

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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
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1a Name of plan <u>INTERMOUNTAIN RETIREE AND DISABLED EMPLOYEE WELFARE PLAN</u>	1b Three-digit plan number (PN) ▶ <u>509</u>
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>INTERMOUNTAIN HEALTH CARE, INC.</u> <u>36 SOUTH STATE STREET, SUITE 2300</u> <u>SALT LAKE CITY, UT 84111</u>	1c Effective date of plan <u>01/01/1992</u> 2b Employer Identification Number (EIN) <u>87-0269232</u> 2c Plan Sponsor's telephone number <u>801-442-2049</u> 2d Business code (see instructions) <u>622000</u>

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.	10/11/2025	DAVID K. ADAMS
	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	33999
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)	32919
	6a(2)	34792
	6b	991
	6c	0
	6d	35783
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
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:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E 4F 4H

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan INTERMOUNTAIN RETIREE AND DISABLED EMPLOYEE WELFARE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>509</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 INTERMOUNTAIN HEALTH CARE, INC.</p>	<p>D Employer Identification Number (EIN) 87-0269232</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE AND ACCIDENT

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0838648	70815	674445G	990	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p>(a) Total amount of commissions paid</p> <p style="color: blue;">16865</p>	<p>(b) Total amount of fees paid</p> <p style="color: blue;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

WILLIS TOWERS WATSON US LLC PO BOX 28852
NEW YORK, NY 10087

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16865			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		328122
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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 INTERMOUNTAIN RETIREE AND DISABLED EMPLOYEE WELFARE PLAN	B Three-digit plan number (PN) ▶	509
C Plan sponsor's name as shown on line 2a of Form 5500 INTERMOUNTAIN HEALTH CARE, INC.	D Employer Identification Number (EIN) 87-0269232	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
FIDELITY SECURITY LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
43-0949844	71870	10137441001	24647	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 242890	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

WILLIS TOWERS WATSON US LLC **LOCKBOX 28852**
PO BOX 28852
NEW YORK, NY 10087

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
242890			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
 b Dental
 c Vision
 d Life insurance
e Temporary disability (accident and sickness)
 f Long-term disability
 g Supplemental unemployment
 h Prescription drug
i Stop loss (large deductible)
 j HMO contract
 k PPO contract
 l Indemnity contract
m Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	
(2) Increase (decrease) in amount due but unpaid		9a(2)	
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid		9b(1)	
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	8503997
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 INTERMOUNTAIN RETIREE AND DISABLED EMPLOYEE WELFARE PLAN	B Three-digit plan number (PN) ▶	509
C Plan sponsor's name as shown on line 2a of Form 5500 INTERMOUNTAIN HEALTH CARE, INC.	D Employer Identification Number (EIN) 87-0269232	

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

BNY MELLON

13-5160382

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

CBIZ

22-2769024

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

DODGE & COX

94-1441976

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

ERNST & YOUNG, LLP

34-6565596

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

JENNISON ASSOCIATES LLC

22-2540245

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

PIMCO

33-0629048

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

SILCHESTER INTERNATIONAL INVESTORS

45-3056700

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

VANGUARD GROUP, INC

23-1999755

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

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

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

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

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)

HARTFORD LIFE AND ACCIDENT

06-0838648

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	1208000	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)

SELECTHEALTH

87-0409820

(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?
12 13 50	AFFILIATE OF SPONSOR	176000	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)

SILCHESTER INTERNATIONAL INVESTORS

45-3056700

(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?
28 61 51 68 62	NONE	103000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

PENSION BENEFIT INFORMATION, LLC

82-4722389

(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?
49 50	NONE	63000	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)

KPMG LLP

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	63000	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)

BNY MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 59 21 62 50 72	PARTY-IN-INTEREST	62000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

MERCER INVESTMENTS LLC

30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	54000	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)

VOYA INVESTMENT MANAGEMENT CO. LLC

06-1440627

(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?
28 51 68	NONE	38000	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)

PIMCO

33-0629048

(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?
28 51	NONE	26000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

JENNISON ASSOCIATES LLC

22-2540245

(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?
28 51 68	NONE	23000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

DODGE & COX

94-1441976

(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?
28 51 68	NONE	18000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ERNST & YOUNG, LLC

34-6565596

(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?
50	NONE	6000	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"/>

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
DIMENSIONAL FUND ADVISORS LP	28 52	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.
EMERGING MARKETS CORE EQUITY PRTFOL 30-0303270	0.33% INVESTMENT MANAGEMENT FEE

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DIMENSIONAL FUND ADVISORS LP	28 52	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.
EMERGING MARKETS VALUE PORTFOLIO 95-4662223	0.38% INVESTMENT MANAGEMENT FEE (AFTER FEE WAIVER)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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>INTERMOUNTAIN RETIREE AND DISABLED EMPLOYEE WELFARE PLAN</u>	B Three-digit plan number (PN)	<u>509</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>INTERMOUNTAIN HEALTH CARE, INC.</u>	D Employer Identification Number (EIN) <u>87-0269232</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>SILCHESTER INT'L VAL EQUITY GRP TST</u>		
b Name of sponsor of entity listed in (a): <u>SILCHESTER INTERNATIONAL INVESTORS LLP</u>		
c EIN-PN <u>36-7045783-001</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>10063000</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)

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 01/01/2024 and ending 12/31/2024	
A Name of plan INTERMOUNTAIN RETIREE AND DISABLED EMPLOYEE WELFARE PLAN	B Three-digit plan number (PN) ▶ 509
C Plan sponsor's name as shown on line 2a of Form 5500 INTERMOUNTAIN HEALTH CARE, INC.	D Employer Identification Number (EIN) 87-0269232

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	91000	46000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	10269000	8650000
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	19388000	23670000
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	10071000	10063000
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	54070000	60286000
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	93889000	102715000
Liabilities			
g Benefit claims payable.....	1g	3735000	4098000
h Operating payables.....	1h	164000	92000
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3899000	4190000
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	89990000	98525000

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)	22000000	
(B) Participants.....	2a(1)(B)	1894000	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		23894000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	397000	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		397000
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	225000	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2295000	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2520000
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	2392000	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1854000	
(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)		96000
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3329000
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		34482000

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	23666000	
(2) To insurance carriers for the provision of benefits	2e(2)	435000	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		24101000
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	1450000	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	69000	
(5) Investment advisory and investment management fees	2i(5)	207000	
(6) Bank or trust company trustee/custodial fees	2i(6)	62000	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	4000	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	54000	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1846000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		25947000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8535000
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) 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: **KPMG LLP**

(2) EIN: **13-5565207**

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.)			
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.			

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 _____.

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

Intermountain Retiree and Disabled Employee Welfare Plan
December 31, 2024 and 2023
with Independent Auditors' Report





KPMG LLP
Suite 1500
15 W. South Temple
Salt Lake City, UT 84101

Independent Auditors' Report

Benefits Administration Committee
Intermountain Retiree and Disabled Employee Welfare Plan:

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

We have performed audits of the financial statements of Intermountain Retiree and Disabled Employee Welfare Plan (the 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 statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024 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 Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with U.S. generally accepted accounting principles.
- The information in the accompanying financial statements 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 (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical



requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 the financial statements in accordance with U.S. generally accepted accounting principles, 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 the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

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

In performing an audit in accordance with GAAS, we:

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



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 U.S. generally accepted accounting principles.

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 U.S. generally accepted accounting principles.

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

Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, line 4j - Schedule of Reportable Transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to the 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 GAAS. 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 schedules, we evaluated whether the supplemental schedules, 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 schedules, other than the information in the supplemental schedules 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 schedules 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).

KPMG LLP

Salt Lake City, Utah
October 7, 2025

Intermountain Retiree and Disabled Employee Welfare Plan
 Statements of Net Assets Available for Benefits
 (In Thousands)

	December 31	
	2024	2023
Assets		
Investments:		
Cash and equivalents	\$ 8,650	\$ 10,269
Domestic equity securities	22,238	19,043
Global/international equity securities	1,432	345
Registered investment company funds	60,286	54,070
Common/collective trust	10,063	10,071
	<u>102,669</u>	<u>93,798</u>
Accrued income	46	57
Sales pending settlement	—	34
	<u>102,715</u>	<u>93,889</u>
Total assets		
Liabilities		
Administrative and other expenses payable	92	164
	<u>92</u>	<u>164</u>
Net assets available for benefits	<u><u>\$ 102,623</u></u>	<u><u>\$ 93,725</u></u>

See accompanying notes to financial statements.

Intermountain Retiree and Disabled Employee Welfare Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2024
(In Thousands)

Additions

Employer contributions	\$ 22,000
Participant contributions	1,894
	<hr/>
Total additions	23,894

Deductions

Claims paid	23,303
Premiums paid	435
Administrative expenses	1,846
	<hr/>
Total deductions	25,584

Investment income

Dividends and interest	2,917
Net appreciation in fair value of investments	7,671
	<hr/>
Net investment income	10,588

Net increase	8,898
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Net assets available for benefits

Beginning of year	93,725
	<hr/>
End of year	<u><u>\$ 102,623</u></u>

See accompanying notes to financial statements.

Intermountain Retiree and Disabled Employee Welfare Plan
Notes to Financial Statements
(Dollars in Thousands)

1. Description of the Plan

The following description of the Intermountain Retiree and Disabled Employee Welfare Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan provides the following three distinct benefits to participants: Retiree Welfare Benefit, Disabled Medical Benefit and Short-term Disability Benefit. The Benefits Administration Committee and Benefits Finance Committee are responsible for oversight of the Plan in accordance with each committees' charter and report to the Finance Committee of the Board of Trustees of Intermountain Health Care, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Retiree Welfare Benefit is a contributory employee health and welfare benefit offering medical, dental and vision benefits and basic and supplemental group term life insurance benefits to eligible retirees and dependents of Intermountain Health Care, Inc. and its participating subsidiaries (Intermountain). The Disabled Medical Benefit is a contributory employee health and welfare benefit offering medical and dental benefits to eligible Intermountain disabled employees and dependents. The Short-term Disability Benefit is a noncontributory employee health and welfare benefit offering short-term income protection to eligible disabled employees of Intermountain.

Plan Administration

Intermountain is the administrator and sponsor of the Plan. Assets to provide the benefits offered under the Plan are held in the Intermountain Health Care, Inc. Retiree Welfare Benefit Trust (the Trust). Bank of New York Mellon (BNY) serves as the trustee of the Trust.

Eligibility

Retiree Welfare Benefit

For a retiree and eligible dependents to receive medical benefits under the Retiree Welfare Benefit, the retiree must retire directly from active service and have been enrolled in an Intermountain-sponsored medical plan for the six months prior to retirement. Additionally, the retiree must have completed ten years of vesting service and elected to participate in the Retiree Welfare Benefit immediately upon retirement.

For a retiree and eligible dependents to receive dental benefits under the Retiree Welfare Benefit, the retiree must retire directly from active service, have an Intermountain Healthcare Pension Plan benefit and select the dental benefit upon retirement if they want the benefit effective in the year of retirement. Retirees can also add the dental benefit at any subsequent year during open enrollment.

Intermountain Retiree and Disabled Employee Welfare Plan
Notes to Financial Statements
(Dollars in Thousands)

1. Description of the Plan (continued)

Eligibility (continued)

Retiree Welfare Benefit (continued)

For a retiree and eligible dependents to receive vision benefits under the Retiree Welfare Benefit, the retiree must be 55 or older upon termination of employment, have the dental benefit, and select the vision benefit upon retirement if they want the benefit effective in the year of retirement. Retirees can also add the vision benefit at any subsequent year during open enrollment, as long as the dental benefit continues to be elected as well.

For employees that terminated or retired from Intermountain prior to 2009, life insurance coverage is provided through a portability option that is based on the employee's basic life coverage.

Disabled Medical Benefit

For an employee and eligible dependents to receive medical benefits under the Disabled Medical Benefit, the employee must be enrolled in an Intermountain-sponsored medical plan immediately prior to disability, as defined by the Plan.

Short-term Disability Benefit

For an employee to receive income replacement benefits under the Short-term Disability Benefit, the employee must be a U.S. citizen working full-time, as defined by the Plan, immediately prior to disability.

Benefits

Retiree Welfare Benefit

Medical and dental benefits for substantially all participants are administered by SelectHealth, Inc. (Select Health), a wholly owned subsidiary of Intermountain. Select Health processes claims for medical and dental benefits that are subsequently paid by the Plan. Prescription drug benefits for participants over age 65 are offered through Medicare Part D. All other prescription drug benefits are processed by Select Health and are subsequently reimbursed by the Plan.

Vision benefits are provided under a group policy purchased by the Plan from EyeMed Vision Care, LLC.

Life insurance benefits are provided under a group policy purchased by the Plan from Hartford Life Insurance Company (The Hartford).

Disabled Medical Benefit

Medical and dental benefits for substantially all participants are administered by Select Health. Select Health processes claims for medical and dental benefits that are subsequently paid by the Plan.

Short-term Disability Benefit

Short-term disability benefits are administered by The Hartford. The Hartford processes claims for short-term disability income replacement benefits that are paid by the Plan.

Intermountain Retiree and Disabled Employee Welfare Plan
Notes to Financial Statements
(Dollars in Thousands)

1. Description of the Plan (continued)

Contributions (dollars not in thousands)

Retiree Welfare Benefit

Participant contributions for medical, dental and vision benefits are based on premium rates set by the administrator using utilization information provided by Select Health. Monthly rates paid by participants for medical, dental and vision coverage during 2024 ranged from \$68 to \$3,131, \$30 to \$107 and \$5 to \$15, respectively, depending on the number of beneficiaries covered and the type of plan selected. Intermountain's current policy is to contribute to the Plan at its discretion. Intermountain contributed to the Plan during 2024 and will continue to review the funded status for the active structure on a quarterly basis to determine if additional funding is required in 2025.

Disabled Medical Benefit

Participant contributions for medical and dental benefits are based on premium rates set by the administrator using utilization information provided by Select Health. Monthly rates paid by participants for medical and dental coverage during 2024 ranged from \$104 to \$1,341 and \$22 to \$114 respectively, depending on the number of beneficiaries covered and the type of plan selected.

Administrative Expenses

Administrative expenses for fees related to health claims processed by Select Health and investment manager, trustee, consulting, audit and legal services are paid by the Plan. All other administrative expenses for the Plan are paid by Intermountain.

Plan Termination

Although it has not expressed any intent to do so, Intermountain has the right under the Plan to modify benefits, discontinue contributions and terminate the Plan subject to the provisions of ERISA. If Intermountain terminates or partially terminates the Plan, the Trust will pay benefits that participants are entitled to receive under the terms of the Plan.

2. Significant Accounting Policies

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting, other than benefit payments and insurance premium payments. Benefit payments and insurance premium payments are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates and those differences could be significant.

Intermountain Retiree and Disabled Employee Welfare Plan
Notes to Financial Statements
(Dollars in Thousands)

2. Significant Accounting Policies (continued)

Investments and Investment Income

The estimated fair value of certain financial instruments is reflected in the accompanying statements of net assets available for benefits. Cash and equivalents are valued at cost, which approximates fair value due to their short-term maturity. Investments are stated at fair value and include investments in domestic equity securities, global/international equity securities, registered investment company funds and a common/collective trust.

Net appreciation in fair value of investments represents the unrealized change in investments and realized gains and losses. Purchases and sales of investments are recorded on the trade date. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

3. Risks and Uncertainties

Investments include certain securities that 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 significantly affect the amounts reported in the statements of net assets available for benefits.

The present values of the postretirement and postemployment benefit obligations under the Retiree Welfare Benefit and the Disabled Medical Benefit are reported based on certain actuarial assumptions pertaining to interest rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions could be significant in the near term.

4. Plan Benefit Obligation

Retiree Welfare Benefit

The present value of the expected postretirement benefit obligation is based on actuarial assumptions agreed upon by management. The postretirement benefit obligation represents the present value of those estimated future benefits that are attributed to employee service rendered to the date of the financial statements reduced by the present value of contributions expected to be received in the future from participants. These benefits include future benefits expected to be paid to or for currently retired employees and their beneficiaries and dependents, and active employees and their beneficiaries and dependents after retirement.

The postretirement benefit obligation is to be funded by existing Plan assets and, if necessary, contributions by Intermountain. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

Intermountain Retiree and Disabled Employee Welfare Plan
Notes to Financial Statements
(Dollars in Thousands)

4. Plan Benefit Obligation (continued)

Retiree Welfare Benefit (continued)

The postretirement benefit obligation is determined by applying assumptions to historical claims cost data to: (1) estimate future annual incurred claims costs per participant; (2) adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of reductions such as those for death, withdrawal, or retirement) between the valuation date and the expected date of payment; and (3) reflect the portion of those costs expected to be borne by Medicare, retired participants and other providers.

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the Act) introduced a prescription drug benefit under Medicare as well as a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. Under the Act, the Medicare subsidy amount is received directly by Intermountain, not the Plan. Further, Intermountain is not required to use the subsidy amount to fund postretirement benefits and may use the subsidy for any valid business purpose. As such, the postretirement benefit obligation and the changes in the postretirement benefit obligation do not reflect any amount associated with the Medicare subsidy.

The following are significant assumptions used in the postretirement benefit obligation valuations as of December 31:

	<u>2024</u>	<u>2023</u>
Discount rate	5.59%	5.18%
Mortality	Pri-2012 MP-2021 Mortality Tables	Pri-2012 MP-2021 Mortality Tables
Participation	1%–20% of future retirees based on age plus service at retirement	1%–20% of future retirees based on age plus service at retirement

The foregoing assumptions are based on the presumption that this benefit will continue to be offered under the Plan. If the benefit or the Plan were to terminate, then different assumptions and other factors may be applicable in determining the valuation of the postretirement benefit obligation.

No healthcare cost trend rate assumption is required in the determination of substantially all of the postretirement benefit obligation because the employer-provided benefit is based primarily on fixed-dollar subsidy amounts.

Intermountain Retiree and Disabled Employee Welfare Plan
Notes to Financial Statements
(Dollars in Thousands)

4. Plan Benefit Obligation (continued)

Retiree Welfare Benefit (continued)

Claims payable and premiums due to insurers include amounts for medical, dental and vision claims that are processed but unpaid, and life insurance premiums that are owed as of the end of the year. Estimated claims incurred by retired participants but not reported at year end are included in the postretirement benefit obligation. The postretirement benefit obligation is as follows as of December 31:

	<u>2024</u>	<u>2023</u>
Amounts currently payable:		
Claims payable and premiums due to insurers	\$ 1,192	\$ 178
Postretirement benefit obligation, net of amounts currently payable:		
Retired participants	5,072	7,023
Participants fully eligible for benefits	1,645	1,663
Participants not yet fully eligible for benefits	4,444	4,482
	<u>\$ 12,353</u>	<u>\$ 13,346</u>

The following represents the changes in the postretirement benefit obligation for the year ended December 31, 2024:

Amounts currently payable:	
Balance at beginning of year	\$ 178
Claims and premiums reported and approved for payment, including benefits reclassified from benefit obligations	3,891
Claims and premiums paid	<u>(2,877)</u>
Balance at end of year	1,192
Postretirement benefit obligations, net of amounts currently payable:	
Balance at beginning of year	13,168
Increase (decrease) in postretirement benefits attributable to:	
Participant contributions received	1,894
Interest cost	657
Service cost	254
Claim administration fees paid	(161)
Benefits reclassified to amounts currently payable	(3,891)
Actuarial gain	<u>(760)</u>
Balance at end of year	<u>11,161</u>
Balance of postretirement benefit obligations	<u>\$ 12,353</u>

Intermountain Retiree and Disabled Employee Welfare Plan
Notes to Financial Statements
(Dollars in Thousands)

4. Plan Benefit Obligation (continued)

Disabled Medical Benefit

The postemployment benefit obligation represents the present value of estimated future benefits for disabled employees. These benefits include future medical and dental benefits expected to be paid for currently disabled employees and their dependents.

The present value of the expected postemployment benefit obligation is based on actuarial assumptions agreed upon by management. The postemployment benefit obligation is determined by applying assumptions to historical claims cost data to: (1) estimate future annual incurred claims costs per participant; (2) adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of reductions such as those for death, withdrawal, or retirement) between the valuation date and the expected date of payment; and (3) reflect the portion of those costs expected to be borne by Medicare, the disabled participants, and other providers.

The health care cost-trend rate used for the measurement of the postemployment benefit in 2024 and 2023 was 6.50% and 6.25%, respectively, and is assumed to stay the same in 2025 and then decrease by approximately 0.25% per year to an ultimate trend rate of 5.00% in 2029.

The following were other significant assumptions used in the valuations as of December 31:

	<u>2024</u>	<u>2023</u>
Discount rate	5.24%	5.14%
Mortality	2012 Group Long-Term Disability Table	2012 Group Long-Term Disability Table

The foregoing assumptions are based on the presumption that this benefit will continue to be offered under the Plan. If the benefit or the Plan were to terminate, then different assumptions and other factors may be applicable in determining the valuation of the postretirement benefit obligation.

Health claims payable include amounts for claims that are processed but unpaid at year-end. Estimated health claims incurred by disabled participants but not reported at year-end are included in the postemployment benefit obligation.

The postemployment benefit obligation is \$8,521 and \$8,534 as of December 31, 2024 and 2023, respectively.

Intermountain Retiree and Disabled Employee Welfare Plan
Notes to Financial Statements
(Dollars in Thousands)

4. Plan Benefit Obligation (continued)

Disabled Medical Benefit (continued)

The following represents the changes in the postemployment benefit obligation for the year ended December 31, 2024:

Amounts currently payable:	
Balance at beginning of year	\$ 422
Claims reported and approved for payment, including benefits reclassified from benefit obligations	2,647
Claims paid	<u>(2,942)</u>
Balance at end of year	127
Postemployment benefit obligations, net of amounts currently payable:	
Balance at beginning of year	8,112
Increase (decrease) in postemployment benefits attributable to:	
Benefits reclassified to amounts currently payable	(2,647)
Interest cost	363
Actuarial loss	<u>2,566</u>
Balance at end of year	<u>8,394</u>
Balance of postemployment benefit obligations	<u><u>\$ 8,521</u></u>

Short-term Disability Benefit

The benefit obligation represents the present value of estimated future benefits to disabled employees. These benefits include short-term income protection claims expected to be paid to currently disabled employees. The amount paid by the Plan to disabled employees during 2024 for income replacement benefits was \$17,916. The amount of claims reported and approved for payment during 2024 was \$17,560. The amount payable for claims was \$2,779 and \$3,135 at December 31, 2024 and 2023, respectively.

5. Information Certified by the Trustee

The following information, included in the financial statements and supplemental schedules, was provided and certified by BNY as complete and accurate:

- Investments;
- Accrued income;
- Sales pending settlement;
- Purchases pending settlement;
- Dividends and interest;
- Net appreciation in fair value of investments;
- Investment information included in Note 6 (excluding level designations);
- Schedule of assets (held at end of year); and
- Schedule of reportable transactions.

Intermountain Retiree and Disabled Employee Welfare Plan
Notes to Financial Statements
(Dollars in Thousands)

6. Fair Value Measurements

The methods used to determine the fair value of financial instruments reflect market participant objectives and are based on the application of a valuation hierarchy that prioritizes observable market inputs over unobservable inputs. The hierarchy is based on the reliability of inputs as follows:

- Level 1 – Valuation is based on quoted prices for identical financial instruments in active markets. The Plan does not adjust the quoted price for Level 1 financial instruments.
- Level 2 – Valuation is based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and independent pricing models or other model-based valuation techniques using observable inputs. As of December 31, 2024 and 2023, the Plan did not have any financial instruments classified as Level 2.
- Level 3 – Certain types of financial instruments are classified as Level 3 within the valuation hierarchy because these financial instruments trade infrequently and, therefore, have little or no price transparency. As of December 31, 2024 and 2023, the Plan did not have any financial instruments classified as Level 3.

Valuations for certain investments is based on net asset value (NAV) per share provided by fund administrators.

The following table presents a categorization, based on the foregoing valuation hierarchy, of the Plan’s financial instruments as of December 31, 2024:

	<u>Fair Value</u>
Investments:	
Cash and equivalents	\$ 8,650
Domestic equity securities	22,238
Global/international equity securities	1,432
Registered investment company funds	60,286
Total Level 1 investments	<u>92,606</u>
Investments measured using NAV per share	10,063
Fair value of investments	<u><u>\$ 102,669</u></u>

Intermountain Retiree and Disabled Employee Welfare Plan
Notes to Financial Statements
(Dollars in Thousands)

6. Fair Value Measurements (continued)

The following table presents a categorization, based on the foregoing valuation hierarchy, of the Plan's financial instruments as of December 31, 2023:

	<u>Fair Value</u>
Investments:	
Cash and equivalents	\$ 10,269
Domestic equity securities	19,043
Global/international equity securities	345
Registered investment company funds	54,070
Total Level 1 investments	<u>83,727</u>
Investments measured using NAV per share	10,071
Fair value of investments	<u>\$ 93,798</u>

The Plan uses a practical expedient for the estimation of the fair value of investments in funds for which the investment does not have a readily determinable fair value. The practical expedient used by the Plan for certain financial instruments is the NAV per share. Valuations provided by fund administrators for these financial instruments consider variables such as the financial performance of underlying investments, recent sales prices of underlying investments and other pertinent information. Management reviews the valuations and assumptions provided by fund administrators for reasonableness and believes that the carrying amounts of these financial instruments are reasonable estimates of fair value.

The Plan uses the NAV per share to measure the fair value of its investment in a common/collective trust. This fund can be redeemed on a monthly basis with six days notice.

The Plan's investment strategy focuses on maintaining a diversified portfolio to meet long-term cash obligations. Assets are primarily allocated to diversified equity and debt funds, focusing on risk and return within the parameters of the investment policy. This policy outlines investment objectives, asset allocation targets and ranges, and performance monitoring procedures.

7. Party-in-Interest and Related Party Transactions

Amounts paid by the Plan to Select Health during 2024 for medical/dental benefits and related administrative expenses were \$6,206 and \$168, respectively. Amounts payable to Select Health for medical/dental claims and administrative expenses were \$1,309 and \$581 at December 31, 2024 and 2023, respectively.

Certain investments in cash and equivalents are held by BNY and therefore qualify as party-in-interest transactions.

Intermountain Retiree and Disabled Employee Welfare Plan
Notes to Financial Statements
(Dollars in Thousands)

8. Reconciliation of Financial Statements to Form 5500

The following reconciles net assets available for benefits reported in the financial statements to Form 5500 as of December 31:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits reported in the financial statements	\$ 102,623	\$ 93,725
Less claims payable and premiums due to insurers	<u>(4,098)</u>	<u>(3,735)</u>
Net assets available for benefits reported in Form 5500	<u>\$ 98,525</u>	<u>\$ 89,990</u>

The following reconciles claims and premiums paid reported in the financial statements for the year ended December 31, 2024 to Form 5500:

Claims and premiums paid reported in the financial statements	\$ 23,738
Add amounts due for claims payable and premiums due to insurers at year end	4,098
Less amounts due for claims payable and premiums due to insurers at prior year end	<u>(3,735)</u>
Claims and premiums paid reported in Form 5500	<u>\$ 24,101</u>

Medical and dental claims and premiums payable are recorded in Form 5500 as plan liabilities under the Department of Labor's regulations but as benefit obligations in the notes to the financial statements.

9. Income Tax Status

The Trust, which holds assets to fund benefits of the Plan, received an exemption letter from the Internal Revenue Service dated July 26, 1994, stating that the Trust is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (the Code) as a Voluntary Employee Beneficiary Association. The Trust is required to operate in conformity with the Code to maintain its tax-exempt status. Management believes the Trust is being operated in compliance with the applicable requirements of the Code and that the Trust is exempt from taxation.

U.S. generally accepted accounting principles require management to evaluate tax positions taken by the Plan and to recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods.

Intermountain Retiree and Disabled Employee Welfare Plan
Notes to Financial Statements
(Dollars in Thousands)

10. Subsequent Events

Management evaluated subsequent events through October 7, 2025, the date the financial statements were available to be issued, and determined that no additional disclosures were necessary.

Intermountain Retiree and Disabled Employee Welfare Plan
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2024
(Dollars in Thousands)

(a) Identity of party involved	(b) Description of assets (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain
Category (iii) – A Series of Transactions in a Security Issue Aggregating 5% of Plan Assets:						
BNY Mellon	BNY Mellon Cash Reserve 0.100% due 12/31/2049	\$ 11,655	\$ —	\$ 11,655	\$ 11,655	\$ —
BNY Mellon	BNY Mellon Cash Reserve 0.100% due 12/31/2049	—	11,655	11,655	11,655	—
JP Morgan	JP Morgan US Government Short Term Investment Fund	52,263	—	52,263	52,263	—
JP Morgan	JP Morgan US Government Short Term Investment Fund	—	53,232	53,232	53,232	—

There were no category (i), (ii) or (iv) reportable transactions during the year ended December 31, 2024. Columns for “(e) lease rental” and “(f) expense incurred with transaction” are not applicable.

See accompanying independent auditors’ report.

Intermountain Retiree and Disabled Employee Welfare Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

(Dollars in Thousands)

Description/issuer/terms	Cost	Current value
Cash and equivalents:		
JP Morgan US Government Short Term Investment Fund	\$ 7,994	\$ 7,994
PIMCO Short-Term Floating NAV Portfolio II	656	656
	8,650	8,650
Domestic equity securities:		
ACI Worldwide Inc	71	77
Adaptive Biotechnologies Corp	37	40
Addus Homecare Corp	71	76
ADMA Biologics Inc	16	24
Adobe Inc	43	65
Advanced Micro Devices Inc	74	86
Aegon Ltd	39	35
Agilysys Inc	49	80
Air Products & Chemicals Inc	102	116
Airbnb Inc	104	92
Albany International Corp	49	48
Alnylam Pharmaceuticals Inc	13	41
Alphabet Inc	346	666
Amazon.com Inc	426	924
American Electric Power Co Inc	51	55
Analog Devices Inc	48	46
Anheuser-Busch InBev	137	120
Apple Inc	322	678
Applied Digital Corp	33	40
Applovin Corp	40	39
Arcellx Inc	14	18
Arcosa Inc	50	45
Astera Labs Inc	38	77
Astrazeneca PLC	58	56
Atkore Inc	48	45
Avantor Inc	108	112
Avidity Biosciences Inc	27	19
Axsome Therapeutics Inc	18	19
Baker Hughes Co	72	107
Bank of America Corp	42	79
* Bank of New York Mellon Corp	82	192
Baxter International Inc	95	78
Bioline Solutions Inc	43	50
Biomarin Pharmaceutical Inc	53	46
Bio-Techne Corp	66	64
Blueprint Medicines Corp	37	34
Boeing Co	164	150

Intermountain Retiree and Disabled Employee Welfare Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2024

(Dollars in Thousands)

Description/issuer/terms	Cost	Current value
Booking Holdings Inc	\$ 45	\$ 149
Bristol-Myers Squibb Co	53	57
Broadcom Inc	178	514
CACI International Inc	33	47
Cadence Design Systems Inc	110	142
Camping World Holdings Inc	44	43
Capital One Financial Corp	60	178
Carpenter Technology Corp	92	97
Carrier Global Corp	16	55
Casella Waste Systems Inc	79	79
Ceco Environmental Corp	57	55
Celanese Corp	49	50
Century Communities Inc	55	44
Champion Homes Inc	108	133
Charles Schwab Corp	153	348
Chart Industries Inc	64	62
Charter Communications Inc	170	197
Churchill Downs Inc	83	100
Cigna Corp	85	131
Cisco Systems Inc	51	83
Clean Harbors Inc	39	68
Cognizant Technology Solutions	71	88
Coherent Corp	37	66
Comcast Corp	97	143
Conocophillips	31	64
Construction Partners Inc	26	76
Corcept Therapeutics Inc	18	27
Costco Wholesale Corp	58	181
Couchbase Inc	87	71
Crinetics Pharmaceuticals Inc	41	43
CrowdStrike Holdings Inc	66	127
CVS Health Corp	237	164
Datadog Inc	69	80
Dexcom Inc	50	55
Dominion Energy Inc	66	67
Dyne Therapeutics Inc	17	11
Echostar Corp	63	14
Edgewise Therapeutics Inc	19	17
Edwards Lifesciences Corp	47	47
Elanco Animal Health Inc	90	50
Eli Lilly & Co	70	235

Intermountain Retiree and Disabled Employee Welfare Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024
(Dollars in Thousands)

Description/issuer/terms	Cost	Current value
ExlService Holdings Inc	\$ 94	\$ 143
FedEx Corp	113	204
Fidelity National Information	129	145
Fiserv Inc	184	354
Five Below Inc	60	70
Flowserve Corp	31	49
Fortive Corp	38	38
Fox Corp	70	93
Gaming And Leisure Properties	36	37
Gap Inc	38	43
GE Aerospace	121	218
GE Healthcare Technologies Inc	53	70
Gilead Sciences Inc	128	176
Gitlab Inc	57	59
Glaukos Corp	70	76
Goldman Sachs Group Inc	58	173
Granite Construction Inc	47	49
GSK PLC	149	133
H&E Equipment Services Inc	70	58
Haemonetics Corp	72	62
Haleon PLC	73	97
Halozyme Therapeutics Inc	37	37
HB Fuller Co	75	70
Helios Technologies Inc	63	57
Helix Energy Solutions Group I	59	63
Herc Holdings Inc	38	47
Hilton Worldwide Holdings Inc	82	92
Home Depot Inc	56	62
Honda Motor Co LTD	33	31
HP Inc	34	67
Humana Inc	156	133
Incyte Corp	58	55
Innospec Inc	47	51
Insmmed Inc	34	60
International Flavors & Fragra	97	106
Intuitive Surgical Inc	48	97
JBT Marel Corp	77	86
Kirby Corp	41	68
Kratos Defense & Security Solutions Inc	47	49
Krystal Biotech Inc	20	23
Kura Sushi USA Inc	42	53
Lattice Semiconductor Corp	66	68

Intermountain Retiree and Disabled Employee Welfare Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024
(Dollars in Thousands)

Description/issuer/terms	Cost	Current value
Littelfuse Inc	\$ 113	\$ 108
Lovesac Co	25	21
LPL Financial Holdings Inc	22	33
Lumentum Holdings Inc	45	68
Mara Holdings Inc	32	29
Marriott International Inc	33	55
Mastercard Inc	114	240
Mercadolibre Inc	63	75
Merit Medical Systems Inc	34	46
Meta Platforms Inc	345	701
MetLife Inc	127	262
Microsoft Corp	275	773
Modine Manufacturing Co	48	93
Moelis & Co	43	61
Molson Coors Brewing Co	51	54
Moddy's Corp	60	87
Myr Group Inc	62	68
Natera Inc	16	49
Netflix Inc	171	373
Neurocrine Biosciences Inc	21	24
News Corp	6	17
Norfolk Southern Corp	146	158
Northern Oil & Gas Inc	82	95
Novartis AG	42	68
Novo Nordisk A/S	85	125
Nuvalent Inc	15	16
NV5 Global Inc	68	47
Nvidia Corp	65	721
Occidental Petroleum Corp	179	201
Onto Innovation Inc	79	68
O'Reilly Automotive Inc	64	101
Palo Alto Networks Inc	51	59
Patrick Industries Inc	36	53
Penumbra Inc	47	52
Piper Sandler Cos	50	100
Procore Technologies Inc	66	84
Progressive Corp	86	97
Q2 Holdings Inc	28	54
Rambus Inc	98	104
Regeneron Pharmaceuticals Inc	74	85
Revolution Medicines Inc	19	27

Intermountain Retiree and Disabled Employee Welfare Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024
(Dollars in Thousands)

Description/issuer/terms	Cost	Current value
Roche Holding AG	\$ 64	\$ 59
RTX Corp	189	301
Saia Inc	47	62
Salesforce.com Inc	95	116
Sanofi	202	222
SBA Communications Corp	85	82
Select Medical Holdings Corp	47	53
SentinelOne Inc	55	58
ServiceNow Inc	75	157
SiteOne Landscape Supply Inc	61	55
SiTime Corp	26	55
Snowflake Inc	102	72
SPDR S&P Biotech ETF	75	84
SpringWorks Therapeutics Inc	21	17
SPS Commerce Inc	57	58
State Street Corp	35	54
Summit Materials Inc	52	77
Sun Communities Inc	82	80
Sweetgreen Inc	77	65
Tesla Inc	82	293
TG Therapeutics Inc	22	19
TJX Cos Inc	35	63
T-Mobile US Inc	67	132
Trade Desk Inc	58	101
Twist Bioscience Corp	20	19
Uber Technologies Inc	81	108
UnitedHealth Group Inc	48	114
Vaxcyte Inc	43	54
Vera Therapeutics Inc	21	19
Vertex Pharmaceuticals Inc	114	127
Vertiv Holdings Co	72	73
VF Corp	40	52
Viavi Solutions Inc	43	39
Visa Inc	85	168
VSE Corp	68	76
Walmart Inc	148	170
Walt Disney Co	153	157
Weave Communications Inc	45	50
Wells Fargo & Co	156	284
Western Alliance Bancorp	108	108
Williams Cos Inc	46	114
Zimmer Biomet Holdings Inc	111	100
	15,070	22,238

Intermountain Retiree and Disabled Employee Welfare Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2024
(Dollars in Thousands)

Description/issuer/terms	Cost	Current value
Global/international equity security:		
Adidas AG	\$ 74	\$ 74
Alkermes Plc	25	31
Biohaven Ltd	23	25
Cyberark Software Ltd	42	74
Eaton Corp Plc	82	86
Establishment Labs Holdings Inc	52	53
Flutter Entertainment Plc	27	27
FTAI Aviation Ltd	32	138
Genius Sports Ltd	51	57
Globant SA	134	140
Industria De Diseno Textil SA	45	39
JFrog Ltd	31	29
Johnson Controls International Plc	159	280
Lyondellbasell Industries NV	73	68
Medtronic Plc	35	32
Spotify Technology SA	58	61
TE Connectivity Ltd	30	86
Tower Semiconductor Ltd	62	93
UBS Group AG	22	39
	1,057	1,432
Registered investment company funds:		
DFA Emerging Markets Core Equity 2 Portfolio	6,063	6,252
PIMCO All Asset Fund	19,658	17,705
PIMCO Asset Backed Securities Portfolio	4,316	4,215
PIMCO Emerging Markets Portfolio Institutional Fund	802	789
PIMCO High Yield Portfolio Institutional Class Fund	206	196
PIMCO International Portfolio	1,496	1,108
PIMCO Investment Grade Corporate Portfolio Institutional Fund	4,743	4,462
PIMCO Mortgage Portfolio Institutional Class Fund	2,852	2,179
PIMCO Municipal Securities Portfolio	251	208
PIMCO Real Return Bond Portfolio Institutional Class Fund	987	891
PIMCO US Government Sector Portfolio Fund	3,185	2,243
Vanguard Institutional Index Fund-Institutional Plus	8,306	20,038
	52,865	60,286
Common/collective trust:		
Silchester International Value Equity Trust	4,025	10,063
	\$ 81,667	\$ 102,669

* Represents a party-in-interest.
See accompanying independent auditors' report.