

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: JOHN MUIR HEALTH RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 10/01/1968
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 94-1461843
2c Plan Sponsor's telephone number: 925-939-3000
2d Business code (see instructions): 622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

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	7069
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)	5189
	6a(2)	5166
	6b	879
	6c	973
	6d	7018
	6e	71
	6f	7089
	6g(1)	
6g(2)		
6h		131
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:
1A

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>JOHN MUIR HEALTH RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>JOHN MUIR HEALTH</u>	D Employer Identification Number (EIN) <u>94-1461843</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>601421386</u>	
b Actuarial value	2b	<u>620348020</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>1003</u>	<u>145874993</u>	<u>145874993</u>
b For terminated vested participants	<u>877</u>	<u>48289517</u>	<u>48289517</u>
c For active participants	<u>5189</u>	<u>404978139</u>	<u>408280803</u>
d Total	<u>7069</u>	<u>599142649</u>	<u>602445313</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.19 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>38153917</u>	
b Expected plan-related expenses	6b	<u>200000</u>	
c Target normal cost	6c	<u>38353917</u>	

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE			
	Signature of actuary	<u>09/25/2025</u>	Date
	<u>MICHAEL J. METHLIE</u>	<u>23-05219</u>	Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u>	<u>415-733-4100</u>	Telephone number (including area code)
	<u>333 BUSH STREET, FLOOR 7 SAN FRANCISCO, CA 94104</u>		
	Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of <u>10.65</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		9434285
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.30</u> %		500017
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		9934302
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	102.97 %
15	Adjusted funding target attainment percentage	15	102.97 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	110.99 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
09/10/2025	24000000						
			Totals ▶	18(b)	24000000	18(c)	

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	22031182	
20	Quarterly contributions and liquidity shortfalls:			
	a Did the plan have a "funding shortfall" for the prior year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	c If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year				
	(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 38353917
b Excess assets, if applicable, but not greater than line 31a			31b 17902707
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 20451210
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)			36 20451210
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 22031182
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 1579972
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

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 JOHN MUIR HEALTH RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JOHN MUIR HEALTH	D Employer Identification Number (EIN) 94-1461843	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

THE LONDON COMPANY

54-1703318

(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 51	N/A	232196	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)

NORTHERN TRUST COMPANY

36-1561860

(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 21 50	N/A	195076	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)

WCM INVESTMENT MANAGEMENT LLC

95-3046237

(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	N/A	122552	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"/>

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)

HS MANAGEMENT PARTNERS, LLC

26-0335469

(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	N/A	121472	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)

ELLIOTT INTERNATIONAL LTD

84-3339129

(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	N/A	99758	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)

ARISTOTLE CAPITAL MANAGEMENT

95-4833644

(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	N/A	65533	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"/>

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)

DIAMOND HILL CAPITAL MANAGEMENT INC

31-1019984

(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	N/A	64303	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)

TIMESQUARE CAPITAL MGMT

20-1665304

(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	N/A	38434	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)

BRANDYWINE

56-6669869

(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?
21 50	N/A	38114	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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:	MOSS ADAMS, LLP	b EIN:	91-0189318
c Position:	AUDITOR		
d Address:	101 2ND STREET, SUITE #900 SAN FRANCISCO, CA 94105	e Telephone:	415-956-1500

Explanation: MOSS ADMAS, LLP MERGED WITH BAKER TILLY US, LLP ON JUNE 3, 2025.

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.	OMB No. 1210-0110 <hr/> 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>JOHN MUIR HEALTH RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>JOHN MUIR HEALTH</u>	D Employer Identification Number (EIN) <u>94-1461843</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL DIVERSIFIED REAL ASSET</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST COMPANY</u>		
c EIN-PN <u>46-0743367-001</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLL S&P 500 INDX - NL</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST</u>		
c EIN-PN <u>45-6138589-003</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>69446818</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NTGI COLL GOVT STIF</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST</u>		
c EIN-PN <u>45-6138589-068</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>13897102</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BRANDYWINE GLOBAL OPPORT FIXED INC</u>		
b Name of sponsor of entity listed in (a): <u>BRANDYWINE GLOBAL INVESTMENT MGMT LLC</u>		
c EIN-PN <u>51-0412248-017</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7891094</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)

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 JOHN MUIR HEALTH RETIREMENT PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ►</td> <td style="width:20%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ►	001
B Three-digit plan number (PN) ►	001		
C Plan sponsor's name as shown on line 2a of Form 5500 JOHN MUIR HEALTH	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 94-1461843</td> </tr> </table>	D Employer Identification Number (EIN) 94-1461843	
D Employer Identification Number (EIN) 94-1461843			

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10300000	24000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	218649	157116
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	90811500	95342976
(5) Partnership/joint venture interests	1c(5)	196472750	304475346
(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)	87692019	83343920
(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)	8712339	7891094
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	207621078	115079570
(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	601828335	630290022
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	41250	48111
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	41250	48111
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	601787085	630241911

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)	24000000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		24000000
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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	1079383	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2915591	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3994974
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	73866418	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	68139774	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		5726644
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	25161318	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		25161318

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		16746043
(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)		-783130
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2713513
c Other income	2c		1457912
d Total income. Add all income amounts in column (b) and enter total	2d		79017274

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	49493268	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		49493268
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)		
(3) Recordkeeping fees	2i(3)	195076	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	744248	
(6) Bank or trust company trustee/custodial fees	2i(6)	38114	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	91742	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1069180
j Total expenses. Add all expense amounts in column (b) and enter total	2j		50562448

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		28454826
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: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

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		10000000
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 549016.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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 <u>JOHN MUIR HEALTH RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JOHN MUIR HEALTH</u>	D Employer Identification Number (EIN) <u>94-1461843</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-1561860</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	285

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 43.2 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 19.3 %
 High-Yield Debt: 3.5 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 34.0 %

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Report of Independent Auditors and
Financial Statements with
Supplemental Schedules

John Muir Health Retirement Plan

December 31, 2024 and 2023

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Report of Independent Auditors

The Plan Committee of
John Muir Health Retirement Plan

Report on the Audit of the Financial Statements

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of the John Muir Health Retirement 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 years then ended, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the 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 accounting principles generally accepted in the United States of America (GAAP).
- 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).

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of John Muir Health Retirement 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 GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. 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 John Muir Health Retirement Plan's ability to continue as a going concern within 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.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of John Muir Health Retirement 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 John Muir Health Retirement 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 GAAP.

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 GAAP.

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

Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedules of the Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year), and the Schedule H, Part IV, Line 4(j) – Schedule of Reportable Transactions as of and 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. 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 Disclosures 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).

Baker Tilly US, LLP

San Francisco, California

October 9, 2025

Financial Statements

John Muir Health Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments, at fair value		
Short-term investment funds	\$ 13,900,447	\$ 3,751,387
Fixed income funds	192,414,137	198,115,398
Commingled funds	-	102,158,651
Equity securities	95,342,976	90,811,500
Hedge funds and private equity	304,475,346	196,472,750
Total investments	606,132,906	591,309,686
Receivables		
Employer contribution	24,000,000	10,300,000
Interest and dividends receivable	157,116	218,649
Total receivables	24,157,116	10,518,649
Total assets	630,290,022	601,828,335
LIABILITIES		
Due to broker for securities purchased	48,111	41,250
Total liabilities	48,111	41,250
NET ASSETS AVAILABLE FOR BENEFITS	\$ 630,241,911	\$ 601,787,085

See accompanying notes.

John Muir Health Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	2024	2023
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income		
Interest and dividends	\$ 5,890,341	\$ 7,009,577
Net appreciation in fair value of investments	49,126,933	52,201,615
Total	55,017,274	59,211,192
Less investment expenses	(1,069,180)	(1,268,530)
Net investment income	53,948,094	57,942,662
Employer contributions	24,000,000	10,300,000
Total additions	77,948,094	68,242,662
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	(49,493,268)	(47,609,503)
CHANGE IN NET ASSETS	28,454,826	20,633,159
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	601,787,085	581,153,926
End of year	\$ 630,241,911	\$ 601,787,085

See accompanying notes.

John Muir Health Retirement Plan Notes to Financial Statements

Note 1 – Plan Description

The following description of the John Muir Health Retirement Plan (the Plan), is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General – The Plan is a defined benefit pension plan created on October 1, 1968, and amended subsequently. The Plan covers substantially all employees of John Muir Health (the Employer) who have at least one year of service (as defined) and who are not governed by the terms of certain collective bargaining agreements or a member of another defined benefit retirement plan contributed to by the Employer. The Compensation Committee of the Board of Directors of the Employer controls and manages the operation and administration of the Plan. The Northern Trust Company (the Trustee) serves as the trustee of the Plan. The Plan utilizes various investment managers to manage the invested assets of the Plan. The Plan is subject to the provisions of ERISA.

Pension benefits – Pension benefits for services prior to January 1, 2004, are based on an employee's final average compensation, years of credited service, and covered compensation as defined in the Plan document. For services rendered after December 31, 2003, the pension benefits are based on an employee's final average compensation, age at retirement, and years of credited service. Once an employee is fully vested, unless otherwise elected, he or she will begin receiving pension benefits on the later of the normal retirement date (first of the month following a participant's 65th birthday), or the first day of the month following the last day of employment. Reduced pension benefits may be received by those electing an early retirement date between the ages of 55 and 64, or if prior to age 55, with a total of five years of eligible service or more. If retirement is postponed beyond normal retirement date, benefits will continue to accrue and will be paid on the first day of the month following the last day of employment. Lump-sum payments will be made on a pension benefit valued at \$1,000 or less.

Death and disability benefits – Disability retirement benefits for employees between the ages of 55 and 64 with 10 or more years of vested service who are considered totally and permanently disabled, as defined by the Plan document, are payable immediately with no early retirement deduction or adjustments to benefits regardless of age at disability. If a vested participant dies before receiving retirement benefits, the mentioned beneficiary is eligible to receive death benefits. If death occurs while actively employed, death benefits will be paid as a lump-sum for accrued benefits valued at \$1,000 or less. Otherwise, benefit payments will be made as an annuity or lump sum, based upon the employee's marital status at the time of death. If death occurred subsequent to termination date, the beneficiary will be paid a benefit in accordance with the form of payment the participant elected.

Vesting – Participants become fully vested over three years of service as defined in the Plan document for participants leaving after January 1, 2008. Prior to January 1, 2008, participants were fully vested over five years of service.

Administrative expenses – The Employer pays the Plan's administrative expenses, other than investment management and custodial fees, which are paid out of the Plan.

John Muir Health Retirement Plan

Notes to Financial Statements

Note 2 – Significant Accounting Policies

Basis of accounting – The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of estimates – The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment valuation – The investments are stated at fair value. The Plan's trustee certifies the fair market value of all investments. If available, quoted market prices are used to value investments.

Fair value is the price that would be received to sell an asset or paid to transfer a liability (the exit price) in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

Income recognition – Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The net appreciation in fair value of investments consists of both the realized gains or losses and unrealized appreciation and depreciation of those investments.

Payment of benefits – Benefit payments to participants are recorded upon distribution.

Accumulated plan benefits – Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees rendered as of the valuation date. Accumulated plan benefits are expected to be paid to (a) retired or terminated employees, or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees, or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by applying actuarial assumptions to adjust accumulated plan benefits to reflect the time value of money, and the probability of payment between the valuation date and the expected dates of benefit payment. In 2024 and 2023, the actuarial present value of accumulated plan benefits was determined by Willis Towers Watson, an independent actuary.

Subsequent events – The Plan has evaluated subsequent events through October 9, 2025, the date the financial statements were issued.

Note 3 – Actuarial Information

The Plan administrator has retained Willis Towers Watson as independent consulting actuaries to advise the Plan on the actuarial assumptions used in complying with the provisions of the Plan in determining the actuarial present value of the accumulated plan benefits.

John Muir Health Retirement Plan Notes to Financial Statements

Significant actuarial assumptions used in the valuation as of December 31, 2024 and 2023, were:

Discount rate	6.50% in 2024 and 6.00% in 2023
Mortality rates	In 2024 and 2023, the ASC 960 mortality assumption used the Pri-2012 table with projected generational improvements after 2012 using a modified version of Scale MP-2021 with long-term rate of improvement of 0.75% reached by 2027.
Retirement age	Age 65
Compensation increase	4.25% in 2024 and 3.75% in 2023
Payment assumption	70% of the active participants are assumed to elect an immediate lump-sum payment, 18% are assumed to elect a life annuity, 3% are assumed to elect a joint and 50% survivor annuity, and 9% are assumed to elect a joint and 100% survivor annuity. Mt. Diablo Participants - 50% are assumed to elect a life annuity, 20% are assumed to elect a joint and 50% survivor annuity, and 30% are assumed to elect a joint and 100% survivor annuity.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Accumulated plan pension benefits – The actuarial present value of accumulated plan pension benefits as of December 31, was as follows:

	<u>2024</u>	<u>2023</u>
Vested benefits		
Active and inactive participants	\$ 436,234,490	\$ 434,173,791
Retired participants and their beneficiaries	<u>138,154,100</u>	<u>135,529,173</u>
Total vested benefits	574,388,590	569,702,964
Nonvested benefits	<u>2,601,838</u>	<u>3,363,401</u>
Total	<u><u>\$ 576,990,428</u></u>	<u><u>\$ 573,066,365</u></u>

John Muir Health Retirement Plan

Notes to Financial Statements

The following analysis presents for the years ended December 31, the changes in present value of accumulated plan pension benefits:

	2024	2023
Actuarial present value of accumulated plan benefits - beginning of year	\$ 573,066,365	\$ 545,239,948
Increase (decrease) during the year attributable to		
Benefits accumulated	36,650,694	38,136,304
Decrease in discount period	35,098,226	33,574,290
Actuarial losses	11,482,842	2,316,790
Benefits paid	(49,493,268)	(47,609,503)
Change of assumptions	(29,962,033)	765,939
Plan amendment	147,602	642,597
Net increase	3,924,063	27,826,417
Actuarial present value of accumulated plan benefits - end of year	\$ 576,990,428	\$ 573,066,365

Note 4 – Funding Policy

Contributions to provide benefits under the Plan are made solely by the Employer. The Employer's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. The contributions made by the Employer for the years ended December 31, 2024 and 2023, met, or exceeded, the minimum funding requirements of ERISA.

Note 5 – Plan Termination

Although it has not expressed any intention to do so, the Employer has the right under the Plan, in certain circumstances, to discontinue its contributions and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2025, that ceiling is \$7,432 per month. That ceiling applies to those annuitants who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

John Muir Health Retirement Plan

Notes to Financial Statements

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Note 6 – Fair Value Measurements

The framework for measuring fair value provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are described as follows:

Level 1 –Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 –Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 –Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value:

Short-term investments fund – This category includes cash and short-term investments that mature within three months. These funds are classified within Level 1 of the fair value hierarchy, as they are valued at fair market value.

Fixed income fund (mutual funds) – Fixed income funds are valued at the net asset value (NAV) of shares held by the Plan and are valued at the closing price reported on the active market on which the individual securities are traded. These funds are classified within Level 1 of the fair value hierarchy.

Equity securities – Equities (including common and preferred shares, domestic listed and foreign listed, closed end mutual funds, and exchange traded funds) are generally valued at the closing price reported on the major market on which the individual securities are traded at the measurement date. As all equity securities held by the Plan are publicly traded in active markets, the securities are classified within Level 1 of the fair value hierarchy.

John Muir Health Retirement Plan

Notes to Financial Statements

Commingled funds – Commingled funds are valued using the NAV practical expedient of the commingled fund as reported by the asset manager. The NAV practical expedient is based on the fair value of the underlying assets in the funds, minus its liabilities, and then divided by the number of units outstanding. This category includes investments in commingled funds that invest primarily in foreign and domestic companies. This class is redeemable monthly, with a notice period of 10 days.

Hedge funds – This category includes investments in hedge funds that pursue diversification of both domestic and foreign fixed income and equity securities through multiple investment strategies. The valuation of limited partnership interests in hedge funds may require significant management judgment. The primary objective for these funds is to maximize returns while limiting volatility by allocating capital to external portfolio managers for expertise in one or more investment strategies that may include, but are not limited to, long/short equity, credit driven, event driven, relative value, and global asset allocation. Hedge funds are valued using the NAV practical expedient of the hedge fund as reported by the fund manager. The NAV practical expedient is based on the fair value of the underlying assets in the funds, minus its liabilities, and then divided by the number of units outstanding.

Private equity – This category includes investments in private equity-funds and private equity-real estate. They are valued using the NAV practical expedient of the private equity as reported by the account managers. The valuation of limited partnership interests in private equity funds may require significant management judgment. The NAV practical expedient reported by the asset manager is adjusted when management determines that NAV practical expedient is not representative of fair value. In making such an assessment, a variety of factors are reviewed by management, including, but not limited to, the timeliness of NAV practical expedient as reported by the asset manager and changes in general economic and market conditions subsequent to the last NAV practical expedient reported by the asset manager. There is no provision for redemption during the life of these funds.

The following table provides additional information for investments in certain entities that measure fair value using the NAV practical expedient:

	Fair Value 2024	Fair Value 2023	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Private equity	\$ 234,655,249	\$ 136,686,414	\$ 44,888,516	N/A	N/A
Hedge funds	69,820,097	59,786,336	-	Quarterly	60 Days
Commingled funds	-	102,158,651	-	Quarterly	60 Days
Total investments measured at NAV practical expedient	<u>\$ 304,475,346</u>	<u>\$ 298,631,401</u>			

The Investment Committee, under the supervision of the Company’s Board of Directors, CFO, Treasurer, and the plan trustee, initially approves and thereafter monitors the valuation policies for each investment utilizing information provided by the investment advisor, fund managers, and limited partners. In determining the reasonableness of their valuation methodologies, the Investment Committee, the CFO, and Treasurer evaluate a variety of factors including the review of the investment statements and disclosures, investment agreements, market and economic conditions, industry developments, credit ratings, and other relevant information that becomes available from time to time.

The methods described above may produce a fair value calculation that may not be indicative of net realized value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

John Muir Health Retirement Plan Notes to Financial Statements

The following tables disclose by level, the fair value hierarchy of the Plan's assets at fair value as of December 31, 2024 and 2023:

	Fair Value Measurement at December 31, 2024			
	Level 1	Level 2	Level 3	Total
Short-term investment funds	\$ 13,900,447	\$ -	\$ -	\$ 13,900,447
Fixed income funds	192,414,137	-	-	192,414,137
Equity securities	95,342,976	-	-	95,342,976
Total assets in the fair value hierarchy	\$ 301,657,560	\$ -	\$ -	301,657,560
Investments measured at NAV practical expedient				304,475,346
Investments at fair value				\$ 606,132,906

	Fair Value Measurement at December 31, 2023			
	Level 1	Level 2	Level 3	Total
Short-term investment funds	\$ 3,751,387	\$ -	\$ -	\$ 3,751,387
Fixed income funds	198,115,398	-	-	198,115,398
Equity securities	90,811,500	-	-	90,811,500
Total assets in the fair value hierarchy	\$ 292,678,285	\$ -	\$ -	292,678,285
Investments measured at NAV practical expedient				298,631,401
Investments at fair value				\$ 591,309,686

Note 7 – Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated June 29, 2017, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

In accordance with guidance on accounting for uncertainty in income taxes, the Plan administrator has evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8 – Party-in-Interest Transactions

Plan investments include shares of mutual funds managed by the Plan's trustee. Therefore, such transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services are recorded as a reduction of the return on each fund.

John Muir Health Retirement Plan

Notes to Financial Statements

Note 9 – Certified Investment Information

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly the Northern Trust Company, a qualified institution, has certified to the completeness and accuracy of:

- Investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023.
- Net appreciation in fair value of investments, interest, and dividends, reflected on the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023.
- Investments reflected on the schedule of assets (held at end of year) as of December 31, 2024.
- Transactions reflected on the schedule of reportable transactions for the year ended December 31, 2024.

Note 10 – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**Supplemental Schedules
Required by the Department of Labor**

John Muir Health Retirement Plan
Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)
As of December 31, 2024

Plan Sponsor: John Muir Health Retirement Plan
Employer Identification Number: 94-1461843
Plan Number: 001
Schedule H, Part IV, Line 4(i)

(a)	(b)	(c)	(d)	(e)	(f)
Identity of Issuer	Shares	Description of Investment		Historical Cost	Current Value
SHORT-TERM INVESTMENT FUNDS					
*			COLLECTIVE SHORT-TERM FUNDS	\$ 13,900,447	\$ 13,900,447
			Total short-term investment funds	<u>13,900,447</u>	<u>13,900,447</u>
FIXED INCOME FUNDS					
	3,063.69		MFB NT COLLECTIVE S&P500 INDEX FUND-NON LENDING	33,792,810	69,446,818
	725,458.79		MFO DODGE & COX INTL STK FD	29,563,379	36,200,394
	673,026.78		MFO EUROPACIFIC GROWTH FD CL F-3	31,509,573	36,195,380
	1,262,300.15		MFO LAZARD FDS INC EMERGING MKTS PORTFOLIO	22,837,077	22,620,419
	1,237,522.66		MFO DOUBLELINE TOTAL RETURN BOND FUND-I	12,090,960	10,729,322
	1,227,724.96		MFO PAYDEN & RYGEL INVESTMENT GROUP GBL FXD INC SI	10,793,007	9,330,710
	184,642.29		CF BRANDYWINE GLOBAL OPPORTUNISTIC FIXEDINCOME BGXF20000002	7,047,141	7,891,094
			Total fixed income funds	<u>147,633,947</u>	<u>192,414,137</u>
EQUITY SECURITIES					
	714.00		WHITE MOUNTAINS INSURANCE GROUP COM STOCK	536,451	1,388,773
	24,098.00		ACI WORLDWIDE INC COM STK	760,684	1,250,927
	15,734.00		MOELIS & CO CL A CL A	472,842	1,162,428
	3,039.00		LULULEMON ATHLETICA INC COM	1,031,065	1,162,144
	7,982.00		ARMSTRONG WORLD INDS INC NEW COM STK	427,947	1,128,096
	10,563.00		CASELLA WASTE SYS INC CL A COM STK	947,538	1,117,671
	2,630.00		MICROSOFT CORP COM	670,613	1,108,545
	6,253.00		LANDSTAR SYS INC COM	499,115	1,074,641
	16,975.00		COCA COLA CO COM	945,419	1,056,864
	14,339.00		AMERICAN INTERNATIONAL GROUP INC COM	793,112	1,043,879
	18,274.00		TEMPUR SEALY INTL INC COM	374,409	1,035,953
	30,164.00		REVOLVE GROUP INC CL A CL A	440,527	1,010,192
	6,919.00		MATSON INC COM	239,295	932,958
	10,850.00		PAYPAL HLDGS INC COM	679,325	926,048
	24,255.00		ATLANTIC UN BANKSHARES CORP COM	840,349	918,779
	29,170.00		ESSENTIAL PROPERTIES REALTY TR INC USD0.01	720,844	912,438
	8,150.00		WALT DISNEY CO	816,220	907,503
	24,262.00		VONTIER CORP COM USD0.0001 WI	468,303	884,835

John Muir Health Retirement Plan
Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)
As of December 31, 2024

Plan Sponsor: John Muir Health Retirement Plan
Employer Identification Number: 94-1461843
Plan Number: 001
Schedule H, Part IV, Line 4(i)

(a)	(b)	(c)	(d)	(e)	(f)
Identity of Issuer	Shares	Description of Investment	Historical Cost	Current Value	
	1,346.00	PARKER-HANNIFIN CORP COM	298,013	856,096	
	11,989.00	ACUSHNET HLDGS CORP COM	617,631	852,178	
	1,697.00	MURPHY USA INC COM	282,994	851,470	
	15,830.00	CTS CORP COM	547,476	834,716	
	40,567.00	GATES INDL CORP PL COM USD0.01	703,023	834,463	
	4,210.00	ALPHABET INC CAP STK USD0.001 CL C	545,500	801,752	
	1,355.00	META PLATFORMS INC COM USD0.000006 CL 'A'	634,054	793,366	
	3,517.00	AMAZON COM INC COM	551,246	771,595	
	4,380.00	PROCTER & GAMBLE COM NPV	653,424	734,307	
	1,383.00	NEWMARKET CORP COM	436,232	730,708	
	7,990.00	STARBUCKS CORP COM	711,572	729,088	
	4,170.00	LANCASTER COLONY CORP COM	704,120	721,994	
	3,145.00	DICKS SPORTING GOODS INC OC-COM OC-COM	427,989	719,702	
	11,375.00	UBER TECHNOLOGIES INC COM USD0.00001	780,081	686,140	
	3,690.00	WILLIAMS SONOMA INC COM	390,997	683,314	
	8,925.00	NIKE INC CL B	804,873	675,355	
	4,299.00	HANOVER INS GROUP INC COM	574,176	664,883	
	2,057.00	VISA INC COM CL A STK	451,602	650,094	
	4,200.00	PEPSICO INC COM	692,702	638,652	
	1,372.00	TELEDYNE TECHNOLOGIES INC COM	577,729	636,786	
	2,190.00	MC DONALDS CORP COM	570,500	634,859	
	4,459.00	QUALYS INC COM USD0.001	443,670	625,241	
	6,265.00	CONOCOPHILLIPS COM	630,450	621,300	
	705.00	GRAHAM HLDGS CO COM CL B COM	461,200	614,704	
	1,160.00	MARTIN MARIETTA MATLS INC COM	377,361	599,140	
	3,847.00	REGAL REXNORD CORPORATION COM STK USD0.01	507,084	596,785	
	7,629.00	HAEMONETICS CORP MASS COM	656,851	595,672	
	8,061.00	EPLUS INC COM	555,783	595,547	
	2,565.00	RALPH LAUREN CORP CL A CL A	351,793	592,464	
	1,110.00	AMERIPRISE FINL INC COM	221,517	590,997	
	118.00	BOOKING HLDGS INC COM	425,142	586,274	
	4,475.00	ADR LVMH MOET HENNESSY LOUIS VUITTON ADR	658,796	584,838	
	1,276.00	BERKSHIRE HATHAWAY INC COM USD0.0033 CLASS'B'	491,388	578,385	

John Muir Health Retirement Plan
Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)
As of December 31, 2024

Plan Sponsor: John Muir Health Retirement Plan
Employer Identification Number: 94-1461843
Plan Number: 001
Schedule H, Part IV, Line 4(i)

(a)	(b)	(c)	(d)	(e)	(f)
	Identity of Issuer	Shares	Description of Investment	Historical Cost	Current Value
		5,040.00	ABBOTT LAB COM	384,292	570,074
		12,910.00	ENOVIS CORPORATION COM USD0.001	737,013	566,491
		5,376.00	PLANET FITNESS INC CL A CL A	530,054	531,525
		6,226.00	PERFORMANCE FOOD GROUP CO COM	345,812	526,408
		11,904.00	BANK OF AMERICA CORP	332,438	523,181
		1,126.00	SAIA INC COM STK	428,831	513,152
		5,543.00	PRICESMART INC COM STK	443,153	510,898
		12,539.00	FIVE9 INC COM	774,880	509,585
		6,048.00	WESTERN ALLIANCE BANCORPORATION COM	393,591	505,250
		3,769.00	CHURCHILL DOWNS INC COM	532,221	503,312
		4,931.00	BEACON ROOFING SUPPLY INC COM	430,019	500,891
		3,371.00	FRESHPET INC COM	381,987	499,279
		2,623.00	TEXAS INSTRUMENTS INC COM	436,549	491,839
		2,720.00	CAPITAL ONE FINL CORP COM	271,102	485,030
		4,843.00	ELASTIC N V COM USD0.01	446,767	479,844
		24,843.00	DOUBLEVERIFY HLDGS INC COM	469,140	477,234
		8,908.00	GEN MTRS CO COM	338,108	474,529
		5,937.00	MEDTRONIC PLC COMMON STOCK	477,975	474,248
		2,534.00	TAKE-TWO INTERACTIVE SOFTWARE INC COM STK USD0.01	408,156	466,459
		43,331.00	CERTARA INC COM	685,949	461,475
		3,360.00	LENNAR CORP CL A CL A	256,179	458,203
		23,021.00	CANNAE HLDGS INC COM USD0.0001	765,056	457,197
		4,356.00	STRIDE INC COM USD	477,580	452,719
		7,900.00	CORTEVA INC COM USD0.01 WI	265,173	449,984
		8,492.00	RAMBUS INC DEL COM	531,861	448,887
		3,400.00	AIRBNB INC CL A COM USD0.0001 CL A	453,419	446,794
		2,466.00	TEXAS ROADHOUSE INC COMMON STOCK	306,660	444,940
		24,875.00	MATTEL INC COM STOCK	496,314	441,034
		5,075.00	BEST BUY INC COM STK	364,085	435,435
		2,866.00	BOOT BARN HLDGS INC COM	240,138	435,116
		750.00	TYLER TECHNOLOGIES INC COM STK	320,351	432,480
		12,150.00	ADR HEINEKEN N V SPONSORED ADR LEVEL 1	550,312	429,867
		1,260.00	ANSYS INC COM	268,690	425,036

John Muir Health Retirement Plan
Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)
As of December 31, 2024

Plan Sponsor: John Muir Health Retirement Plan
Employer Identification Number: 94-1461843
Plan Number: 001
Schedule H, Part IV, Line 4(i)

(a)	(b)	(c)	(d)	(e)	(f)
	Identity of Issuer	Shares	Description of Investment	Historical Cost	Current Value
		22,724.00	FIRST WATCH RESTAURANT GROUP INC COM	523,205	422,894
		10,232.00	INGEVITY CORP COM	539,620	416,954
		1,735.00	APPLIED INDL TECHNOLOGIES INC COM	305,150	415,480
		4,886.00	BILL HOLDINGS INC COM USD0.00001	395,517	413,893
		985.00	DOMINOS PIZZA INC COM	405,744	413,464
		26,398.00	MARTEN TRANS LTD COM	519,664	412,073
		23,163.00	ALEXANDER & BALDWIN INC	702,218	410,912
		1,152.00	CURTISS WRIGHT CORP COM	391,797	408,810
		5,328.00	SYSCO CORP COM	417,032	407,379
		2,334.00	UNIFIRST CORP MASS COM	382,696	399,324
		7,444.00	KNIGHT-SWIFT TRANSN HLDGS INC CL A CLASSA COMMON STOCK USD0.01	396,225	394,830
		2,061.00	CHART INDS INC COM PAR \$0.01 COM PAR \$0.01	392,878	393,321
		2,800.00	ATMOS ENERGY CORP COM	301,789	389,956
		8,750.00	VARONIS SYS INC COM	447,507	388,762
		985.00	RH COM	422,536	387,686
		2,520.00	QUALCOMM INC COM	231,491	387,122
		14,551.00	PFIZER INC COM	391,602	386,038
		18,240.00	ADR SONY GROUP CORPORATION SPON ADS EACH REPR 1 ORD SHS	229,623	385,958
		8,927.00	IAC INC COM NEW	510,840	385,111
		551.00	HUBSPOT INC COM	316,138	383,920
		1,067.00	AON PLC	370,279	383,224
		1,739.00	FABRINET COM USD0.01	411,113	382,371
		1,373.00	EVERCORE INC	240,855	380,582
		7,571.00	1ST INDL RLTY TR INC COM	159,279	379,534
		956.00	CASEYS GEN STORES INC COM	269,108	378,796
		850.00	ADOBE INC COM	283,593	377,978
		2,487.00	GLAUKOS CORP COM	298,787	372,901
		4,547.00	CARMAX INC COM	305,151	371,763
		2,248.00	DIAMONDBACK ENERGY INC COM	368,575	368,290
		1,570.00	ECOLAB INC COM STK USD1	329,706	367,882
		2,406.00	NOVANTA INC NOVANTA INC	399,011	367,565
		1,013.00	CABLE ONE INC COM	666,827	366,828
		2,159.00	STERLING INFRASTRUCTURE INC COM STK USD0.01	328,984	363,684

John Muir Health Retirement Plan
Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)
As of December 31, 2024

Plan Sponsor: John Muir Health Retirement Plan
Employer Identification Number: 94-1461843
Plan Number: 001
Schedule H, Part IV, Line 4(i)

(a)	(b)	(c)	(d)	(e)	(f)
	Identity of Issuer	Shares	Description of Investment	Historical Cost	Current Value
		2,100.00	BLACKSTONE INC COM USD0.00001	259,601	362,082
		7,550.00	US BANCORP	272,664	361,116
		2,930.00	RPM INTL INC	217,892	360,566
		838.00	COMFORT SYS USA INC COM	276,068	355,362
		6,630.00	TRACTOR SUPPLY CO COM	287,016	351,788
		2,175.00	EASTGROUP PPTYS INC REIT	368,444	349,066
		1,540.00	HONEYWELL INTL INC COM STK	332,487	347,871
		1,300.00	AMGEN INC COM	275,749	338,832
		1,483.00	UNION PAC CORP COM	327,079	338,183
		1,460.00	DANAHER CORP COM	193,906	335,143
		1,115.00	HCA HEALTHCARE INC COM	252,682	334,667
		4,633.00	BIO-TECHNE CORP COM	358,398	333,715
		8,152.00	AVIENT CORPORATION	324,323	333,091
		6,093.00	DYNATRACE INC COM	326,225	331,155
		5,314.00	SEMTECH CORP COM	340,572	328,671
		2,830.00	XYLEM INC COM	252,496	328,337
		1,700.00	PNC FINANCIAL SERVICES GROUP COM STK	213,586	327,845
		1,624.00	WASTE MGMT INC DEL COM STK	278,909	327,707
		1,853.00	WEX INC COM	328,732	324,868
		1,310.00	LOWES COS INC COM	302,037	323,308
		8,080.00	VERIZON COMMUNICATIONS COM	355,480	323,119
		1,357.00	PENUMBRA INC COM	266,143	322,260
		4,583.00	RADNET INC COM STK	362,261	320,077
		4,670.00	XCEL ENERGY INC COM	304,179	315,318
		6,570.00	HALOZYME THERAPEUTICS INC COM	255,294	314,112
		3,700.00	ALCON AG COM USD0.04 WI	223,170	314,093
		1,787.00	INSTALLED BLDG PRODS INC COM	388,849	313,172
		12,000.00	COTERRA ENERGY INC COM	236,733	306,480
		2,325.00	SITEONE LANDSCAPE SUPPLY INC COM	355,138	306,365
		1,348.00	BECTON DICKINSON & CO COM	321,775	305,821
		1,160.00	GENERAL DYNAMICS CORP COM	250,153	305,648
		7,390.00	KLAVIYO INC COM SER A COM SER A	285,793	304,764
		1,491.00	SBA COMMUNICATIONS CORP COM USD0.01 CL A	332,686	303,866

John Muir Health Retirement Plan
Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)
As of December 31, 2024

Plan Sponsor: John Muir Health Retirement Plan
Employer Identification Number: 94-1461843
Plan Number: 001
Schedule H, Part IV, Line 4(i)

(a)	(b)	(c)	(d)	(e)	(f)
Identity of Issuer	Shares	Description of Investment	Historical Cost	Current Value	
	4,009.00	SS&C TECHNOLOGIES HLDGS INC COM	263,774	303,802	
	1,317.00	LABCORP HLDGS INC COM	275,269	302,014	
	2,400.00	AMERICAN WTR WKS CO INC NEW COM	286,919	298,776	
	3,245.00	COLGATE-PALMOLIVE CO COM	303,452	295,003	
	2,960.00	MERCK & CO INC NEW COM	275,643	294,461	
	810.00	CATERPILLAR INC COM	157,353	293,836	
	1,316.00	POWELL INDS INC COM	333,544	291,691	
	1,580.00	SPS COMM INC COM	305,984	290,704	
	3,170.00	IRHYTHM TECHNOLOGIES INC COM	330,472	285,839	
	3,170.00	LANTHEUS HLDGS INC COM	269,984	283,588	
	24,000.00	ADR MITSUBISHI UFJ FINL GROUP INC SPONSORED ADR	168,893	281,280	
	4,870.00	MICROCHIP TECHNOLOGY INC COM	278,793	279,294	
	2,042.00	TARGET CORP COM STK	261,249	276,038	
	2,260.00	SAREPTA THERAPEUTICS INC COM	219,199	274,793	
	5,040.00	ADR TOTALENERGIES SE SPONSORED ADR	326,527	274,680	
	1,461.00	INSPIRE MED SYS INC COM	281,112	270,840	
	1,560.00	FERGUSON ENTERPRISES INC USD0.0001	328,528	270,769	
	991.00	PRIMERICA INC COM	207,967	268,977	
	2,000.00	CULLEN / FROST BANKERS INC COM	198,245	268,500	
	7,381.00	COGNEX CORP COM	310,689	264,683	
	5,532.00	WNS HOLDINGS LTD ORD GBP0.1	282,477	262,161	
	15,900.00	ADR MICHELIN COMPAGNIE GENERALE DES ETABLISSEMENTS MICHELIN ADR	265,318	260,601	
	3,348.00	NASDAQ INC	208,613	258,834	
	608.00	DEERE & CO COM	185,931	257,610	
	1,720.00	EXTRA SPACE STORAGE INC COM	225,250	257,312	
	1,210.00	L3HARRIS TECHNOLOGIES INC COM	222,648	254,439	
	14,793.00	KEYCORP NEW COM	213,600	253,552	
	421.00	AXON ENTERPRISE INC COM	91,120	250,209	
	1,649.00	COMMVAULT SYS INC COM STK	264,721	248,851	
	3,700.00	EQTY LIFESTYLE PPTYS INC REIT	218,119	246,420	
	1,110.00	CONSTELLATION BRANDS INC CL A CL A	255,586	245,310	
	2,196.00	HARTFORD FINL SVCS GROUP INC COM	118,991	240,242	
	11,313.00	SURGERY PARTNERS INC COM	363,519	239,496	
	10,585.00	SENTINELONE INC CL A COM CL A COM	251,393	234,987	

John Muir Health Retirement Plan
Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)
As of December 31, 2024

Plan Sponsor: John Muir Health Retirement Plan
Employer Identification Number: 94-1461843
Plan Number: 001
Schedule H, Part IV, Line 4(i)

(a)	(b)	(c)	(d)	(e)	(f)
Identity of Issuer	Shares	Description of Investment	Historical Cost	Current Value	
	1,631.00	REPLIGEN CORP COM STK USD0.01	296,704	234,766	
	5,950.00	FREEMPORT-MCMORAN INC	233,797	226,576	
	3,404.00	BIOMARIN PHARMACEUTICAL INC COM ISIN CH0008107010	322,651	223,745	
	1,340.00	SIMPSON MFG INC COM	255,935	222,212	
	2,548.00	AXSOME THERAPEUTICS INC. COM	198,209	215,586	
	1,459.00	BUILDERS FIRSTSOURCE INC COM STK	234,659	208,535	
	3,018.00	CREDO TECHNOLOGY GROUP HOLDING LTD	137,385	202,840	
	2,100.00	OSHKOSH CORPORATION	228,947	199,647	
	1,245.00	NATERA INC COM	81,930	197,083	
	3,479.00	GREEN BRICK PARTNERS INC COM	261,586	196,529	
	496.00	HOME DEPOT INC COM	163,916	192,939	
	3,559.00	DOMINION ENERGY INC COM STK NPV	210,968	191,688	
	2,698.00	WELLS FARGO & CO NEW COM STK	110,808	189,508	
	23.00	NVR INC COM STK USD0.01	84,746	188,115	
	1,299.00	FTAI AVIATION LTD COM USD0.01	111,215	187,108	
	3,445.00	INTL PAPER CO COM	141,110	185,410	
	2,940.00	COMM BANCSHARES INC COM	134,062	183,191	
	870.00	ABBVIE INC COM USD0.01	101,280	154,599	
	3,145.00	FMC CORP COM (NEW)	197,094	152,878	
	428.00	ACCENTURE PLC CLS A	146,762	150,566	
	3,467.00	ULTRAGENYX PHARMACEUTICAL INC COM	164,807	145,857	
	1,930.00	INSMED INC COM	124,956	133,247	
	4,387.00	BRIDGEBIO PHARMA INC COM	130,163	120,379	
	624.00	ALLSTATE CORP COM	80,596	120,301	
	1,415.00	VAXCYTE INC COM	112,012	115,832	
	4,269.00	IDEAYA BIOSCIENCES INC COM	130,979	109,713	
	2,537.00	BIOHAVEN LTD COM NPV WI	133,543	94,757	
	2,141.00	REVOLUTION MEDICINES INC COM	106,310	93,647	
	7,948.00	TREDEGAR CORP INC	139,349	61,041	
	151.00	DELL TECHNOLOGIES INC COM USD0.01 CL C WI COMMON STOCK	23,269	17,401	
		Total equity securities	<u>79,676,572</u>	<u>95,342,976</u>	

John Muir Health Retirement Plan
Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)
As of December 31, 2024

Plan Sponsor: John Muir Health Retirement Plan
Employer Identification Number: 94-1461843
Plan Number: 001
Schedule H, Part IV, Line 4(i)

(a)	(b)	(c)	(d)	(e)	(f)
Identity of Issuer	Shares	Description of Investment	Historical Cost	Current Value	
HEDGE FUNDS					
	91,196.44	CF KING STREET CAPITAL LTD CLASS A SER I - 1	14,134,612	22,632,166	
	9,288.00	CF ELLIOTT INTERNATIONAL CL C	18,728,218	21,705,127	
	6,472.81	CF GOLDENTREE SELECT OFFSHORE LTD CL A2 SR 1	10,038,018	18,910,508	
	2,626.06	CF ELLIOTT INTERNATIONAL CL B	2,999,890	6,136,840	
	779.26	CF KING STREET CAPITAL LTD CLASS S SER 350	47,457	87,370	
	430.05	CF KING STREET CAP LTD CL S SR 281	26,014	61,892	
	361.63	CF KING STREET CAPITAL LTD CLASS S SER 359	22,024	35,362	
	461.26	CF KING STREET CAPITAL LTD - CLASS S SERIES 80	29,294	31,946	
	226.02	CF KING STREET CAPITAL LTD CLASS S SER 244	13,266	31,882	
	440.51	CF KING STREET CAPITAL LTD CLASS S SER 377	26,827	27,246	
	185.82	CF KING STR CAP CL S SER 224 FD	10,897	26,022	
	163.24	CF KING STREET CAPITAL LTD CL S SER 161	9,854	24,413	
	169.53	CF KING STREET CAPITAL LTD CL S SER 175	10,234	21,308	
	148.52	CF KING STREET CAPITAL LTD CLASS S SER 189	8,774	18,813	
	55.02	CF KING STREET CAPITAL LTD CL S SER 60	3,343	11,975	
	157.11	CF KING STREET CAPITAL LTD CLASS S SER 323	9,569	11,237	
	61.74	CF KING STREET CAPITAL LTD CL S SER 263	3,619	8,880	
	62.03	CF KING STR CAP CL S SER 210 FD	3,585	7,844	
	58.54	CF KING STREET CAP LTD CL S SR 308	3,565	6,215	
	34.82	CF KING STREET CAP LTD CL S SR 293	2,110	5,028	
	43.27	CF KING STREET CAP LTD CL S SER 231	2,539	4,871	
	39.73	CF KING STREET CAPITAL LTD CLASS S SER 238	2,330	4,287	
	52.69	CF KING STREET CAPITAL LTD CL S SER 125 FUND	3,159	3,493	
	11.22	CF KING STREET CAPITAL LTD CL S SER 168	677	1,984	
	10.44	CF KING STREET CAPITAL LTD CLASS S SER 314	636	1,509	
	175.33	CF KING STREET CAP LTD CL S SR 409	10,883	971	
	13.69	CF KING STREET CAPITAL LTD CL S SER 254 FD	810	514	
	335.38	CF KING STREET CAPITAL LTD CLASS S SER 341	20,425	299	
	1.13	CF KING STREET CAPITAL LTD CLASS S SER 182	67	95	
		Total hedge funds	46,172,696	69,820,097	

John Muir Health Retirement Plan
Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)
As of December 31, 2024

Plan Sponsor: John Muir Health Retirement Plan
Employer Identification Number: 94-1461843
Plan Number: 001
Schedule H, Part IV, Line 4(i)

(a)	(b)	(c)	(d)	(e)	(f)
Identity of Issuer	Shares	Description of Investment	Historical Cost	Current Value	
PRIVATE EQUITY					
	87,930,000.00	CCI CORE BOND FUND LP	87,930,000	90,602,239	
	23,450,000.00	ENTRUST PERMAL CORE STRATEGIES LTD	23,450,000	27,617,904	
	17,300,000.00	GOLDENTREE MULTI SECTOR LTD	17,300,000	20,885,875	
	9,151,259.00	PPC FUND III-A LP	9,151,259	12,429,406	
	5,245,607.00	AMERICAN SECURITIES PARTNERS VIII LP	5,245,607	7,357,273	
	2,173,591.00	PPC FUND II-A LP	2,173,591	5,914,932	
	4,322,899.00	NEW MOUNTAIN PARTNERS VI LP	4,322,899	5,812,311	
	3,272,578.00	GREENSPRING GLOBAL PARTNERS VIII B, LP	3,272,578	5,716,895	
	2,051,359.53	INDUSTRY VENTURES PARTNERSHIP HOLDINGS IV LP	2,051,360	4,895,362	
	2,789,768.09	INDUSTRY VENTURES PARTNERSHIP HOLDINGS V, LP	2,789,768	4,777,432	
	2,353,751.89	TRIDENT VII	2,353,752	4,186,680	
	2,984,891.01	SILVER LAKE PARTNERS V, LP	2,984,891	4,163,929	
	3,019,527.00	AMERICAN SECURITIES PARTNERS VII LP	3,019,527	3,975,694	
	1,692,367.50	INDUSTRY VENTURES PARTNERSHIP HOLDINGS III LP	1,692,368	3,564,509	
	3,255,034.96	INDUSTRY VENTURES PARTNERSHIP HOLDINGS VI, LP	3,255,035	3,510,977	
	890,485.18	OAKTREE PRIVATE INVESTMENT FUND 2012, LP	890,485	3,323,713	
	2,814,881.00	CENTERBRIDGE PARTNERS REAL ESTATE FUND LP	2,814,881	3,069,956	
	2,981,499.00	NEW MOUNTAIN PARTNERS V	2,981,499	3,025,185	
	2,494,356.00	SILVER LAKE PARTNERS VI, LP	2,494,356	3,002,790	
	2,323,462.00	QUAD-C PARTNERS X LP	2,323,462	2,442,925	
	2,238,709.00	STRATEGIC INVESTORS FUND XI CAYMAN, LP	2,238,709	2,332,589	
	1,899,307.32	STRATEGIC PARTNERS OFFSHORE IX LP	1,899,307	2,264,143	
	1,723,401.05	VENTURE INVESTMENT ASSOCIATES ENERGY III	1,723,401	1,831,743	
	1,383,010.00	AEA INVESTORS FUND VI LP	1,383,010	1,536,231	
	146,282.41	COLLER INTERNATIONAL PARTNERS VII FEEDERFUND LP	146,282	1,371,817	
	1,364,801.00	PPC IV LP	1,364,801	1,121,502	
	847,500.00	FRANCISCO PARTNERS VII-A, LP	847,500	741,766	
	788,095.00	AEA INVESTORS FUND VIII LP	788,095	664,849	
	1,400,570.00	NEW MOUNTAIN PARTNERS IV	1,400,570	657,902	

John Muir Health Retirement Plan
Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)
As of December 31, 2024

Plan Sponsor: John Muir Health Retirement Plan
Employer Identification Number: 94-1461843
Plan Number: 001
Schedule H, Part IV, Line 4(i)

(a)	(b) Identity of Issuer	(c) Shares	(d) Description of Investment	(e) Historical Cost	(f) Current Value
		115,912.78	OAKTREE PRIVATE INVESTMENT FUND 2010	115,913	650,907
		569,124.00	STEPSTONE VC GLOBAL PARTNERS XI (CAYMAN) LP	569,124	566,954
		455,034.00	NEW MOUNTAIN PARTNERS VII, LP	455,034	345,958
		738,385.00	AG REALTY FUND VIII, LP	738,385	292,901
			Total private equity	<u>196,167,449</u>	<u>234,655,249</u>
			TOTAL INVESTMENTS	<u>\$ 483,551,111</u>	<u>\$ 606,132,906</u>

* Indicates party-in-interest

John Muir Health Retirement Plan
Schedule H, Part IV, Line 4(j) – Schedule of Reportable Transactions
For the Year Ended December 31, 2024

Plan Sponsor: John Muir Health Retirement Plan
Employer Identification Number: 94-1461843
Plan Number: 001
Schedule H, Part IV, Line 4(j)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Identity of Party Involved	Description of Asset	Number of Transactions	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Assets on Transaction Date	Net (Loss) Gain
<i>SERIES OF TRANSACTIONS BY ISSUE:</i>									
NT COLLECTIVE GOVT SHORT TERM INVT FD	Short-term investment fund	584	\$ 115,294,188	\$ -	\$ -	\$ -	\$ 115,294,188	\$ 115,294,188	\$ -
NT COLLECTIVE GOVT SHORT TERM INVT FD	Short-term investment fund	331	-	104,928,436	-	-	104,928,436	104,928,436	-

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SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan was originally effective October 1, 1968. The plan was amended and restated effective January 1, 2004 to incorporate several plan changes as described on the following pages and to include the merger of the Mt. Diablo Plan. The plan has been subsequently amended and restated. The last restatement was effective January 1, 2013.

The most recent amendment reflected (amendment 2023-2) was effective on December 31, 2023 and includes increases in benefits for select executives.

Covered employees and Participation date

All employees are eligible to participate under the plan on the first day of the pay period coincident with or next following the completion of one year of eligibility service. One year of eligibility service is granted if 1,000 hours of service are credited in the initial employment year, or in subsequent plan years. "Employee" means all employees of John Muir Health, excluding leased employees. Effective January 1, 2004, employees of the Health Network, Pavilion, and Mt. Diablo Medical Center become eligible employees. Members on the CNA collective bargaining unit who negotiated in this program will be effective January 1, 2004, with a retroactive starting date of January 1, 2003. Former Mt. Diablo Plan participants who are not eligible for the PEP formula became participants as of April 1, 2004, as part of the plan merger.

Definitions

Plan Year The twelve-month period ending December 31.

Accrued Benefits

The participants' Accrued Benefit at any given date is determined under the Normal Retirement formulas shown below, but is based on current Benefit Service, Final Average Monthly Compensation, and Covered Compensation (if applicable).

For participants under the PEP formula, the Accrued Benefit at any given date is based upon PEP points, current Benefit Service, Final Average Monthly Compensation, and is payable as a lump sum. The annuity value is determined using the Applicable Mortality and Applicable Interest Rate, as defined in the plan document at time of conversion / termination.

Plan Name: John Muir Health Retirement Plan
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Plan Sponsor: John Muir Health
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Vesting service	The participant's number of years of service prior to January 1, 1996, plus the number of plan years commencing on or after January 1, 1996 in which an employee is credited with at least 1,000 hours. Special rules apply for new participants in the plan effective with the 2004 plan change.
Benefit service	Service from the beginning of the plan year of plan entry to date of termination, based on the number of hours worked during each plan year. Employees must work at least 1,000 hours to earn credited service during a plan year. Special rules apply for service prior to January 1, 1996.
Covered Compensation	The 35-year average of the Maximum Taxable Wages (MTW) under Social Security. The MTW is the annual limit on wages subject to the FICA tax for Social Security. The 35-year period ends with the year the employee reaches eligibility for an unreduced Social Security benefit (age 65, 66, or 67 depending on the year the employee was born). For years after the year of termination and prior to the end of the 35-year period, the MTW from the year of termination is used.
Final Average Compensation/Salary	Beginning January 1, 2004, the definition of Compensation changed to total pay plus deferrals. In addition, the Final Average Compensation definition changed to five (5) consecutive years out of all years after January 1, 1992. Prior definition was monthly average of the 5 consecutive years' compensation out of the most recent 10 years that gives the highest average. Compensation includes base pay plus any compensation deferred under a Section 125 or Section 401(k) plan. Compensation is limited to \$200,000 (indexed beginning in 2002) as required.
Normal retirement date (NRD)	The first of the month in which the participant attains age 65.
Monthly pension benefit	Formula Prior to January 1, 2004 (Protected accrued benefit as of December 31, 2003, with pay and service as of that date): 1.1% of Final Average Monthly Compensation times Credited Service plus

Plan Name: John Muir Health Retirement Plan
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Valuation Date: January 1, 2024

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0.6% of Final Average Monthly Compensation in excess of Covered Compensation times Credited Service up to 35 years.

Formula Post December 31, 2003:

The formula is a Pension Equity Plan (PEP) based upon age and vesting service by year. The PEP points table is shown below. For John Muir participants, the plan recognizes Credited Service since date of hire. CNA Bargained participants will receive earned Credited Service back to January 1, 2003, as applicable, and Health Network, Pavilion and Mt. Diablo participants will begin accruing Credited Service starting January 1, 2004.

For John Muir participants, the Accrued Benefit as determined under the prior plan formula will be protected as of December 31, 2003.

Special provision for John Muir Grandfathered and CNA Bargained participants: For John Muir participants who are age 40 and have 10 years of Health System Benefit Service as of December 31, 2003, and the CNA Bargained employees will receive 2% additional PEP points for each cell.

Age	Service							
	Under 5	5-9	10-14	15-19	20-24	25-29	30-34	35 or more
0	1.50%	1.50%						
25	1.75%	1.75%	1.75%					
30	2.25%	2.75%	3.50%	3.50%				
35	2.75%	3.50%	4.00%	4.50%	4.50%			
40	4.00%	4.50%	5.00%	6.00%	7.00%	7.00%		
45	5.00%	5.50%	6.50%	7.00%	9.00%	11.00%	11.00%	
50	6.50%	7.25%	8.50%	9.50%	12.00%	14.00%	16.00%	16.00%
55	9.00%	9.50%	11.00%	12.00%	13.00%	15.00%	17.00%	18.00%
60	11.00%	12.00%	13.25%	14.75%	16.25%	18.00%	18.00%	18.00%
65+	13.00%	15.00%	17.00%	18.00%	18.00%	18.00%	18.00%	18.00%

Normal Form of Retirement Income

Straight Life Annuity for single participants. 100% Joint & Survivor Annuity for married participants. The lump sum of the PEP benefit will be converted on an actuarial equivalent basis to the normal form.

Plan Name: John Muir Health Retirement Plan
 EIN / PN: 94-1461843/001
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Monthly preretirement death benefit

Eligibility: 5 years of Vesting Service (or 3 years for participants leaving after January 1, 2008).

Benefit: The participant's beneficiary will receive a monthly retirement income payable for life in an amount equal to the Actuarial Equivalent of the lump sum payment the Participant could receive if he had retired immediately prior to his death and elected the lump sum payment option.

Eligibility for Benefits

Normal retirement

Retirement on NRD

Early retirement

Eligibility: Age 55 and 5 years of Vesting Service.

Postponed retirement

If retirement occurs after the Normal Retirement Date, the Late Retirement income will be the Normal Retirement Benefit calculated using Benefit Service and Final Average Monthly Compensation as of the Late Retirement Date.

Vested termination

A participant is 100% vested upon completion of 5 years of Vesting Service (or 3 years for participants leaving after January 1, 2008). All participants become 100% vested upon reaching age 65 in employment. The Rule of 45 will apply to Mt. Diablo participants who were hired before January 1, 2004.

Disability Benefit

Effective January 1, 2018, subsidized disability benefits are no longer provided. Any disability incurred on or after January 1, 2018 will be considered a regular termination of employment event under the Plan.

Preretirement death benefit

5 years of vesting service (or 3 years of participants leaving after January 1, 2008).

Benefits Paid Upon the Following Events

Normal retirement

The monthly pension benefit determined as of NRD

Early retirement

Actuarial equivalent of the accrued benefit based on the applicable interest rate (with October of Plan Year prior to commencement date as lookback month) and applicable mortality

Plan Name: John Muir Health Retirement Plan
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Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

table under 417(e)(3). This benefit cannot be less than the December 31, 2003 frozen benefit from the John Muir Medical Center Retirement Plan multiplied by an early retirement factor due to earlier commencement of payments.

Age	Factor
65	100.0%
64	94.0%
63	88.0%
62	82.0%
61	76.0%
60	70.0%
59	64.0%
58	58.0%
57	52.0%
56	46.0%
55	40.0%

Postponed retirement

If retirement occurs after the Normal Retirement Date, the Late Retirement income will be the Normal Retirement Benefit calculated using Benefit Service and Final Average Monthly Compensation as of the Late Retirement Date.

Vested termination

The termination benefit is equal to the vested Accrued Benefit, commencing at Normal Retirement Date. Optionally, the participant may elect to receive a reduced benefit commencing prior to Normal Retirement Date.

Disablement

Effective January 1, 2018, subsidized disability benefits are no longer provided. Any disability incurred on or after January 1, 2018 will be considered a regular termination of employment event under the Plan.

Preretirement death

The participant's beneficiary will receive a monthly retirement income payable for life in an amount equal to the Actuarial Equivalent of the lump sum payment the Participant could receive if he had retired immediately prior to his death and elected the lump sum payment option.

Plan Name: John Muir Health Retirement Plan
EIN / PN: 94-1461843/001
Plan Sponsor: John Muir Health
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	<p>The plan provides optional payment forms, including the qualified Joint and Contingent benefit for married employees, on an actuarially equivalent basis.</p> <p>Lump sum distributions are available upon termination or retirement. Prior to January 1, 2004 (and on December 31, 2003 protected Accrued Benefit), the Lump sum actuarial equivalence is determined using the applicable mortality table and the applicable interest rate for the October preceding the plan year of distribution as prescribed by the Treasury under Code Section 417(e)(3). For Lump sums after December 31, 2003, the amount is the determined value using the PEP formula.</p>
Pension Increases	None
Plan participants' contributions	They are not required or permitted.
Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining minimum contribution requirements. WTW is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

Additional benefits to select individuals were provided in Amendment 2023-2.

Plan Name: John Muir Health Retirement Plan
EIN / PN: 94-1461843/001
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Valuation Date: January 1, 2024

John Muir Health Retirement Plan
Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)
As of December 31, 2024

Plan Sponsor: John Muir Health Retirement Plan
Employer Identification Number: 94-1461843
Plan Number: 001
Schedule H, Part IV, Line 4(i)

(a)	(b)	(c)	(d)	(e)	(f)
Identity of Issuer	Shares	Description of Investment		Historical Cost	Current Value
SHORT-TERM INVESTMENT FUNDS					
*			COLLECTIVE SHORT-TERM FUNDS	\$ 13,900,447	\$ 13,900,447
			Total short-term investment funds	<u>13,900,447</u>	<u>13,900,447</u>
FIXED INCOME FUNDS					
	3,063.69		MFB NT COLLECTIVE S&P500 INDEX FUND-NON LENDING	33,792,810	69,446,818
	725,458.79		MFO DODGE & COX INTL STK FD	29,563,379	36,200,394
	673,026.78		MFO EUROPACIFIC GROWTH FD CL F-3	31,509,573	36,195,380
	1,262,300.15		MFO LAZARD FDS INC EMERGING MKTS PORTFOLIO	22,837,077	22,620,419
	1,237,522.66		MFO DOUBLELINE TOTAL RETURN BOND FUND-I	12,090,960	10,729,322
	1,227,724.96		MFO PAYDEN & RYGEL INVESTMENT GROUP GBL FXD INC SI	10,793,007	9,330,710
	184,642.29		CF BRANDYWINE GLOBAL OPPORTUNISTIC FIXEDINCOME BGXF20000002	7,047,141	7,891,094
			Total fixed income funds	<u>147,633,947</u>	<u>192,414,137</u>
EQUITY SECURITIES					
	714.00		WHITE MOUNTAINS INSURANCE GROUP COM STOCK	536,451	1,388,773
	24,098.00		ACI WORLDWIDE INC COM STK	760,684	1,250,927
	15,734.00		MOELIS & CO CL A CL A	472,842	1,162,428
	3,039.00		LULULEMON ATHLETICA INC COM	1,031,065	1,162,144
	7,982.00		ARMSTRONG WORLD INDS INC NEW COM STK	427,947	1,128,096
	10,563.00		CASELLA WASTE SYS INC CL A COM STK	947,538	1,117,671
	2,630.00		MICROSOFT CORP COM	670,613	1,108,545
	6,253.00		LANDSTAR SYS INC COM	499,115	1,074,641
	16,975.00		COCA COLA CO COM	945,419	1,056,864
	14,339.00		AMERICAN INTERNATIONAL GROUP INC COM	793,112	1,043,879
	18,274.00		TEMPUR SEALY INTL INC COM	374,409	1,035,953
	30,164.00		REVOLVE GROUP INC CL A CL A	440,527	1,010,192
	6,919.00		MATSON INC COM	239,295	932,958
	10,850.00		PAYPAL HLDGS INC COM	679,325	926,048
	24,255.00		ATLANTIC UN BANKSHARES CORP COM	840,349	918,779
	29,170.00		ESSENTIAL PROPERTIES REALTY TR INC USD0.01	720,844	912,438
	8,150.00		WALT DISNEY CO	816,220	907,503
	24,262.00		VONTIER CORP COM USD0.0001 WI	468,303	884,835

John Muir Health Retirement Plan
Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)
As of December 31, 2024

Plan Sponsor: John Muir Health Retirement Plan
Employer Identification Number: 94-1461843
Plan Number: 001
Schedule H, Part IV, Line 4(i)

(a)	(b)	(c)	(d)	(e)	(f)
	Identity of Issuer	Shares	Description of Investment	Historical Cost	Current Value
		1,346.00	PARKER-HANNIFIN CORP COM	298,013	856,096
		11,989.00	ACUSHNET HLDGS CORP COM	617,631	852,178
		1,697.00	MURPHY USA INC COM	282,994	851,470
		15,830.00	CTS CORP COM	547,476	834,716
		40,567.00	GATES INDL CORP PL COM USD0.01	703,023	834,463
		4,210.00	ALPHABET INC CAP STK USD0.001 CL C	545,500	801,752
		1,355.00	META PLATFORMS INC COM USD0.000006 CL 'A'	634,054	793,366
		3,517.00	AMAZON COM INC COM	551,246	771,595
		4,380.00	PROCTER & GAMBLE COM NPV	653,424	734,307
		1,383.00	NEWMARKET CORP COM	436,232	730,708
		7,990.00	STARBUCKS CORP COM	711,572	729,088
		4,170.00	LANCASTER COLONY CORP COM	704,120	721,994
		3,145.00	DICKS SPORTING GOODS INC OC-COM OC-COM	427,989	719,702
		11,375.00	UBER TECHNOLOGIES INC COM USD0.00001	780,081	686,140
		3,690.00	WILLIAMS SONOMA INC COM	390,997	683,314
		8,925.00	NIKE INC CL B	804,873	675,355
		4,299.00	HANOVER INS GROUP INC COM	574,176	664,883
		2,057.00	VISA INC COM CL A STK	451,602	650,094
		4,200.00	PEPSICO INC COM	692,702	638,652
		1,372.00	TELEDYNE TECHNOLOGIES INC COM	577,729	636,786
		2,190.00	MC DONALDS CORP COM	570,500	634,859
		4,459.00	QUALYS INC COM USD0.001	443,670	625,241
		6,265.00	CONOCOPHILLIPS COM	630,450	621,300
		705.00	GRAHAM HLDGS CO COM CL B COM	461,200	614,704
		1,160.00	MARTIN MARIETTA MATLS INC COM	377,361	599,140
		3,847.00	REGAL REXNORD CORPORATION COM STK USD0.01	507,084	596,785
		7,629.00	HAEMONETICS CORP MASS COM	656,851	595,672
		8,061.00	EPLUS INC COM	555,783	595,547
		2,565.00	RALPH LAUREN CORP CL A CL A	351,793	592,464
		1,110.00	AMERIPRISE FINL INC COM	221,517	590,997
		118.00	BOOKING HLDGS INC COM	425,142	586,274
		4,475.00	ADR LVMH MOET HENNESSY LOUIS VUITTON ADR	658,796	584,838
		1,276.00	BERKSHIRE HATHAWAY INC COM USD0.0033 CLASS'B'	491,388	578,385

John Muir Health Retirement Plan
Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)
As of December 31, 2024

Plan Sponsor: John Muir Health Retirement Plan
Employer Identification Number: 94-1461843
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(a)	(b) Identity of Issuer	(c) Shares	(d) Description of Investment	(e) Historical Cost	(f) Current Value
		5,040.00	ABBOTT LAB COM	384,292	570,074
		12,910.00	ENOVIS CORPORATION COM USD0.001	737,013	566,491
		5,376.00	PLANET FITNESS INC CL A CL A	530,054	531,525
		6,226.00	PERFORMANCE FOOD GROUP CO COM	345,812	526,408
		11,904.00	BANK OF AMERICA CORP	332,438	523,181
		1,126.00	SAIA INC COM STK	428,831	513,152
		5,543.00	PRICESMART INC COM STK	443,153	510,898
		12,539.00	FIVE9 INC COM	774,880	509,585
		6,048.00	WESTERN ALLIANCE BANCORPORATION COM	393,591	505,250
		3,769.00	CHURCHILL DOWNS INC COM	532,221	503,312
		4,931.00	BEACON ROOFING SUPPLY INC COM	430,019	500,891
		3,371.00	FRESHPET INC COM	381,987	499,279
		2,623.00	TEXAS INSTRUMENTS INC COM	436,549	491,839
		2,720.00	CAPITAL ONE FINL CORP COM	271,102	485,030
		4,843.00	ELASTIC N V COM USD0.01	446,767	479,844
		24,843.00	DOUBLEVERIFY HLDGS INC COM	469,140	477,234
		8,908.00	GEN MTRS CO COM	338,108	474,529
		5,937.00	MEDTRONIC PLC COMMON STOCK	477,975	474,248
		2,534.00	TAKE-TWO INTERACTIVE SOFTWARE INC COM STK USD0.01	408,156	466,459
		43,331.00	CERTARA INC COM	685,949	461,475
		3,360.00	LENNAR CORP CL A CL A	256,179	458,203
		23,021.00	CANNAE HLDGS INC COM USD0.0001	765,056	457,197
		4,356.00	STRIDE INC COM USD	477,580	452,719
		7,900.00	CORTEVA INC COM USD0.01 WI	265,173	449,984
		8,492.00	RAMBUS INC DEL COM	531,861	448,887
		3,400.00	AIRBNB INC CL A COM USD0.0001 CL A	453,419	446,794
		2,466.00	TEXAS ROADHOUSE INC COMMON STOCK	306,660	444,940
		24,875.00	MATTEL INC COM STOCK	496,314	441,034
		5,075.00	BEST BUY INC COM STK	364,085	435,435
		2,866.00	BOOT BARN HLDGS INC COM	240,138	435,116
		750.00	TYLER TECHNOLOGIES INC COM STK	320,351	432,480
		12,150.00	ADR HEINEKEN N V SPONSORED ADR LEVEL 1	550,312	429,867
		1,260.00	ANSYS INC COM	268,690	425,036

John Muir Health Retirement Plan
Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)
As of December 31, 2024

Plan Sponsor: John Muir Health Retirement Plan
Employer Identification Number: 94-1461843
Plan Number: 001
Schedule H, Part IV, Line 4(i)

(a)	(b)	(c)	(d)	(e)	(f)
	Identity of Issuer	Shares	Description of Investment	Historical Cost	Current Value
		22,724.00	FIRST WATCH RESTAURANT GROUP INC COM	523,205	422,894
		10,232.00	INGEVITY CORP COM	539,620	416,954
		1,735.00	APPLIED INDL TECHNOLOGIES INC COM	305,150	415,480
		4,886.00	BILL HOLDINGS INC COM USD0.00001	395,517	413,893
		985.00	DOMINOS PIZZA INC COM	405,744	413,464
		26,398.00	MARTEN TRANS LTD COM	519,664	412,073
		23,163.00	ALEXANDER & BALDWIN INC	702,218	410,912
		1,152.00	CURTISS WRIGHT CORP COM	391,797	408,810
		5,328.00	SYSCO CORP COM	417,032	407,379
		2,334.00	UNIFIRST CORP MASS COM	382,696	399,324
		7,444.00	KNIGHT-SWIFT TRANSN HLDGS INC CL A CLASSA COMMON STOCK USD0.01	396,225	394,830
		2,061.00	CHART INDS INC COM PAR \$0.01 COM PAR \$0.01	392,878	393,321
		2,800.00	ATMOS ENERGY CORP COM	301,789	389,956
		8,750.00	VARONIS SYS INC COM	447,507	388,762
		985.00	RH COM	422,536	387,686
		2,520.00	QUALCOMM INC COM	231,491	387,122
		14,551.00	PFIZER INC COM	391,602	386,038
		18,240.00	ADR SONY GROUP CORPORATION SPON ADS EACH REPR 1 ORD SHS	229,623	385,958
		8,927.00	IAC INC COM NEW	510,840	385,111
		551.00	HUBSPOT INC COM	316,138	383,920
		1,067.00	AON PLC	370,279	383,224
		1,739.00	FABRINET COM USD0.01	411,113	382,371
		1,373.00	EVERCORE INC	240,855	380,582
		7,571.00	1ST INDL RLTY TR INC COM	159,279	379,534
		956.00	CASEYS GEN STORES INC COM	269,108	378,796
		850.00	ADOBE INC COM	283,593	377,978
		2,487.00	GLAUKOS CORP COM	298,787	372,901
		4,547.00	CARMAX INC COM	305,151	371,763
		2,248.00	DIAMONDBACK ENERGY INC COM	368,575	368,290
		1,570.00	ECOLAB INC COM STK USD1	329,706	367,882
		2,406.00	NOVANTA INC NOVANTA INC	399,011	367,565
		1,013.00	CABLE ONE INC COM	666,827	366,828
		2,159.00	STERLING INFRASTRUCTURE INC COM STK USD0.01	328,984	363,684

John Muir Health Retirement Plan
Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)
As of December 31, 2024

Plan Sponsor: John Muir Health Retirement Plan
Employer Identification Number: 94-1461843
Plan Number: 001
Schedule H, Part IV, Line 4(i)

(a)	(b)	(c)	(d)	(e)	(f)
	Identity of Issuer	Shares	Description of Investment	Historical Cost	Current Value
		2,100.00	BLACKSTONE INC COM USD0.00001	259,601	362,082
		7,550.00	US BANCORP	272,664	361,116
		2,930.00	RPM INTL INC	217,892	360,566
		838.00	COMFORT SYS USA INC COM	276,068	355,362
		6,630.00	TRACTOR SUPPLY CO COM	287,016	351,788
		2,175.00	EASTGROUP PPTYS INC REIT	368,444	349,066
		1,540.00	HONEYWELL INTL INC COM STK	332,487	347,871
		1,300.00	AMGEN INC COM	275,749	338,832
		1,483.00	UNION PAC CORP COM	327,079	338,183
		1,460.00	DANAHER CORP COM	193,906	335,143
		1,115.00	HCA HEALTHCARE INC COM	252,682	334,667
		4,633.00	BIO-TECHNE CORP COM	358,398	333,715
		8,152.00	AVIENT CORPORATION	324,323	333,091
		6,093.00	DYNATRACE INC COM	326,225	331,155
		5,314.00	SEMTECH CORP COM	340,572	328,671
		2,830.00	XYLEM INC COM	252,496	328,337
		1,700.00	PNC FINANCIAL SERVICES GROUP COM STK	213,586	327,845
		1,624.00	WASTE MGMT INC DEL COM STK	278,909	327,707
		1,853.00	WEX INC COM	328,732	324,868
		1,310.00	LOWES COS INC COM	302,037	323,308
		8,080.00	VERIZON COMMUNICATIONS COM	355,480	323,119
		1,357.00	PENUMBRA INC COM	266,143	322,260
		4,583.00	RADNET INC COM STK	362,261	320,077
		4,670.00	XCEL ENERGY INC COM	304,179	315,318
		6,570.00	HALOZYME THERAPEUTICS INC COM	255,294	314,112
		3,700.00	ALCON AG COM USD0.04 WI	223,170	314,093
		1,787.00	INSTALLED BLDG PRODS INC COM	388,849	313,172
		12,000.00	COTERRA ENERGY INC COM	236,733	306,480
		2,325.00	SITEONE LANDSCAPE SUPPLY INC COM	355,138	306,365
		1,348.00	BECTON DICKINSON & CO COM	321,775	305,821
		1,160.00	GENERAL DYNAMICS CORP COM	250,153	305,648
		7,390.00	KLAVIYO INC COM SER A COM SER A	285,793	304,764
		1,491.00	SBA COMMUNICATIONS CORP COM USD0.01 CL A	332,686	303,866

John Muir Health Retirement Plan
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As of December 31, 2024

Plan Sponsor: John Muir Health Retirement Plan
Employer Identification Number: 94-1461843
Plan Number: 001
Schedule H, Part IV, Line 4(i)

(a)	(b) Identity of Issuer	(c) Shares	(d) Description of Investment	(e) Historical Cost	(f) Current Value
		4,009.00	SS&C TECHNOLOGIES HLDGS INC COM	263,774	303,802
		1,317.00	LABCORP HLDGS INC COM	275,269	302,014
		2,400.00	AMERICAN WTR WKS CO INC NEW COM	286,919	298,776
		3,245.00	COLGATE-PALMOLIVE CO COM	303,452	295,003
		2,960.00	MERCK & CO INC NEW COM	275,643	294,461
		810.00	CATERPILLAR INC COM	157,353	293,836
		1,316.00	POWELL INDS INC COM	333,544	291,691
		1,580.00	SPS COMM INC COM	305,984	290,704
		3,170.00	IRHYTHM TECHNOLOGIES INC COM	330,472	285,839
		3,170.00	LANTHEUS HLDGS INC COM	269,984	283,588
		24,000.00	ADR MITSUBISHI UFJ FINL GROUP INC SPONSORED ADR	168,893	281,280
		4,870.00	MICROCHIP TECHNOLOGY INC COM	278,793	279,294
		2,042.00	TARGET CORP COM STK	261,249	276,038
		2,260.00	SAREPTA THERAPEUTICS INC COM	219,199	274,793
		5,040.00	ADR TOTALENERGIES SE SPONSORED ADR	326,527	274,680
		1,461.00	INSPIRE MED SYS INC COM	281,112	270,840
		1,560.00	FERGUSON ENTERPRISES INC USD0.0001	328,528	270,769
		991.00	PRIMERICA INC COM	207,967	268,977
		2,000.00	CULLEN / FROST BANKERS INC COM	198,245	268,500
		7,381.00	COGNEX CORP COM	310,689	264,683
		5,532.00	WNS HOLDINGS LTD ORD GBP0.1	282,477	262,161
		15,900.00	ADR MICHELIN COMPAGNIE GENERALE DES ETABLISSEMENTS MICHELIN ADR	265,318	260,601
		3,348.00	NASDAQ INC	208,613	258,834
		608.00	DEERE & CO COM	185,931	257,610
		1,720.00	EXTRA SPACE STORAGE INC COM	225,250	257,312
		1,210.00	L3HARRIS TECHNOLOGIES INC COM	222,648	254,439
		14,793.00	KEYCORP NEW COM	213,600	253,552
		421.00	AXON ENTERPRISE INC COM	91,120	250,209
		1,649.00	COMMVault SYS INC COM STK	264,721	248,851
		3,700.00	EQTY LIFESTYLE PPTYS INC REIT	218,119	246,420
		1,110.00	CONSTELLATION BRANDS INC CL A CL A	255,586	245,310
		2,196.00	HARTFORD FINL SVCS GROUP INC COM	118,991	240,242
		11,313.00	SURGERY PARTNERS INC COM	363,519	239,496
		10,585.00	SENTINELONE INC CL A COM CL A COM	251,393	234,987

John Muir Health Retirement Plan
Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)
As of December 31, 2024

Plan Sponsor: John Muir Health Retirement Plan
Employer Identification Number: 94-1461843
Plan Number: 001
Schedule H, Part IV, Line 4(i)

(a)	(b)	(c)	(d)	(e)	(f)
Identity of Issuer	Shares	Description of Investment	Historical Cost	Current Value	
	1,631.00	REPLIGEN CORP COM STK USD0.01	296,704	234,766	
	5,950.00	FREEMPORT-MCMORAN INC	233,797	226,576	
	3,404.00	BIOMARIN PHARMACEUTICAL INC COM ISIN CH0008107010	322,651	223,745	
	1,340.00	SIMPSON MFG INC COM	255,935	222,212	
	2,548.00	AXSOME THERAPEUTICS INC. COM	198,209	215,586	
	1,459.00	BUILDERS FIRSTSOURCE INC COM STK	234,659	208,535	
	3,018.00	CREDO TECHNOLOGY GROUP HOLDING LTD	137,385	202,840	
	2,100.00	OSHKOSH CORPORATION	228,947	199,647	
	1,245.00	NATERA INC COM	81,930	197,083	
	3,479.00	GREEN BRICK PARTNERS INC COM	261,586	196,529	
	496.00	HOME DEPOT INC COM	163,916	192,939	
	3,559.00	DOMINION ENERGY INC COM STK NPV	210,968	191,688	
	2,698.00	WELLS FARGO & CO NEW COM STK	110,808	189,508	
	23.00	NVR INC COM STK USD0.01	84,746	188,115	
	1,299.00	FTAI AVIATION LTD COM USD0.01	111,215	187,108	
	3,445.00	INTL PAPER CO COM	141,110	185,410	
	2,940.00	COMM BANCSHARES INC COM	134,062	183,191	
	870.00	ABBVIE INC COM USD0.01	101,280	154,599	
	3,145.00	FMC CORP COM (NEW)	197,094	152,878	
	428.00	ACCENTURE PLC CLS A	146,762	150,566	
	3,467.00	ULTRAGENYX PHARMACEUTICAL INC COM	164,807	145,857	
	1,930.00	INSMED INC COM	124,956	133,247	
	4,387.00	BRIDGEBIO PHARMA INC COM	130,163	120,379	
	624.00	ALLSTATE CORP COM	80,596	120,301	
	1,415.00	VAXCYTE INC COM	112,012	115,832	
	4,269.00	IDEAYA BIOSCIENCES INC COM	130,979	109,713	
	2,537.00	BIOHAVEN LTD COM NPV WI	133,543	94,757	
	2,141.00	REVOLUTION MEDICINES INC COM	106,310	93,647	
	7,948.00	TREDEGAR CORP INC	139,349	61,041	
	151.00	DELL TECHNOLOGIES INC COM USD0.01 CL C WI COMMON STOCK	23,269	17,401	
		Total equity securities	<u>79,676,572</u>	<u>95,342,976</u>	

John Muir Health Retirement Plan
Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)
As of December 31, 2024

Plan Sponsor: John Muir Health Retirement Plan
Employer Identification Number: 94-1461843
Plan Number: 001
Schedule H, Part IV, Line 4(i)

(a)	(b)	(c)	(d)	(e)	(f)
Identity of Issuer	Shares	Description of Investment	Historical Cost	Current Value	
HEDGE FUNDS					
	91,196.44	CF KING STREET CAPITAL LTD CLASS A SER I - 1	14,134,612	22,632,166	
	9,288.00	CF ELLIOTT INTERNATIONAL CL C	18,728,218	21,705,127	
	6,472.81	CF GOLDENTREE SELECT OFFSHORE LTD CL A2 SR 1	10,038,018	18,910,508	
	2,626.06	CF ELLIOTT INTERNATIONAL CL B	2,999,890	6,136,840	
	779.26	CF KING STREET CAPITAL LTD CLASS S SER 350	47,457	87,370	
	430.05	CF KING STREET CAP LTD CL S SR 281	26,014	61,892	
	361.63	CF KING STREET CAPITAL LTD CLASS S SER 359	22,024	35,362	
	461.26	CF KING STREET CAPITAL LTD - CLASS S SERIES 80	29,294	31,946	
	226.02	CF KING STREET CAPITAL LTD CLASS S SER 244	13,266	31,882	
	440.51	CF KING STREET CAPITAL LTD CLASS S SER 377	26,827	27,246	
	185.82	CF KING STR CAP CL S SER 224 FD	10,897	26,022	
	163.24	CF KING STREET CAPITAL LTD CL S SER 161	9,854	24,413	
	169.53	CF KING STREET CAPITAL LTD CL S SER 175	10,234	21,308	
	148.52	CF KING STREET CAPITAL LTD CLASS S SER 189	8,774	18,813	
	55.02	CF KING STREET CAPITAL LTD CL S SER 60	3,343	11,975	
	157.11	CF KING STREET CAPITAL LTD CLASS S SER 323	9,569	11,237	
	61.74	CF KING STREET CAPITAL LTD CL S SER 263	3,619	8,880	
	62.03	CF KING STR CAP CL S SER 210 FD	3,585	7,844	
	58.54	CF KING STREET CAP LTD CL S SR 308	3,565	6,215	
	34.82	CF KING STREET CAP LTD CL S SR 293	2,110	5,028	
	43.27	CF KING STREET CAP LTD CL S SER 231	2,539	4,871	
	39.73	CF KING STREET CAPITAL LTD CLASS S SER 238	2,330	4,287	
	52.69	CF KING STREET CAP LTD CL S SER 125 FUND	3,159	3,493	
	11.22	CF KING STREET CAPITAL LTD CL S SER 168	677	1,984	
	10.44	CF KING STREET CAPITAL LTD CLASS S SER 314	636	1,509	
	175.33	CF KING STREET CAP LTD CL S SR 409	10,883	971	
	13.69	CF KING STREET CAPITAL LTD CL S SER 254 FD	810	514	
	335.38	CF KING STREET CAPITAL LTD CLASS S SER 341	20,425	299	
	1.13	CF KING STREET CAPITAL LTD CLASS S SER 182	67	95	
		Total hedge funds	46,172,696	69,820,097	

John Muir Health Retirement Plan
Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year)
As of December 31, 2024

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Plan Number: 001
Schedule H, Part IV, Line 4(i)

(a)	(b)	(c)	(d)	(e)	(f)
Identity of Issuer	Shares	Description of Investment	Historical Cost	Current Value	
PRIVATE EQUITY					
	87,930,000.00	CCI CORE BOND FUND LP	87,930,000	90,602,239	
	23,450,000.00	ENTRUST PERMAL CORE STRATEGIES LTD	23,450,000	27,617,904	
	17,300,000.00	GOLDENTREE MULTI SECTOR LTD	17,300,000	20,885,875	
	9,151,259.00	PPC FUND III-A LP	9,151,259	12,429,406	
	5,245,607.00	AMERICAN SECURITIES PARTNERS VIII LP	5,245,607	7,357,273	
	2,173,591.00	PPC FUND II-A LP	2,173,591	5,914,932	
	4,322,899.00	NEW MOUNTAIN PARTNERS VI LP	4,322,899	5,812,311	
	3,272,578.00	GREENSPRING GLOBAL PARTNERS VIII B, LP	3,272,578	5,716,895	
	2,051,359.53	INDUSTRY VENTURES PARTNERSHIP HOLDINGS IV LP	2,051,360	4,895,362	
	2,789,768.09	INDUSTRY VENTURES PARTNERSHIP HOLDINGS V, LP	2,789,768	4,777,432	
	2,353,751.89	TRIDENT VII	2,353,752	4,186,680	
	2,984,891.01	SILVER LAKE PARTNERS V, LP	2,984,891	4,163,929	
	3,019,527.00	AMERICAN SECURITIES PARTNERS VII LP	3,019,527	3,975,694	
	1,692,367.50	INDUSTRY VENTURES PARTNERSHIP HOLDINGS III LP	1,692,368	3,564,509	
	3,255,034.96	INDUSTRY VENTURES PARTNERSHIP HOLDINGS VI, LP	3,255,035	3,510,977	
	890,485.18	OAKTREE PRIVATE INVESTMENT FUND 2012, LP	890,485	3,323,713	
	2,814,881.00	CENTERBRIDGE PARTNERS REAL ESTATE FUND LP	2,814,881	3,069,956	
	2,981,499.00	NEW MOUNTAIN PARTNERS V	2,981,499	3,025,185	
	2,494,356.00	SILVER LAKE PARTNERS VI, LP	2,494,356	3,002,790	
	2,323,462.00	QUAD-C PARTNERS X LP	2,323,462	2,442,925	
	2,238,709.00	STRATEGIC INVESTORS FUND XI CAYMAN, LP	2,238,709	2,332,589	
	1,899,307.32	STRATEGIC PARTNERS OFFSHORE IX LP	1,899,307	2,264,143	
	1,723,401.05	VENTURE INVESTMENT ASSOCIATES ENERGY III	1,723,401	1,831,743	
	1,383,010.00	AEA INVESTORS FUND VI LP	1,383,010	1,536,231	
	146,282.41	COLLER INTERNATIONAL PARTNERS VII FEEDERFUND LP	146,282	1,371,817	
	1,364,801.00	PPC IV LP	1,364,801	1,121,502	
	847,500.00	FRANCISCO PARTNERS VII-A, LP	847,500	741,766	
	788,095.00	AEA INVESTORS FUND VIII LP	788,095	664,849	
	1,400,570.00	NEW MOUNTAIN PARTNERS IV	1,400,570	657,902	

John Muir Health Retirement Plan
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As of December 31, 2024

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(a)	(b) Identity of Issuer	(c) Shares	(d) Description of Investment	(e) Historical Cost	(f) Current Value
		115,912.78	OAKTREE PRIVATE INVESTMENT FUND 2010	115,913	650,907
		569,124.00	STEPSTONE VC GLOBAL PARTNERS XI (CAYMAN) LP	569,124	566,954
		455,034.00	NEW MOUNTAIN PARTNERS VII, LP	455,034	345,958
		738,385.00	AG REALTY FUND VIII, LP	738,385	292,901
			Total private equity	<u>196,167,449</u>	<u>234,655,249</u>
			TOTAL INVESTMENTS	<u>\$ 483,551,111</u>	<u>\$ 606,132,906</u>

* Indicates party-in-interest

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	3	78	1	0	0	0	0	0	0	0	0	82
	-	82,492	-	-	-	-	-	-	-	-	-	83,870
25-29	24	360	40	0	0	0	0	0	0	0	0	424
	55,539	107,625	77,724	-	-	-	-	-	-	-	-	101,856
30-34	25	435	208	21	1	0	0	0	0	0	0	690
	73,622	108,037	109,773	90,884	-	-	-	-	-	-	-	106,756
35-39	27	341	293	125	51	2	0	0	0	0	0	839
	84,910	128,845	128,027	128,768	113,296	-	-	-	-	-	-	126,168
40-44	14	254	236	129	157	30	0	0	0	0	0	820
	-	129,053	133,296	143,862	146,522	141,362	-	-	-	-	-	135,362
45-49	6	143	154	71	184	93	5	0	0	0	0	656
	-	139,270	134,117	141,536	160,737	163,340	-	-	-	-	-	147,014
50-54	8	104	130	86	143	138	19	4	0	0	0	632
	-	129,152	134,267	141,729	163,018	175,624	-	-	-	-	-	150,184
55-59	4	59	78	62	120	101	25	23	2	0	0	474
	-	134,340	134,345	144,743	129,837	160,757	165,846	190,261	-	-	-	144,659
60-64	5	34	72	42	82	70	32	15	13	0	0	365
	-	141,576	119,748	141,199	148,340	160,211	140,360	-	-	-	-	143,821
65-69	2	19	20	24	31	37	11	11	6	2	2	163
	-	-	144,368	129,124	131,636	170,679	-	-	-	-	-	139,412
70 & over	1	10	9	4	4	7	5	1	1	2	2	44
	-	-	-	-	-	-	-	-	-	-	-	108,882
Total	119	1,837	1,241	564	773	478	97	54	22	4	5,189	
	71,590	118,421	125,739	137,625	147,340	164,074	145,315	174,276	199,092	-	-	131,145

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: John Muir Health Retirement Plan
 EIN / PN: 94-1461843/001
 Plan Sponsor: John Muir Health
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month September
- Interest rate basis 3-Segment Rates

Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
----------------	--------------------------	------------------------------

Annual rates of increase

- Compensation 3.75%
- Future Social Security wage bases N/A

Lump sum rate

The interest rate assumption for converting plan formula lump sums into accrued benefits payable at normal retirement age is assumed to be equal to:

- the valuation interest rate for IRC §430 and IRC §436 purposes

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Plan Name: John Muir Health Retirement Plan
EIN / PN: 94-1461843/001
Plan Sponsor: John Muir Health
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant
New or rehired employees	It was assumed there will be no new or rehired employees.
Funding Mortality	<p>Base mortality table: Male Table used for males; Female table used for females</p> <ol style="list-style-type: none">1. Base table: Pri-20122. Base mortality table year: 20123. Table type: No Collar4. Table weighting: Benefit5. Blending of annuitants and non-annuitants: Separate rates for annuitants and non-annuitants (based on Employees table) <p>Mortality Improvement Scale: Male Table used for males; Female Table used for Females</p> <ol style="list-style-type: none">1. Base scale: MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 20242. Projection Type: Generational
Lump Sum Mortality	2024 IRS 417(e) mortality table

Plan Name: John Muir Health Retirement Plan
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Plan Sponsor: John Muir Health
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Termination/Retirement

The rates at which participants with three or more years of service are assumed to terminate/retire vary by age as shown below:

Representative Rates

Percentage leaving/retiring during the year	
Age	Rate
18 - 39	7%
40 - 59	5%
60 - 62	10%
63 - 64	12%
65	25%
66 - 69	30%
70+	100%

Participants with less than 3 years of service are assumed to terminate/retire at the rate of 18% per year.

Disability

The rates at which participants are assumed to become disabled by age are shown below:

Percentage becoming disabled during the year	
Age	Disability rate
20	0.12%
25	0.12%
30	0.12%
35	0.13%
40	0.15%
45	0.20%
50	0.36%
55	0.68%
60	1.38%

Benefit commencement date:

- Preretirement death benefit Upon death
- Deferred vested benefit for former employees Upon normal retirement age
- Disability benefit Upon disablement
- Retirement benefit Upon termination of employment for those electing a lump sum payment and at age 65 (or decrement age if later) for those electing an annuity.

Form of payment (PEP Participants)

70% of the active participants are assumed to elect an immediate lump sum payment, 18% are assumed to elect a life annuity, 3% are assumed to elect a joint and 50% survivor annuity, and 9% are assumed to elect a joint and 100% survivor annuity.

Plan Name: John Muir Health Retirement Plan
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SCHEDULE SB ATTACHMENTS

Form of payment (Mt. Diablo Participants)	50% are assumed to elect a life annuity, 20% are assumed to elect a joint and 50% survivor annuity, and 30% are assumed to elect a joint and 100% survivor annuity.
Percent married	For purposes of valuing the pre-retirement surviving spouse's benefit, 60% of eligible participants are assumed to be married.
Spouse age	Wife two years younger than husband
Covered pay	Compensation assumed paid in the current year beginning on the valuation date is pension compensation for the prior plan year, increased by 1.875%.
Administrative expenses	\$200,000
At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the lump sum form of payment.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest

Plan Name: John Muir Health Retirement Plan
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Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Actuarial value of assets

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued based on discussions with the plan sponsor regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name: John Muir Health Retirement Plan
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SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Lump sum conversion rate	As required by IRC §430, lump sum benefits are valued using “annuity substitution”, using the applicable interest rate under Section 417(e)(3), for purposes of determining the plan’s funding target, the future annuity is determined using the valuation interest rate under 430(h)(2) (as opposed to the interest rates under 417(e)(3) which the plan uses to determine the amount of the benefit).
Rates of increase in compensation and National Average Wages (NAW) CPI	Assumed increases were chosen by the plan sponsor and represents an estimate of future experience.

Assumptions Rationale - Significant Demographic Assumptions

Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination/Retirement	Termination rates were based on an experience study conducted in 2021.
Form of payment	Form of payments assumptions are based on an experience study conducted in 2021.

Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Changes in Assumptions and Methods

Change in assumptions since prior valuation	The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
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Plan Name: John Muir Health Retirement Plan
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Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

The mortality tables used to calculate the funding target and target normal cost were updated to reflect the latest mortality tables and improvement scale, as required by guidance issued by the IRS under IRC §430. In addition, projection of mortality improvement was changed from using a static projection to a generational projection as required by guidance issued by the IRS under IRC §430.

The lump sum mortality table was updated from the 2023 IRS 417(e) mortality table to the 2024 IRS 417(e) mortality table.

The assumed administrative expenses added to the target normal cost were changed from \$150,000 for the prior valuation to \$200,000 for the current valuation to account for expected expenses to be paid from the trust.

Change in methods since prior valuation None

Plan Name: John Muir Health Retirement Plan
EIN / PN: 94-1461843/001
Plan Sponsor: John Muir Health
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The assumed administrative expenses added to the target normal cost were changed from \$150,000 for the prior valuation to \$200,000 for the current valuation to account for expected expenses to be paid from the trust.

Plan Name: John Muir Health Retirement Plan
EIN / PN: 94-1461843/001
Plan Sponsor: John Muir Health
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The assumed administrative expenses added to the target normal cost were changed from \$150,000 for the prior valuation to \$200,000 for the current valuation to account for expected expenses to be paid from the trust.

Plan Name: John Muir Health Retirement Plan
EIN / PN: 94-1461843/001
Plan Sponsor: John Muir Health
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	John Muir Health
EIN/PN	94-1461843/001
Plan Name	John Muir Health Retirement Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Michael J. Methlie
Enrollment Number	23-05219

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

Age x (a)	Rate of Retirement (b)	Probability of Not Retiring before Age x (c)	Probability of Retiring at Age x (d) = (b) * (c)	Weighted Age at Retirement (a) * (d)
55	5.00%	100.00%	5.00%	2.7500
56	5.00%	95.00%	4.75%	2.6600
57	5.00%	90.25%	4.51%	2.5721
58	5.00%	85.74%	4.29%	2.4864
59	5.00%	81.45%	4.07%	2.4028
60	10.00%	77.38%	7.74%	4.6427
61	10.00%	69.64%	6.96%	4.2481
62	10.00%	62.68%	6.27%	3.8859
63	12.00%	56.41%	6.77%	4.2645
64	12.00%	49.64%	5.96%	3.8123
65	25.00%	43.68%	10.92%	7.0985
66	30.00%	32.76%	9.83%	6.4869
67	30.00%	22.93%	6.88%	4.6096
68	30.00%	16.05%	4.82%	3.2749
69	30.00%	11.24%	3.37%	2.3261
70	100.00%	7.87%	7.87%	5.5063
		Total	100%	63.0271

Average Weighted Age at Retirement	63
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Plan Name: John Muir Health Retirement Plan
 EIN / PN: 94-1461843/001
 Plan Sponsor: John Muir Health
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	38,293,202	419,137	13,421,966	52,134,305
2025	30,797,609	946,703	13,195,865	44,940,177
2026	29,752,840	1,143,615	12,970,333	43,866,788
2027	28,151,632	1,339,807	12,715,922	42,207,361
2028	27,163,053	1,621,503	12,424,071	41,208,627
2029	25,242,840	1,908,939	12,099,155	39,250,934
2030	25,279,570	2,120,625	11,750,082	39,150,277
2031	24,375,316	2,294,802	11,337,947	38,008,065
2032	23,870,394	2,469,233	10,881,166	37,220,793
2033	23,452,744	2,640,746	10,421,999	36,515,489
2034	23,176,928	2,774,118	9,954,552	35,905,598
2035	22,696,530	2,927,666	9,487,512	35,111,708
2036	22,753,394	3,071,470	9,006,968	34,831,832
2037	22,274,897	3,232,626	8,510,275	34,017,798
2038	22,080,657	3,429,089	7,997,954	33,507,700
2039	21,546,188	3,548,638	7,473,044	32,567,870
2040	21,252,446	3,663,418	6,939,168	31,855,032
2041	20,894,629	3,781,998	6,400,467	31,077,094
2042	20,245,319	3,881,659	5,861,528	29,988,506
2043	20,004,221	3,974,187	5,327,269	29,305,677
2044	20,512,910	4,102,725	4,802,861	29,418,496
2045	20,237,871	4,251,845	4,293,589	28,783,305
2046	19,868,465	4,373,283	3,804,676	28,046,424
2047	19,082,740	4,476,551	3,341,034	26,900,325
2048	18,855,579	4,527,717	2,906,993	26,290,289
2049	18,247,956	4,519,665	2,506,019	25,273,640
2050	17,757,589	4,514,097	2,140,640	24,412,326
2051	17,178,356	4,476,456	1,812,300	23,467,112
2052	16,610,716	4,380,668	1,521,352	22,512,736

Plan Name: John Muir Health Retirement Plan
EIN / PN: 94-1461843/001
Plan Sponsor: John Muir Health
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2053	16,057,177	4,284,327	1,267,148	21,608,652
2054	15,387,269	4,171,146	1,048,145	20,606,560
2055	14,832,628	4,028,448	862,112	19,723,188
2056	14,171,433	3,880,105	706,240	18,757,778
2057	13,458,413	3,733,288	577,364	17,769,065
2058	12,848,992	3,572,294	472,133	16,893,419
2059	12,222,493	3,407,762	387,162	16,017,417
2060	11,595,173	3,235,453	319,199	15,149,825
2061	10,998,612	3,062,210	265,220	14,326,042
2062	10,392,895	2,887,845	222,516	13,503,256
2063	9,810,839	2,717,477	188,739	12,717,055
2064	9,206,228	2,550,054	161,914	11,918,196
2065	8,618,288	2,381,849	140,424	11,140,561
2066	8,048,186	2,217,062	122,970	10,388,218
2067	7,486,349	2,055,968	108,527	9,650,844
2068	6,936,752	1,898,867	96,304	8,931,923
2069	6,407,298	1,745,912	85,720	8,238,930
2070	5,894,456	1,597,373	76,368	7,568,197
2071	5,399,519	1,453,602	67,980	6,921,101
2072	4,923,707	1,315,036	60,072	6,298,815
2073	4,467,958	1,182,202	53,129	5,703,289

Plan Name: John Muir Health Retirement Plan
EIN / PN: 94-1461843/001
Plan Sponsor: John Muir Health
Valuation Date: January 1, 2024

John Muir Health Retirement Plan
Schedule H, Part IV, Line 4(j) – Schedule of Reportable Transactions
For the Year Ended December 31, 2024

Plan Sponsor: John Muir Health Retirement Plan
Employer Identification Number: 94-1461843
Plan Number: 001
Schedule H, Part IV, Line 4(j)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Identity of Party Involved	Description of Asset	Number of Transactions	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Assets on Transaction Date	Net (Loss) Gain
<i>SERIES OF TRANSACTIONS BY ISSUE:</i>									
NT COLLECTIVE GOVT SHORT TERM INVT FD	Short-term investment fund	584	\$ 115,294,188	\$ -	\$ -	\$ -	\$ 115,294,188	\$ 115,294,188	\$ -
NT COLLECTIVE GOVT SHORT TERM INVT FD	Short-term investment fund	331	-	104,928,436	-	-	104,928,436	104,928,436	-

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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

▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan JOHN MUIR HEALTH RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF JOHN MUIR HEALTH	D Employer Identification Number (EIN) 94-1461843	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:		
a Market value	2a	601421386
b Actuarial value	2b	620348020

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1003	145874993	145874993
b For terminated vested participants	877	48289517	48289517
c For active participants	5189	404978139	408280803
d Total	7069	599142649	602445313

4 If the plan is in at-risk status, check the box and complete lines (a) and (b)

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	

5 Effective interest rate **5** 5.19 %

6 Target normal cost		
a Present value of current plan year accruals	6a	38153917
b Expected plan-related expenses	6b	200000
c Target normal cost	6c	38353917

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE MM	9/25/25
Signature of actuary	Date
MICHAEL J. METHLIE	23-05219
Type or print name of actuary	Most recent enrollment number
WILLIS TOWERS WATSON US LLC	415-733-4100
Firm name	Telephone number (including area code)
333 BUSH STREET, FLOOR 7	
SAN FRANCISCO CA 94104	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)		
10 Interest on line 9 using prior year's actual return of <u>10.65</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		9434285
b (1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.30</u> %		500017
b (2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		9934302
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	102.97 %
15 Adjusted funding target attainment percentage	15	102.97 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	110.99 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09-10-2025	24000000				
Totals ▶			18(b)	24000000	18(c)

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	22031182

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 63

23 Mortality table(s) (see instructions) Prescribed -- combined Prescribed -- separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	38353917
b Excess assets, if applicable, but not greater than line 31a	31b	17902707

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	20451210	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	20451210	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	22031182	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1579972	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021