stable NAV, there is no guarantee that the Trust will be able to maintain that value. The Fund is credited with earnings on the underlying investments and charged for participant withdrawals and administrative fees.

SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Page 15

There are no unfunded commitments. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that security liquidations will be carried out in an orderly business manner.

NOTE 7 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 participants account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 8 FAIR VALUE MEASUREMENTS

The Company follows the methods of fair value measurement to value its financial assets and liabilities. Fair value is based on 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. In order to increase consistency and comparability in fair value measurements, a fair value hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels has been established, which are described below:

Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to level 1 inputs.

Level 2: Observable inputs other than level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in inactive markets; or model-derived valuations in which all significant inputs are observable or can be derived principally from or corroborated with observable market data.

Level 3: Unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to level 3 inputs.

Money market funds and mutual funds: Money market and mutual fund shares are based on the unit value as determined from the daily price traded on an active market, dividends declared, and capital gains and are classified as level 1 investments.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different

SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The common collective trust funds are comprised of MIP II CL 1 (the "Fund") and are valued at the NAV of units held at year end. The NAV is used as a practical expedient to estimate fair value. The NAV is calculated by the fund based on net assets which includes fully benefit responsive contracts at contract value.

Financial assets carried at fair value are classified below in one of the three categories described above. The table below presents the balances of net assets measured at fair value on a recurring basis as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
Assets				
Mutual funds	\$ 50,004,085	\$ -	\$ -	\$ 50,004,085
Money market funds	957,637	-	-	957,637
	<u>\$ 50,961,722</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 50,961,722</u>
Investments measured at NAV:				
Common collective trust funds				63,034
				<u>\$ 51,024,756</u>

The table below presents the balances of net assets measured at fair value on a recurring basis as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
Assets				
Mutual funds	\$ 37,422,758	\$ -	\$ -	\$ 37,422,758
Money market funds	958,560	-	-	958,560
	<u>\$ 38,381,318</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 38,381,318</u>
Investments measured at NAV:				
Common collective trust funds				50,075
				<u>\$ 38,431,393</u>

SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

Page 17

NOTE 9 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of total additions per the financial statements to Form 5500 for the years ended December 31:

	2024	2023
Total contributions per the financial statements	\$ 7,245,389	\$ 4,740,020
Current year employee contributions receivable	-	(14,345)
Prior year employee contributions receivable	14,345	-
Current year employer contributions receivable	(2,654,783)	(2,192,581)
Prior year employer contributions receivable	2,192,581	1,762,498
Current year excess contributions payable	7,423	14,782
Portion due to (earnings)/losses on excess contributions payable	116	(1,191)
Total contributions per Form 5500	\$ 6,805,071	\$ 4,309,183

The following is a reconciliation of total distributions per the financial statements to Form 5500 for the years ended December 31:

	2024	2023
Total distributions per the financial statements	\$ 584,722	\$ 1,160,042
Prior year excess contributions payable	14,782	-
Total distributions per Form 5500	\$ 599,504	\$ 1,160,042

The following is a reconciliation of net investment earnings per the financial statements to Form 5500 for the years ended December 31:

	2024	2023
Net investment earnings per the financial statements	\$ 6,365,462	\$ 6,313,887
Earnings/(losses) on excess contributions payable	(116)	1,191
Net investment earnings per Form 5500	\$ 6,365,346	\$ 6,315,078

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31:

	2024	2023
Net assets available for benefits per the financial statements	\$ 53,785,492	\$ 40,759,563
Employer contributions receivable	(2,654,783)	(2,192,581)
Employee contributions receivable	-	(14,345)
Excess contributions payable	7,423	14,782
Net assets available for benefits per Form 5500	\$ 51,138,132	\$ 38,567,419

**SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

Page 18

NOTE 10 SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 15, 2025, the date which the financial statements were available to be issued. There were no material subsequent events which affected the amounts or disclosures in the financial statements.

SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

Plan Sponsor's EIN: 45-3998554

Plan Number: 001

(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
*	FID 500 Index	Mutual fund	**	\$ 7,726,109
*	FID Freedom 2045 K	Mutual fund	**	4,918,432
*	FID Freedom 2050 K	Mutual fund	**	4,279,402
*	FID Freedom 2040 K	Mutual fund	**	3,523,738
*	FID Freedom 2030 K	Mutual fund	**	2,999,992
*	FID Freedom 2055 K	Mutual fund	**	2,314,953
*	FID Freedom 2035 K	Mutual fund	**	2,065,367
*	FID Freedom 2025 K	Mutual fund	**	1,853,504
*	FID Contrafund	Mutual fund	**	1,170,104
*	FID Blue Chip Gr	Mutual fund	**	1,076,912
*	FID Total Mkt Idx	Mutual fund	**	1,001,094
*	FID Freedom 2020 K	Mutual fund	**	755,720
*	NYLI/E Us Eq Yld I	Mutual fund	**	669,855
*	FID Intl Index	Mutual fund	**	624,678
*	FID Sel Technology	Mutual fund	**	624,587
*	FID Sel Biotech	Mutual fund	**	594,468
*	FID Total Bond	Mutual fund	**	582,750
*	FID Emrg Mkts Idx	Mutual fund	**	581,264
*	FID Mega Cap Stock	Mutual fund	**	538,163
*	FID Intl Value	Mutual fund	**	511,565
*	Dodge&Cox Intl Stk I	Mutual fund	**	500,973
*	FID Govt Mmrk Prm	Money market fund	**	499,873
*	Pimco Tot Return Adm	Mutual fund	**	489,201
*	FID Sel Semiconduct	Mutual fund	**	475,937
*	FID Growth Company	Mutual fund	**	474,172
*	FID Magellan	Mutual fund	**	424,359

See accompanying independent auditor's report

SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

Plan Sponsor's EIN: 45-3998554
Plan Number: 001

(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
*	FID Govt Mmkt	Money market fund	**	367,785
*	FID Fidelity Fund	Mutual fund	**	341,577
*	FID EQ Div Income	Mutual fund	**	339,149
*	FID Large Cap Stock	Mutual fund	**	327,013
*	FID Invst GR BD	Mutual fund	**	308,761
*	FID Freedom 2060 K	Mutual fund	**	304,180
*	FID US Bond Idx	Mutual fund	**	296,393
*	AMG Ts Mid Cap Gr N	Mutual fund	**	292,832
*	FID Emerg Mkts Disc	Mutual fund	**	277,794
*	FID Value Discov	Mutual fund	**	264,603
*	FID Mid Cap Idx	Mutual fund	**	248,149
*	FID OTC Portfolio	Mutual fund	**	245,186
*	FID NASDAQ Comp Indx	Mutual fund	**	232,389
*	FID Sm Cap Idx	Mutual fund	**	230,208
*	FID Flot Rt Hi Inc	Mutual fund	**	221,210
*	FID Extd Mkt Idx	Mutual fund	**	207,606
*	FID Freedom Inc K	Mutual fund	**	205,606
*	FID Stk Sel Sm Cap	Mutual fund	**	190,429
*	FID Corporate Bond	Mutual fund	**	186,403
*	FID Overseas	Mutual fund	**	184,066
*	FID Sel Software	Mutual fund	**	160,269
*	FID Small Cap Growth	Mutual fund	**	157,483
*	FID Global Eq Income	Mutual fund	**	155,519
*	FID GLB Comdty Stk	Mutual fund	**	144,264
*	FID Trend	Mutual fund	**	142,850
*	FID Balanced	Mutual fund	**	142,372

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SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

Plan Sponsor's EIN: 45-3998554
Plan Number: 001

(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
*	FID Dividend GR	Mutual fund	**	139,627
*	FID Intm Tr Bd Idx	Mutual fund	**	137,716
*	FID High Income	Mutual fund	**	131,920
*	FID Mid Cap Stock	Mutual fund	**	127,969
*	FID Infl Pr Bd Idx	Mutual fund	**	125,653
*	FID Intl Cap Apprec	Mutual fund	**	124,667
*	Baron Small Cap	Mutual fund	**	117,781
*	FID Puritan	Mutual fund	**	116,113
*	FID Sel Healthcare	Mutual fund	**	110,522
*	FID Sel Gold	Mutual fund	**	109,002
*	Baron Asset Fund	Mutual fund	**	102,865
*	FID Real Estate Idx	Mutual fund	**	101,443
*	FID Freedom 2015 K	Mutual fund	**	98,073
*	FID Intl Small Cap	Mutual fund	**	96,443
*	FID Worldwide	Mutual fund	**	94,853
*	FID New Millen	Mutual fund	**	90,062
*	FID Gov Cash Reserve	Money market fund	**	89,979
*	FID Asset Mgr 60%	Mutual fund	**	89,629
*	FID Short Term Bond	Mutual fund	**	87,198
*	FID Capital Apprec	Mutual fund	**	86,455
*	FID Capital & Income	Mutual fund	**	83,923
*	FID Lt Tr Bd Idx	Mutual fund	**	82,746
*	FID Growth Strat	Mutual fund	**	77,603
*	FID Sm Cap Discovery	Mutual fund	**	75,334
*	FID Pacific Basin	Mutual fund	**	75,226
*	FID Stksel Lgcap Val	Mutual fund	**	73,309

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REQUIRED SUPPLEMENTAL INFORMATION
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DECEMBER 31, 2024

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Plan Number: 001

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*	FID Glb Ex Us Idx	Mutual fund	**	69,617
	Artisan Mid Cap Val	Mutual fund	**	68,914
*	FID Value Strat	Mutual fund	**	65,091
*	FID Sel Retailing	Mutual fund	**	64,750
	MIP II CL 1	Common-collective trust	**	63,034
*	FID Strat Div & Inc	Mutual fund	**	59,173
*	FID Focused High Inc	Mutual fund	**	55,711
*	Fidelity Govt Income	Mutual fund	**	55,407
*	FID Intermed Bond	Mutual fund	**	40,800
*	FID Small Cap Value	Mutual fund	**	36,656
*	FID St Tr Bd Idx	Mutual fund	**	34,704
	AMG GW&K Sm Md Cp I	Mutual fund	**	34,272
*	FID Small Cap Stock	Mutual fund	**	32,592
*	FID Value	Mutual fund	**	28,130
*	Fidelity Financials	Mutual fund	**	25,142
*	FID Mid Cap Value	Mutual fund	**	18,661
*	FID Sel Wireless	Mutual fund	**	17,222
*	FID Growth & Inc	Mutual fund	**	11,975
*	FID Sel Chemicals	Mutual fund	**	11,570
*	FID GNMA	Mutual fund	**	11,500
*	FID Sel Fintech	Mutual fund	**	9,567
*	FID Intl Real Estate	Mutual fund	**	8,677
*	FID Emerging Asia	Mutual fund	**	8,588
*	FID Sel Ent Tech Svc	Mutual fund	**	8,566
*	FID Env Alt Energy	Mutual fund	**	8,500
	As Small Co Value A	Mutual fund	**	6,711

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SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN
REQUIRED SUPPLEMENTAL INFORMATION
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(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
*	FID Sel Utilities	Mutual fund	**	6,444
*	FID Intl Discovery	Mutual fund	**	6,408
*	FID Sel Cons Staples	Mutual fund	**	6,354
*	FID Freedom 2065 K	Mutual fund	**	6,346
*	FID Emerging Mkts	Mutual fund	**	5,919
*	FID Sel Materials	Mutual fund	**	5,779
*	FID Intl Growth	Mutual fund	**	4,722
*	FID Intl Sm Cap Opp	Mutual fund	**	4,470
*	FID Low Priced Stk	Mutual fund	**	4,260
*	FID Japan Small Co	Mutual fund	**	4,207
*	FID Sel Energy	Mutual fund	**	4,035
*	FID New Markets Inc	Mutual fund	**	3,899
*	FID Natural Res	Mutual fund	**	3,429
*	FID Stk Sel Mid Cap	Mutual fund	**	2,236
*	FID Blue Chip Value	Mutual fund	**	2,099
*	FID Growth Disc	Mutual fund	**	1,241
				\$ 51,024,756

* Indicates an identified person known to be a party-in-interest to the Plan.

** Cost has been omitted as investment is participant directed.

**SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN
 REQUIRED SUPPLEMENTAL INFORMATION
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 DECEMBER 31, 2024**

Plan Sponsor's EIN: 45-3998554

Plan Number: 001

(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
*	Notes receivable from participants	Various maturity dates Interest rate 4.25% - 9.50%	\$ -	\$ 113,376

* Indicates an identified person known to be a party-in-interest to the Plan.

SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

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(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
*	FID 500 Index	Mutual fund	**	\$ 7,726,109
*	FID Freedom 2045 K	Mutual fund	**	4,918,432
*	FID Freedom 2050 K	Mutual fund	**	4,279,402
*	FID Freedom 2040 K	Mutual fund	**	3,523,738
*	FID Freedom 2030 K	Mutual fund	**	2,999,992
*	FID Freedom 2055 K	Mutual fund	**	2,314,953
*	FID Freedom 2035 K	Mutual fund	**	2,065,367
*	FID Freedom 2025 K	Mutual fund	**	1,853,504
*	FID Contrafund	Mutual fund	**	1,170,104
*	FID Blue Chip Gr	Mutual fund	**	1,076,912
*	FID Total Mkt Idx	Mutual fund	**	1,001,094
*	FID Freedom 2020 K	Mutual fund	**	755,720
*	NYLI/E Us Eq Yld I	Mutual fund	**	669,855
*	FID Intl Index	Mutual fund	**	624,678
*	FID Sel Technology	Mutual fund	**	624,587
*	FID Sel Biotech	Mutual fund	**	594,468
*	FID Total Bond	Mutual fund	**	582,750
*	FID Emrg Mkts Idx	Mutual fund	**	581,264
*	FID Mega Cap Stock	Mutual fund	**	538,163
*	FID Intl Value	Mutual fund	**	511,565
*	Dodge&Cox Intl Stk I	Mutual fund	**	500,973
*	FID Govt Mmrk Prm	Money market fund	**	499,873
*	Pimco Tot Return Adm	Mutual fund	**	489,201
*	FID Sel Semiconduct	Mutual fund	**	475,937
*	FID Growth Company	Mutual fund	**	474,172
*	FID Magellan	Mutual fund	**	424,359

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*	FID Govt Mmkt	Money market fund	**	367,785
*	FID Fidelity Fund	Mutual fund	**	341,577
*	FID EQ Div Income	Mutual fund	**	339,149
*	FID Large Cap Stock	Mutual fund	**	327,013
*	FID Invst GR BD	Mutual fund	**	308,761
*	FID Freedom 2060 K	Mutual fund	**	304,180
*	FID US Bond Idx	Mutual fund	**	296,393
*	AMG Ts Mid Cap Gr N	Mutual fund	**	292,832
*	FID Emerg Mkts Disc	Mutual fund	**	277,794
*	FID Value Discov	Mutual fund	**	264,603
*	FID Mid Cap Idx	Mutual fund	**	248,149
*	FID OTC Portfolio	Mutual fund	**	245,186
*	FID NASDAQ Comp Indx	Mutual fund	**	232,389
*	FID Sm Cap Idx	Mutual fund	**	230,208
*	FID Flot Rt Hi Inc	Mutual fund	**	221,210
*	FID Extd Mkt Idx	Mutual fund	**	207,606
*	FID Freedom Inc K	Mutual fund	**	205,606
*	FID Stk Sel Sm Cap	Mutual fund	**	190,429
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*	FID Blue Chip Value	Mutual fund	**	2,099
*	FID Growth Disc	Mutual fund	**	1,241
				\$ 51,024,756

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