

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... 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: EL CAMINO HOSPITAL CASH BALANCE PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/1963
2a Plan sponsor's name (employer, if for a single-employer plan): EL CAMINO HOSPITAL
2b Employer Identification Number (EIN): 94-3167314
2c Plan Sponsor's telephone number: 650-940-7000
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	5148
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)	3360
	6a(2)	3797
	6b	660
	6c	1102
	6d	5559
	6e	51
	6f	5610
	6g(1)	
	6g(2)	
h		53
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 1C 3H

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

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

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

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE 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
---	--	--

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>EL CAMINO HOSPITAL CASH BALANCE 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>EL CAMINO HOSPITAL</u>	D Employer Identification Number (EIN) <u>94-3167314</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>354311294</u>
	b Actuarial value	2b	<u>361851772</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>675</u>	<u>60245818</u>
	b For terminated vested participants	<u>1109</u>	<u>35644077</u>
	c For active participants	<u>3360</u>	<u>165982520</u>
	d Total	<u>5144</u>	<u>261872415</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>5.23 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>15890300</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>15890300</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>09/26/2025</u>
	<u>MISTY LAM, EA, MSPA, MAAA</u>	Date
	Type or print name of actuary	<u>23-06737</u>
	<u>BUCK GLOBAL, LLC</u>	Most recent enrollment number
	Firm name	<u>808-258-0315</u>
	<u>1050 QUEEN STREET, SUITE 100</u>	Telephone number (including area code)
	<u>HONOLULU, HI 96814</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	70895993
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)	0	70895993
10	Interest on line 9 using prior year's actual return of <u>14.17</u> %	0	10045962
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		13515460
	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>5.31</u> %		717671
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		14233131
	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	80941955

Part III Funding Percentages			
14	Funding target attainment percentage	14	104.08 %
15	Adjusted funding target attainment percentage	15	134.07 %
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	107.79 %
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		
04/16/2024	3500000	0					
07/16/2024	3500000	0					
10/29/2024	5000000	0					
01/16/2025	5000000	0					
			Totals ▶	18(b)	17000000	18(c)	0

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	16389596

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: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 66
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 type="checkbox"/> Yes <input checked="" 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	15890300	
b Excess assets, if applicable, but not greater than line 31a	31b	11018065	
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	4872235	
	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	4872235	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	16389596	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	11517361	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b		
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 checked="" 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.
--	--	---

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

A Name of plan EL CAMINO HOSPITAL CASH BALANCE PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 EL CAMINO HOSPITAL	D Employer Identification Number (EIN) 94-3167314	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

BNY MELLON INVESTMENT ADVISOR	240 GREENWICH STREET NEW YORK, NY 10286
--------------------------------------	--

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

CAUSEWAY CAPITAL MANAGEMENT LLC	11111 SANTA MONICA BOULEVARD 15TH FLOOR LOS ANGELES, CA 90025
--	--

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

CONESTOGA FUNDS	CROSSPOINT AT VALLEY FORGE 550 E. SWEDSFORD RD, STE 120 EAST WAYNE, PA 19087
------------------------	---

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

DODGE & COX	P.O. BOX 8422 BOSTON, MA 02266-8422
------------------------	--

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

WALTON STREET RE FUND VIII

900 NORTH MICHIGAN AVE
SUITE 1900
CHICAGO, IL 60611

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

WELLINGTON TRUST COMPANY, NA

280 CONGRESS STREET
BOSTON, MA 02210

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

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

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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: 635 CAMPBELL TECHNOLOGY PARKWAY CAMPBELL, CA 95008	e Telephone: 408-558-7500

Explanation: MOSS ADAMS, 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
---	--	---

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

A Name of plan <u>EL CAMINO HOSPITAL CASH BALANCE 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>EL CAMINO HOSPITAL</u>	D Employer Identification Number (EIN) <u>94-3167314</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>WTC-CIF SMALL CAP VALUE</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY</u>		
c EIN-PN <u>04-2767481-058</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>13022904</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)

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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan EL CAMINO HOSPITAL CASH BALANCE PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 EL CAMINO HOSPITAL	D Employer Identification Number (EIN) 94-3167314

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3500000	5000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	102195	100261
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8062665	9907587
(2) U.S. Government securities	1c(2)	2486850	3467738
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	123206	66280
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	34075095	40187046
(5) Partnership/joint venture interests	1c(5)	5844277	4533546
(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)	12167581	13022904
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	226516966	246528364
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	61439893	68681350

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	354318728	391495076
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	354318728	391495076

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)	17000000	
(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)		17000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	409863	
(B) U.S. Government securities.....	2b(1)(B)	134793	
(C) Corporate debt instruments.....	2b(1)(C)	2826	
(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)		547482
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	813347	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	5462973	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		6276320
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	83028711	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	82424825	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		603886
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	11839712	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		855323
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		14548425
c Other income	2c		660880
d Total income. Add all income amounts in column (b) and enter total.....	2d		52332028

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	15124594	
(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)		15124594
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)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	29851	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(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)	1235	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		31086
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		15155680

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		37176348
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.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 555641.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

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

A Name of plan EL CAMINO HOSPITAL CASH BALANCE PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 EL CAMINO HOSPITAL	D Employer Identification Number (EIN) 94-3167314	

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	0
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>41-6257133</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	117

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: 56.2 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 24.9 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 18.9 %

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 and
Required Supplementary Information

El Camino Hospital Cash Balance Plan

December 31, 2024 and 2023

Table of Contents

	Page
Report of Independent Auditors	1
Management’s Discussion and Analysis	
Financial Statements	
Statements of Fiduciary Net Position	8
Statements of Changes in Fiduciary Net Position	9
Supplemental Schedules – Required by the Department of Labor	
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)	24
Schedule H, Line 4(j) – Schedule of Reportable Transactions	27
Supplementary Information – Required by the Governmental Accounting Standards Board	
Schedule of Changes in Employer Net Pension Liability and Related Ratios	29
Schedule of Employer Contributions	30
Schedule of Investment Returns	31

Report of Independent Auditors

The Trustees of
El Camino Hospital Cash Balance Plan

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of El Camino Hospital Cash Balance Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of fiduciary net position as of December 31, 2024 and 2023, and the related statements of changes in fiduciary net position for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the fiduciary net position of El Camino Hospital Cash Balance Plan as of December 31, 2024 and 2023, and the changes in its fiduciary net position for the years then ended, in accordance with accounting principles generally accepted in the United States of America (GAAP).

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 El Camino Hospital Cash Balance 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 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.

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 El Camino Hospital Cash Balance Plan's ability to continue as a going concern within twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

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

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 El Camino Hospital Cash Balance 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 El Camino Hospital Cash Balance Plan's ability to continue as a going concern for a reasonable period of time.

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.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the accompanying management's discussion and analysis, schedules of changes in employer net pension liability and related ratios, schedule of employer contributions, and schedule of investment returns be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with audit standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audits of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

Baker Tilly US, LLP

San Francisco, California

October 14, 2025

Management's Discussion and Analysis

El Camino Hospital Cash Balance Plan Management's Discussion and Analysis

This section of El Camino Hospital Cash Balance Plan's (the Plan's) annual financial report presents the management discussion and analysis of the Plan's financial performance as of and for the year ended December 31, 2024, the Plan's normal accounting year. It also includes selected comparative information as of and for the year ended December 31, 2023. It should be read in conjunction with the Plan's annual audited financial statements, which follow this section.

Overview – The Plan was established on July 1, 1963, by El Camino Hospital (the Organization) and has been amended from time to time since that date, as further described below.

Financial highlights – During the year ended December 31, 2024, the net position held in trust for pension benefits increased by approximately 10%. Employer contributions were \$17 million in 2024, compared to \$14 million in 2023. Benefit payments were \$15 million in 2024, compared to \$13 million in 2023. Net investment income was \$35.3 million in 2024, compared to net investment of \$43.6 million in 2023.

Financial analysis of the pension plan – Total contributions have exceeded the actuarially determined contribution amounts dating back to 2014, due to the decision made by the Organization's Board of Directors to fund the Plan at amounts above actuarially determined contributions. In the current year, the discount rate used to measure total pension liability remained consistent with the prior year at 6.7%.

Operating statistics – The actuarial cost method used to attribute the actuarial present value of projected benefit payments of each Plan member is the entry age normal cost method. Under the entry age normal cost method, the actuarial present value of the projected benefits for each individual included in the actuarial valuation is allocated on a level basis over the earnings or service of the individual between entry age and assumed exit ages. The portion of this actuarial present value allocated to a valuation year is called the normal cost. The portion of this actuarial present value not provided for at a valuation date by the actuarial present value of future normal costs is the actuarial accrued liability.

The Organization's net pension liability is calculated as the total pension liability, defined as the portion of the actuarial present value of projected benefit payments that is attributed to past periods of member service, less the Plan fiduciary net position. A comparison of the components of the net position liability as of December 31, 2024 and 2023, is as follows:

	2024	2023
Total pension liability	\$ 271,164,820	\$ 248,893,756
Plan fiduciary net position	(391,495,076)	(354,318,728)
Organization's net pension liability (asset)	\$(120,330,256)	\$(105,424,972)
Organization's fiduciary net position as a percentage of total pension liability (asset)	144.38%	142.36%

El Camino Hospital Cash Balance Plan Management's Discussion and Analysis

Overview of the financial statements – The financial statements consist of four parts: management's discussion and analysis (this section), the basic financial statements together with the related notes, certain required supplemental schedules as required by the Department of Labor, and certain required supplementary information as mandated by certain pronouncements of the Governmental Accounting Standards Board (GASB).

The basic financial statements present information about the Plan's fiduciary net position and changes in fiduciary net position for the respective years. The basic financial statements also include notes to explain some of the information in the financial statements and to provide more details. The notes are followed by a section of required supplemental schedules that display additional detail information not in the basic financial statements, but which are required by the Department of Labor. The supplemental schedules are followed by a section of required supplementary information that displays additional detail information not in the basic financial statements, but which is required by the pronouncements of the GASB and relates to pension liability and required contributions. The statement of fiduciary net position displays the assets and liabilities and resulting net position of the Plan as of the end of the year. All assets are valued at fair value.

The following is the abbreviated statement of fiduciary net position (in thousands):

	2024	2023
Cash and investments	\$ 386,508	\$ 350,717
Employer contribution receivable	5,000	3,500
Interest and dividends receivable	100	102
Net pending trades	(113)	-
	\$ 391,495	\$ 354,319

During the year ended December 31, 2024, the Plan's fiduciary net position increased by 10%. The Plan's policies allow investments consisting of fixed income and equity marketable securities, alternatives, and cash.

The statement of changes in fiduciary net position reflects the employer contributions and investment return, net of investment expenses, less benefits paid.

Changes in fiduciary net position are summarized as follows (in thousands):

	2024	2023
Investment income, net	\$ 35,332	\$ 43,623
Employer contributions	17,000	14,000
Benefit payments	(15,125)	(12,953)
Administrative expenses	(31)	(24)
	\$ 37,176	\$ 44,646

The decrease in investment income is due to a decrease in net appreciation in fair value of investments due to decreased returns on the Plan's investments during the year ended December 31, 2024.

Financial Statements

El Camino Hospital Cash Balance Plan
Statements of Fiduciary Net Position
December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments, at fair value		
Mutual funds	\$ 246,528,364	\$ 226,516,966
Limited liability company	67,317,240	59,591,482
Common stock	40,187,046	34,075,095
Partnerships	6,010,488	7,692,688
Pooled, common, and collective trusts	13,022,904	12,167,581
Corporate bonds	66,280	123,206
U.S. government securities	3,467,738	2,486,850
Cash and cash equivalents	9,907,587	8,062,665
Total investments, at fair value	386,507,647	350,716,533
Receivables		
Employer contributions	5,000,000	3,500,000
Interest and dividends	100,261	102,195
Net pending trades	(112,832)	-
Total receivables	4,987,429	3,602,195
NET POSITION RESTRICTED FOR PENSIONS	\$ 391,495,076	\$ 354,318,728

See accompanying notes.

El Camino Hospital Cash Balance Plan
Statements of Changes in Fiduciary Net Position
Years Ended December 31, 2024 and 2023

	2024	2023
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income		
Net appreciation in fair value of investments	\$ 27,894,382	\$ 37,027,728
Dividends	6,534,764	5,851,850
Interest	902,994	743,732
Total investment income	35,332,140	43,623,310
Contributions		
Employer contributions	17,000,000	14,000,000
DEDUCTIONS FROM NET POSITION ATTRIBUTED TO		
Benefits paid to participants	15,124,594	12,953,121
Administrative expenses	31,198	24,212
Total deductions	15,155,792	12,977,333
INCREASE IN NET POSITION	37,176,348	44,645,977
NET POSITION RESTRICTED FOR PENSIONS		
Beginning of year	354,318,728	309,672,751
End of year	\$ 391,495,076	\$ 354,318,728

See accompanying notes.

El Camino Hospital Cash Balance Plan Notes to Financial Statements

Note 1 – Description of Plan

The following description of El Camino Hospital Cash Balance Plan (the Plan) provides only general information. Participants should refer to the Plan agreement, as amended, for a more complete description of Plan provisions.

General – The Plan was originally adopted as a defined benefit plan, and was amended and restated in its entirety to a cash-balance formula effective January 1, 1995. Effective January 1, 2014, the Plan was again restated and amended. The Plan is administered by the sponsor, El Camino Hospital (the Plan Administrator, or the Organization). Principal Bank (Principal) is the custodian of the Plan's assets. The Plan is a noncontributory defined benefit plan intended to qualify under Section 401(a) of the Internal Revenue Code (IRC). At December 31, 2024, there were 5,610 Plan participants consisting of 3,797 active participants and 1,813 inactive or separated participants; and at December 31, 2023, there were 5,148 Plan participants consisting of 3,360 active participants and 1,788 inactive or separated participants.

Participant accounts – The Plan maintains “participant account balances,” equal to a participant's account balance established as of January 1, 1995, upon the conversion to the cash-balance formula, plus subsequent contribution credits and interest credits related to the participant's accumulated cash balance, participant match contribution credits, and participant match interest credits.

Contribution credits of 5% of eligible compensation for the year are credited to a participant's account as of the last day of the Plan year. Each year, interest credits related to a participant's cash balance are credited to the participant's account in an amount that is equal to a percentage of a participant's account balance at the beginning of the Plan year. The percentage rate used is the annual rate of return on 10-year treasury securities in effect for the third month (October) immediately preceding the first day of the applicable Plan year. The rates credited were 3.98% and 1.58% for the years beginning January 1, 2024 and 2023, respectively.

Employee contributions – Contributions by participants are not required or permitted by the Plan.

Employer contributions – The Organization's funding policy is to contribute amounts to the Plan necessary to meet minimum funding requirements. The Organization's contributions for 2024 and 2023 exceeded the minimum funding requirements of the Employee Retirement Income Security Act of 1974 (ERISA).

Although it has not expressed any intention to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Eligibility – Organization employees are eligible to participate on the first day of the month succeeding the later of the date on which they complete one year of service, which is defined as working 12 months for a minimum of 1,000 hours, and they reach age 21.

EI Camino Hospital Cash Balance Plan

Notes to Financial Statements

Funding policy – The amount of employer contributions is determined based on actuarial valuations and recommendations as to the amounts required to fund benefits. Contributions are made by the Organization based on the results of the actuarial recommendations. The Organization intends to make contributions in amounts not less than the minimum required by the funding standards of ERISA and is required to keep the Plan qualified under Section 401(a) of the IRC. Participants are not permitted to contribute to the Plan.

Vesting – Participants are fully vested with their third year of service.

Pension benefits – Monthly benefit payments, based upon a formula described in the Plan document, commence within 30 days of the normal retirement date, early retirement date, or deferred retirement date. A participant may elect to defer retirement past the normal retirement age, which will result in benefits greater than 100%, based on a published scale. The eligibility requirement for early retirement is age 55. Early retirement benefits are calculated by multiplying the accrued benefit as of the early retirement date by a percentage defined in the Plan document.

Benefit terms provide for annual cost-of-living adjustments to each member's retirement allowance subsequent to the member's retirement date. The annual adjustments are 2.00%, compounded annually.

On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of the participant's account balance or annuity payments based upon formulas described in the Plan document.

Death benefits – The Plan provides death benefits in the form of a qualified pre-retirement survivor annuity for life equal to the annuity that would have been payable to the spouse if the participant had retired on the day preceding the participant's death. At the option of the beneficiary, the benefit may be paid in a lump-sum.

Note 2 – Summary of Significant Accounting Policies

Basis of accounting – The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP) as applied to governmental units, using the accrual method of accounting. The Governmental Accounting Standards Board (GASB) is the accepted standard setting body for establishing governmental accounting and financial reporting principles.

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 – Investments are reported at fair value.

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.

El Camino Hospital Cash Balance Plan

Notes to Financial Statements

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 or depreciation in fair value of investments consists of both the realized gains or losses, and unrealized appreciation (depreciation) of those investments.

Benefits paid to participants – Benefit payments to participants are recorded upon distribution.

Administrative expenses – Administrative fees, such as custodian, actuarial, and certain other administrative expenses, may be paid by the Plan or the Organization.

Subsequent events – Subsequent events are events or transactions that occur after the statement of fiduciary net position date but before the financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of fiduciary net position, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of fiduciary net position but arose after the statement of fiduciary net position date and before the financial statements are available to be issued.

The Plan has evaluated subsequent events through October 14, 2025, which is the date the financial statements were available to be issued.

Note 3 – Investments

Investment policy – The Retirement Plan Administrative Committee, appointed by the Organization's Board of Directors (the Board), is responsible for the oversight of the Plan's investments and investment policy. The investment policy presents ranges for investment types as follows:

Domestic equities	32%
International equities	18%
Alternatives	20%
Broad fixed income	25%
Cash	5%

The following table displays the expected long-term rates of return by asset class:

	Expected long-term <u>real rate of return</u>
Domestic equities	6.4%
International equities	8.2%
Alternatives	8.0%
Broad fixed income	4.4%
Cash	3.0%

EI Camino Hospital Cash Balance Plan Notes to Financial Statements

Money-weighted rate of return – During the years ended December 31, 2024 and 2023, the annual money-weighted rate of return on the Plan’s investments, net of investment expenses, was 10.06% and 14.22%, respectively. The money-weighted rate of return expresses investment performance, net of investment fees, adjusted for the changing amounts actually invested.

Long-term expected rate of return – The long-term expected rate of return was determined using a building-block method in which best-estimate ranges of expected future real rates of return are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage adjusted for inflation.

Discount rate – The discount rate used to measure the total pension liability was 6.70%. The projection of cash flows used to determine the discount rate assumes that the Organization will continue to make annual contributions based on Internal Revenue Service (IRS) funding requirements without consideration of the funding relief rules under MAP-21, HATFA, and BBA 2015. Based on these assumptions, the Plan’s fiduciary net position was projected to be available to make all projected future benefit payments to current Plan members. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

Sensitivity of the net pension liability to changes in the discount rate – The following presents the net pension liability, calculated using the discount rate of 6.70%, as well as what the net pension liability would be if it were calculated using a discount rate that is 1-percentage-point lower (5.70%) or 1-percentage-point higher (7.70%) than the current rate:

	1% Decrease (5.70%)	Current Discount Rate (6.70%)	1% Increase (7.70%)
Net pension liability (asset) as of December 31, 2024	\$ (89,484,855)	\$(115,330,256)	\$(137,650,497)

Investment risk – There are many factors that can affect the value of investments. Some, such as custodial credit risk, concentration of credit risk, and foreign currency risk may affect both equity and fixed income securities. Equity securities respond to such factors as economic conditions, individual company earnings performance, and market liquidity, while fixed income securities are particularly sensitive to credit risks and changes in interest rates. The Plan manages its investment risk factors by diversifying its portfolio.

Custodial credit risk – Custodial credit risk is the risk that in the event of a failure by the counterparty, the Plan will not be able to recover the value of its investments that are in the possession of an outside party. As of December 31, 2024, the Plan’s investments are held by third-party safekeeping custodians selected by the Board and registered in the Plan’s name. As a result, management believes custodial credit risk is remote.

EI Camino Hospital Cash Balance Plan Notes to Financial Statements

Interest rate risk – Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of investments. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in market interest rates. The prices of fixed income securities with a longer time to maturity, measured by effective duration, tend to be more sensitive to changes in interest rates and more volatile than those with shorter durations.

Credit risk – Credit risk is the risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. This is measured by the assignment of a rating by a nationally recognized statistical rating organization. The Plan invests in mutual funds; limited liability companies; common stock; partnerships; pooled, common, and collective trusts; corporate bonds; U.S. government securities; and cash; however, information regarding the credit risk of the investments was not readily available.

Note 4 – Net Pension Liability (Asset) of the Organization

The components of the net pension liability (asset) of the Organization were as follows:

	2024	2023
Total pension liability	\$ 271,164,820	\$ 248,893,756
Plan fiduciary net position	(391,495,076)	(354,318,728)
Organization's net pension liability (asset)	\$ (120,330,256)	\$ (105,424,972)
Organization's fiduciary net position as a percentage of total pension liability (asset)	144.38%	142.36%

Note 5 – Actuarial Present Value of Accumulated Plan Benefits

Actuarial present value of accumulated Plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions for services rendered by employees to the valuation date. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees, or their beneficiaries, and (b) present employees or their beneficiaries.

Buck Global, LLC, the consulting actuaries, estimates the actuarial present value of accumulated Plan benefits. This is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits earned by the participants to reflect the time value of money through discounts for interest and the probability of payment by means of decrements, such as for death, withdrawal, or retirement, between the valuation date and the expected date of payment.

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.

EI Camino Hospital Cash Balance Plan

Notes to Financial Statements

The actuarial present value of accumulated Plan benefits as of December 31, 2023, the beginning of the Plan year, was as follows:

Vested benefits	
Other participants	\$ 171,858,321
Participants currently receiving payments	<u>54,423,244</u>
Total vested benefits	226,281,565
Nonvested benefits	
	<u>5,999,815</u>
Total benefits	<u><u>\$ 232,281,380</u></u>

The changes in actuarial present value of accumulated Plan benefits for the Plan from December 31, 2022, to December 31, 2023, were as follows:

Actuarial present value of accumulated Plan benefits at beginning of the valuation period	\$ 214,532,083
Increase (decrease) during the year attributable to:	
Benefits accumulated	14,363,470
Assumption changes	2,392,193
Interest	13,946,755
Benefits paid	<u>(12,953,121)</u>
Actuarial present value of accumulated Plan benefits at end of the valuation period	<u><u>\$ 232,281,380</u></u>

EI Camino Hospital Cash Balance Plan Notes to Financial Statements

The significant actuarial assumptions underlying the actuarial valuation as of January 1, 2024 (beginning of the Plan year), were as follows:

Discount rate	6.70%
Mortality basis	Mortality is based on the Pri-2012 Total Employee and Retiree Mortality Tables (base year 2012) and projected with Mortality Improvement Scale MP-2021, except for current and future beneficiaries of deceased participants. For current and future beneficiaries of deceased participants, mortality is based on the Pri-2012 Contingent Survivor Mortality Tables and projected with Mortality Improvement Scale MP-2021.
Retirement	Normal retirement age is 65
Salary increase	4%
Expected long-term rate of return	6.70%
Mortality for cash balance annuity conversion and lump-sum payments	2024 Applicable Mortality Table under IRC Section 417(e)(3)
Assumed interest rate for lump-sum payment and cash balance annuity conversion	Three segment rates of 5.01%, 5.13% and 5.15%

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.

EI Camino Hospital Cash Balance Plan Notes to Financial Statements

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. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Mutual funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common stock – Shares of common stock are valued at the closing price reported on the active market on which the individual securities are traded.

Corporate bonds – Valued using pricing models maximizing the use of observable inputs for similar securities, which includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

U.S. government securities – Fixed income funds are valued at the 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.

Cash and cash equivalents – Cash and cash equivalents are valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

Pooled, common, and collective trusts – Units held in pooled investment accounts are valued using the NAV practical expedient of the pooled investment account as reported by the account managers. The NAV is based on the fair value of the underlying assets owned by the pooled investment account, minus its liabilities, and then divided by the number of units outstanding. The NAV of a pooled investment account is calculated based on a compilation of primarily observable market information. The Plan invests in the following pooled investment account:

The Wellington CIF Small Cap Value Fund (Fund) was established pursuant to the Wellington Trust Multiple Collective Investment Funds Plan and Declaration of Trust (Plan and Declaration of Trust) dated June 24, 1982, as most recently amended and restated as of September 1, 2010. The Fund's investment objective is long-term total return in excess of the Russell 2000 Value Index. Wellington Management Company, LLP, an affiliate of the custodian, serves as investment adviser to the fund. As a practical expedient, the investment manager uses published NAV to fair value this investment.

EI Camino Hospital Cash Balance Plan Notes to Financial Statements

Limited liability company and partnerships – This category includes investments in private equity funds and private equity real estate. The valuation of 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 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 as reported by the asset manager and changes in general economic and market conditions subsequent to the last NAV reported by the asset manager. The Plan invests in the following private equity funds:

The Lighthouse Diversified Fund Limited seeks consistent stable returns by allocation of the fund's assets to a wide range of alternative investment strategies across the global financial markets. The fund's assets are managed primarily through investments in offshore investment funds, investment partnerships, and pooled investment vehicles, collectively referred to as investment funds. As a practical expedient the investment manager uses published NAV to fair value this investment.

The Pointer Offshore III, Ltd Fund was organized for purposes of trading and investing in securities, private investment companies, and other investments. The fund invests substantially all of its assets through a master-feeder structure in Pointer (QA) L.P. (the Master Fund), an investment company that has the same investment objectives of this fund. The Master Fund's investments include securities that are freely tradable and listed on a national securities exchange or reported on the NASDAQ national market at their last sales price as of the last business day of the year. If no sale occurred on such day, the Master Fund values these investments at the mean between the closing "bid" and "asked" prices on such day. The Master Fund's investments in private investment companies are valued utilizing the NAV practical expedient valuations provided by the underlying private investment companies.

The Oaktree Real Estate Opportunities Fund VI, L.P. seeks superior risk-adjusted returns through investments in real estate and real estate-related debt, companies, securities, and other assets, on a global basis, with a primary emphasis on investments in the United States. Distributions from the fund are at the sole discretion of the general partner.

The Walton Street Real Estate Fund VII, LP was organized for the purpose of making investments in and acquisitions of real estate assets and to engage in any and all activities incidental or ancillary thereto. The fund's initial closing was May 2012, with several subsequent closings through January 2014. The fund's commitment period, during which the general partner may call capital from investors, went through November 2017, and the term of the fund will continue until the sixth anniversary of the expiration of the commitment period. Distributions from the fund are at the sole discretion of the general partner.

The Walton Street Real Estate Fund VIII, LP was organized for the purpose of making investments in and acquisitions of real estate assets and to engage in any and all activities incidental or ancillary thereto. The fund's initial closing was October 2015, with several subsequent closings through April 2017. The fund's commitment period, during which the general partner may call capital from investors, went through April 2021, and the term of the fund will continue until the sixth anniversary of the expiration of the commitment period. Distributions from the fund are at the sole discretion of the general partner.

EI Camino Hospital Cash Balance Plan

Notes to Financial Statements

The following table provides additional information for investments in certain entities that calculate NAV per share (or its equivalent):

	Fair value 12/31/24	Fair value 12/31/23	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Limited Liability Company					
Lighthouse Diversified Fund					
Limited Class G2	\$ 35,154,520	\$ 31,777,263	\$ -	Monthly	90 days
Pointer Offshore III, Ltd	32,162,720	27,814,219	-	Semi-annual	*
Common Collective Trust					
Wellington CIF Small Cap Value	13,022,904	12,167,581	-	Daily	**
Partnerships					
Oaktree Real Estate					
Opportunities Fund VI	1,476,942	1,848,411	1,932,000	No redemptions	N/A
Walton Street Real Estate					
Fund VII, LP	746,170	1,403,443	629,972	No redemptions	N/A
Walton Street Real Estate					
Fund VIII, LP	<u>3,787,376</u>	<u>4,440,834</u>	2,406,554	No redemptions	N/A
Total fair value	<u>\$ 86,350,632</u>	<u>\$ 79,451,751</u>			

* Notice on March 15 for June 30 redemption and on September 15 for December 31 redemption.

** Contribution or redemption requests received by 4:00 pm eastern time on any given business day will be executed at that business day's NAV; instructions received after 4:00 pm eastern time will be executed using the next business day's NAV. Cash settlement of contributions and withdrawals generally takes place on the business day following the NAV date.

EI Camino Hospital Cash Balance Plan Notes to Financial Statements

The following tables set forth, by level within the fair value hierarchy, the Plan's assets at fair value at December 31:

	2024			Total
	Level 1	Level 2	Level 3	
Cash and cash equivalents	\$ 9,907,587	\$ -	\$ -	\$ 9,907,587
Common stock	40,187,046	-	-	40,187,046
Corporate bonds	-	66,280	-	66,280
Mutual funds	246,528,364	-	-	246,528,364
U.S. government securities	3,467,738	-	-	3,467,738
Total assets in the fair value hierarchy	\$ 300,090,735	\$ 66,280	\$ -	300,157,015
Investments measured at NAV practical expedient				86,350,632
Total assets, at fair value				\$ 386,507,647
	2023			Total
	Level 1	Level 2	Level 3	
Cash and cash equivalents	\$ 8,062,665	\$ -	\$ -	\$ 8,062,665
Common stock	34,075,095	-	-	34,075,095
Corporate bonds	-	123,206	-	123,206
Mutual funds	226,516,966	-	-	226,516,966
U.S. government securities	2,486,850	-	-	2,486,850
Total assets in the fair value hierarchy	\$ 271,141,576	\$ 123,206	\$ -	271,264,782
Investments measured at NAV practical expedient				79,451,751
Total assets, at fair value				\$ 350,716,533

Note 7 – Tax Status

The IRS has determined and informed the Organization by a letter dated February 25, 2021, that stated that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

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.

EI Camino Hospital Cash Balance Plan

Notes to Financial Statements

Note 8 – Risks and Uncertainties

Plan contributions are made, and the actuarial present value of accumulated Plan benefits is 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.

Note 9 – Party-in-Interest Transactions

The Organization is the Plan sponsor and administrator. Trustees who serve on the Plan's administrative committee are also participants of the Plan.

The Plan's investments include a short-term investment fund and shares of corporate bonds managed by Principal. As Principal is the custodian of the Plan, transactions with this entity qualify as exempt party-in-interest transactions.

Note 10 – Plan Termination

Although it has not expressed any intention to do so, the Organization has the right to discontinue its contributions at any time and to terminate the Plan, subject to the provisions set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Benefits attributable to employee contributions, taking into account those paid out before termination, if any.
- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
- All other vested benefits (that is, vested benefits not insured by the PBGC).
- All nonvested benefits.

EI Camino Hospital Cash Balance Plan

Notes to Financial Statements

Certain benefits are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits, 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.

Whether all participants receive their benefits, should the Plan be terminated at some future time, will depend on the sufficiency, at the time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

Note 11 – Reconciliation to Form 5500

The Form 5500 has certain items that differ from amounts shown on the accompanying financial statements. These differences relate to classification only and have no effect upon the fiduciary net position for either period.

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

El Camino Hospital Cash Balance Plan
Employer Identification Number: 94-3167314, Plan Number: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Mutual Funds			
	VANGUARD INSTITUTIONAL INDEX FUND	Mutual Fund; Shares: 122,713.884	\$ 22,344,077	\$ 58,765,225
	METROPOLITAN WEST TOTAL RETURN BOND	Mutual Fund; Shares: 4,894,150.951	49,239,081	40,719,336
	DODGE & COX INCOME FD COM #147	Mutual Fund; Shares: 3,521,690.162	48,358,641	43,598,524
	BNY MELLON INTERNATIONAL STOCK FUND	Mutual Fund; Shares: 914,982.679	14,100,987	20,852,455
	TOUCHSTONE SANDS CAPITAL SELECT GROWTH FUND	Mutual Fund; Shares: 1,330,008.967	17,000,893	23,900,261
	CAUSEWAY INTERNATIONAL VALUE FUND	Mutual Fund; Shares: 1,698,951.887	28,630,373	31,532,547
	CONESTOGA SMALL CAP FUND CLASS INST	Mutual Fund; Shares: 120,792.775	4,848,092	9,603,026
	HARDING LOEVNER INSTITUTIONAL EMERGING MARKETS FUND	Mutual Fund; Shares: 1,058,925.825	21,465,269	17,556,990
	Total Mutual Funds		205,987,413	246,528,364
	Common Stock			
	AECOM	Common Stock; Shares: 1,981	98,467	211,610
	AIR PRODS & CHEMS INC COM	Common Stock; Shares: 4,817	1,252,142	1,397,123
	ALPHABET INC CL A	Common Stock; Shares: 4,636	494,860	877,595
	AMERICAN EXPRESS CO	Common Stock; Shares: 3,107	240,774	922,127
	AMERICAN INTERNATIONAL GROUP, INC	Common Stock; Shares: 12,022	499,948	875,202
	APTIV PLC	Common Stock; Shares: 10,924	1,118,235	660,684
	ARAMARK	Common Stock; Shares: 10,910	252,867	407,052
	AVANTOR INC	Common Stock; Shares: 46,633	1,028,066	982,557
	AXALTA COATING SYSTEMS	Common Stock; Shares: 15,255	473,924	522,026
	BANK N S HALIFAX	Common Stock; Shares: 12,378	581,245	664,946
	BANK OF AMERICA CORP	Common Stock; Shares: 30,757	1,210,668	1,351,770
	BROADCOM INC	Common Stock; Shares: 936	25,555	217,002
	CARNIVAL CORP	Common Stock; Shares: 60,403	966,676	1,505,243
	COGNIZANT TECH SOLUTIONS CRP COM	Common Stock; Shares: 5,198	299,687	399,726
	COMCAST CORP CLASS A	Common Stock; Shares: 25,619	1,026,755	961,481
	CRH PLC	Common Stock; Shares: 8,367	491,614	774,115
	ELECTRONIC ARTS INC	Common Stock; Shares: 3,626	446,870	530,484
	ELEVANCE HEALTH INC	Common Stock; Shares: 1,584	288,766	584,338
	ENBRIDGE INC	Common Stock; Shares: 22,146	821,466	939,655
	ENTERGY CORP NEW COM	Common Stock; Shares: 19,956	1,012,943	1,513,064
	EXXON MOBIL CORPORATION	Common Stock; Shares: 9,783	828,259	1,052,357
	FIDELITY NATL INFORMATION SVCS INC	Common Stock; Shares: 14,934	1,165,325	1,206,219
	FORTIVE CORP	Common Stock; Shares: 3,479	261,838	260,925
	HALLIBURTON CO	Common Stock; Shares: 28,151	851,280	765,426
	HESS CORP	Common Stock; Shares: 5,740	351,255	763,477
	HUNT J B RANS SVCS INC	Common Stock; Shares: 4,327	557,171	738,446
	JACOBS SOLUTIONS INC	Common Stock; Shares: 5,065	573,499	676,785
	JOHNSON CONTROLS INTERNATIONAL PLC	Common Stock; Shares: 12,934	876,009	1,020,881
	KEURIG DR PEPPER INC	Common Stock; Shares: 40,594	1,284,852	1,303,879
	LAS VEGAS SANDS CORP	Common Stock; Shares: 23,871	1,156,233	1,226,015

El Camino Hospital Cash Balance Plan
Employer Identification Number: 94-3167314, Plan Number: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	LITHIA MOTORS INC CL A COM	Common Stock; Shares: 2,852	845,313	1,019,390
	M&T BANK CORPORATION COM	Common Stock; Shares: 2,190	346,419	411,742
	MEDTRONIC, PLC	Common Stock; Shares: 8,223	709,257	656,853
	MERCK & CO INC NEW	Common Stock; Shares: 7,970	606,957	792,856
	MICROCHIP TECHNOLOGY INC COM	Common Stock; Shares: 7,390	427,228	423,817
	ORACLE CORPORATION	Common Stock; Shares: 6,389	354,293	1,064,663
	PERMIAN RESOURCES CORP CL A	Common Stock; Shares: 37,549	533,799	539,955
	PHILLIPS 66	Common Stock; Shares: 5,068	385,105	577,397
	PINNACLE WEST CAP CORP	Common Stock; Shares: 9,726	721,240	824,473
	PROLOGIS, INC	Common Stock; Shares: 3,893	420,735	411,490
	PUBLIC STORAGE INC COM	Common Stock; Shares: 2,528	676,538	756,984
	QUALCOMM INC	Common Stock; Shares: 5,969	560,393	916,958
	SANOFI-AVENTIS	Common Stock; Shares: 18,783	915,335	905,904
	UNITEDHEALTH GROUP INC	Common Stock; Shares: 1,942	297,299	982,380
	US BANCORP	Common Stock; Shares: 14,360	610,418	686,839
	VICI PROPERTIES INC	Common Stock; Shares: 29,591	795,549	864,353
	WELLS FARGO & CO	Common Stock; Shares: 11,477	438,025	806,144
	WILLIS TOWERS WATSON PUB LTDCO	Common Stock; Shares: 2,103	435,020	658,744
	WYNN RESORTS LTD	Common Stock; Shares: 7,042	686,216	606,739
	XCEL ENERGY INC	Common Stock; Shares: 14,324	919,080	967,155
	Total Common Stock		<u>32,221,468</u>	<u>40,187,046</u>
	Pooled, Common & Collective Trusts			
	WELLINGTON CIF SMALL CAP VALUE	Pooled investments; 755,827.272 shares	<u>6,619,716</u>	<u>13,022,904</u>
	Total Pooled, Common & Collective Trusts		<u>6,619,716</u>	<u>13,022,904</u>
	Limited Liability Company			
	POINTER OFFSHORE III, LTD	Pooled investments; 17,900,000 shares	17,900,000	32,162,720
	LIGHTHOUSE DIVERSIFIED FUND LIMITED CLASS G2	Pooled investments; 23,792.059 shares	<u>21,000,000</u>	<u>35,154,520</u>
	Total Limited Liability Company		<u>38,900,000</u>	<u>67,317,240</u>
	Partnerships			
	WALTON STREET REAL ESTATE FUND VIII, LP	Pooled investments; 410,262.46 shares	410,262	3,787,376
	OAKTREE REAL ESTATE OPPORTUNITIES FUND VI	Pooled investments; 1 share	-	1,476,942
	WALTON STREET REAL ESTATE PARTNERS LP	Pooled investments; 1,979,598.95	<u>1,979,599</u>	<u>746,170</u>
	Total Partnerships		<u>2,389,861</u>	<u>6,010,488</u>
	Corporate Bonds			
	AMERICREDIT AUTOMOBILE RECEIVABLES	Mortgage Backed Obligation; Maturity Date: 04/19/2027; 6.190%; Shares: 11,673.130	11,673	11,729
	BMW VEHICLE LEASE TRUST	Mortgage Backed Obligation; Maturity Date: 09/25/2026; 5.990%; Shares: 14,027.530	14,027	14,120
	CNH EQUIPMENT TRUST	Corporate Backed Obligation; Maturity Date: 12/15/2026; 0.810%; Shares: 5,569.420	5,569	5,491
	FED NATL MTG ASSN POOL #MA3932043	US Government Mortgage Pool; Maturity Date: 01/01/2035; 3.500%; Shares: 12,675.660	13,242	12,055
	FORD CREDIT AUTO OWNER TRUST	Corporate Backed Obligation; Maturity Date: 06/15/2026; 1.290%; Shares: 4,041.280	4,041	4,012
	GM FINANCIAL REVOLVING	Corporate Backed Obligation; Maturity Date: 06/12/2034; 1.560%; Shares: 20,000	<u>19,996</u>	<u>18,873</u>
	Total Corporate Bonds		<u>68,548</u>	<u>66,280</u>

El Camino Hospital Cash Balance Plan
Employer Identification Number: 94-3167314, Plan Number: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	U.S. Government Securities			
	U.S. TREASURY NOTE	US Government; Maturity Date: 04/30/2026; 4.875%; Shares: 1,270,000	1,280,419	1,279,868
	U.S. TREASURY NOTE	US Government; Maturity Date: 04/30/2029; 4.625%; Shares: 1,185,000	1,208,044	1,196,352
	U.S. TREASURY NOTE	US Government; Maturity Date: 02/15/2025; 1.5%; Shares: 995,000	986,214	991,518
	Total U.S. Government Securities		<u>3,474,677</u>	<u>3,467,738</u>
	Short-Term Investment Funds			
*	PRINCIPAL SHORT-TERM INVESTMENT FUND N	Cash and cash equivalents	<u>9,907,587</u>	<u>9,907,587</u>
			<u>\$ 299,569,270</u>	<u>\$ 386,507,647</u>

* Indicates party-in-interest.

El Camino Hospital Cash Balance Plan
Employer Identification Number: 94-3167314, Plan Number: 001
Schedule H, Line 4(j) – Schedule of Reportable Transactions
For the Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of assets	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain
<u>Category (ii) - series of transactions with same party in excess of 5% of Plan assets</u>						
Chase Securities Inc.	U.S. Treasury Note					
	Series of purchases	\$ 9,508,710	\$ -	\$ 9,508,710	\$ 9,508,710	\$ -
	Series of sales	\$ -	\$ 9,804,183	\$ 9,765,931	\$ 9,804,183	\$ 38,252
<u>Category (iii) - series of transactions in excess of 5% of Plan assets</u>						
* Principal	Short-Term Investment Fund					
	Series of purchases	\$ 53,284,423	\$ -	\$ 53,284,423	\$ 53,284,423	\$ -
	Series of sales	\$ -	\$ 51,439,487	\$ 51,439,487	\$ 51,439,487	\$ -

There were no Category (i) or (iv) reportable transactions during the year ended December 31, 2024.

Columns (e) and (f) have not been presented, as this information is not applicable.

* Indicates party-in-interest.

**Supplementary Information –
Required by the Governmental Accounting Standards Board**

El Camino Hospital Cash Balance Plan

Schedule of Changes in Employer Net Pension Liability and Related Ratios

	Year Ended December 31,									
	2024	2023	2022	2021	2020	2019	2018	2017	2016	2015
Total pension liability										
Service cost	\$ 11,933,402	\$ 10,405,585	\$ 10,459,872	\$ 10,783,864	\$ 10,165,677	\$ 9,674,847	\$ 8,891,267	\$ 8,633,120	\$ 8,948,471	\$ 8,411,421
Interest on total pension liability	16,976,960	15,747,161	13,788,889	13,736,854	13,206,647	12,743,566	12,303,667	11,847,891	11,892,812	11,509,264
Difference between expected and actual experience	6,106,139	2,111,394	2,025,034	(6,571,449)	(1,152,183)	(1,094,533)	(438,742)	2,228,006	(3,044,168)	(1,483,961)
Changes in actuarial assumptions	2,379,157	2,584,507	(7,423,018)	(2,262,872)	(560,252)	(651,502)	(9,464)	(1,876,569)	(6,663,585)	(1,989,519)
Benefit payments	<u>(15,124,594)</u>	<u>(12,953,121)</u>	<u>(14,208,038)</u>	<u>(14,774,019)</u>	<u>(12,166,547)</u>	<u>(14,687,110)</u>	<u>(13,724,241)</u>	<u>(13,271,000)</u>	<u>(9,911,679)</u>	<u>(11,252,351)</u>
Net change in total pension liability	22,271,064	17,895,526	4,642,739	912,378	9,503,342	5,985,268	7,022,487	7,561,448	1,221,851	5,194,854
Total pension liability										
Beginning of year	<u>248,893,756</u>	<u>230,998,230</u>	<u>226,355,491</u>	<u>225,443,113</u>	<u>215,939,771</u>	<u>209,954,503</u>	<u>202,932,016</u>	<u>195,370,568</u>	<u>194,148,717</u>	<u>188,953,863</u>
End of year (a)	<u>\$ 271,164,820</u>	<u>\$ 248,893,756</u>	<u>\$ 230,998,230</u>	<u>\$ 226,355,491</u>	<u>\$ 225,443,113</u>	<u>\$ 215,939,771</u>	<u>\$ 209,954,503</u>	<u>\$ 202,932,016</u>	<u>\$ 195,370,568</u>	<u>\$ 194,148,717</u>
Plan fiduciary net position										
Employer contributions	\$ 17,000,000	\$ 14,000,000	\$ 12,000,000	\$ 6,500,000	\$ 10,500,000	\$ 13,000,000	\$ 12,200,000	\$ 10,900,000	\$ 10,500,000	\$ 10,800,000
Net investment (loss) income	35,332,140	43,623,310	(53,125,208)	33,161,221	43,835,294	45,683,093	(6,920,907)	34,409,084	11,129,911	2,923,966
Pending investment settlements	-	-	155	23,712	136,397	42,416	10,033	47,975	16,424	17,244
Administrative expense	(31,198)	(24,212)	-	(10,569)	(54,131)	(100,775)	(264,092)	(122,741)	(281,202)	(170,894)
Benefit payments	<u>(15,124,594)</u>	<u>(12,953,121)</u>	<u>(14,208,038)</u>	<u>(14,774,019)</u>	<u>(12,166,547)</u>	<u>(14,687,110)</u>	<u>(13,724,241)</u>	<u>(13,271,000)</u>	<u>(9,911,679)</u>	<u>(11,252,351)</u>
Net change in plan fiduciary net position	37,176,348	44,645,977	(55,333,091)	24,900,345	42,251,013	43,937,624	(8,699,207)	31,963,318	11,453,454	2,317,965
Plan fiduciary net position										
Beginning of year	<u>354,318,728</u>	<u>309,672,751</u>	<u>365,005,842</u>	<u>340,105,497</u>	<u>297,854,484</u>	<u>253,916,860</u>	<u>262,616,067</u>	<u>230,652,749</u>	<u>219,199,295</u>	<u>216,881,330</u>
End of year (b)	<u>\$ 391,495,076</u>	<u>\$ 354,318,728</u>	<u>\$ 309,672,751</u>	<u>\$ 365,005,842</u>	<u>\$ 340,105,497</u>	<u>\$ 297,854,484</u>	<u>\$ 253,916,860</u>	<u>\$ 262,616,067</u>	<u>\$ 230,652,749</u>	<u>\$ 219,199,295</u>
Employer net pension liability (asset) - (b)	<u>\$ (120,330,256)</u>	<u>\$ (105,424,972)</u>	<u>\$ (78,674,521)</u>	<u>\$ (138,650,351)</u>	<u>\$ (114,662,384)</u>	<u>\$ (81,914,713)</u>	<u>\$ (43,962,357)</u>	<u>\$ (59,684,051)</u>	<u>\$ (35,282,181)</u>	<u>\$ (25,050,578)</u>
Plan fiduciary net position as percentage of total pension liability	144.38%	142.36%	134.06%	161.25%	150.86%	137.93%	120.94%	129.41%	118.06%	112.90%
Covered payroll	\$ 541,258,307	\$ 457,580,149	\$ 409,091,528	\$ 389,551,670	\$ 359,321,685	\$ 335,696,250	\$ 315,317,002	\$ 297,737,439	\$ 283,435,064	\$ 283,775,757
Net pension liability (asset) as percentage of covered payroll	-22.23%	-23.04%	-19.23%	-35.59%	-31.91%	-24.40%	-13.94%	-20.05%	-12.45%	-8.83%

Notes to schedule

Changes in actuarial assumptions include the following:

- 1) The assumed mortality for lump sum payment and cash balance account annuity conversion was changed from the 2024 IRS 417(e) Applicable Mortality table for expected payments in 2024 and later years to the 2025 IRS 417(e) Applicable Mortality table for expected payments in 2025 and later years.
- 2) The assumed interest rate for lump sum payment and cash balance annuity conversion was changed from the three segment rates of 5.01%, 5.13% and 5.15% for 2024 to the three segment rates of 4.65%, 5.28% and 5.63% for 2025 to reflect required assumptions for the current year.

EI Camino Hospital Cash Balance Plan Schedule of Employer Contributions

Year Ended December 31,	Actuarially Determined Contribution	Actual Employer Contribution	Contribution Excess	Covered Payroll	Contribution as a % of Covered Payroll
2024	\$ 4,872,235	\$ 17,000,000	\$ 12,127,765	\$ 541,258,307	3.14%
2023	-	14,000,000	14,000,000	457,580,149	3.06%
2022	-	12,000,000	12,000,000	409,091,528	2.93%
2021	-	6,500,000	6,500,000	389,551,670	1.67%
2020	-	10,500,000	10,500,000	359,321,685	2.92%
2019	7,801,280	13,000,000	5,198,720	335,696,250	3.87%
2018	10,887,573	12,200,000	1,312,427	315,317,002	3.87%
2017	10,154,514	10,900,000	745,486	297,737,439	3.66%
2016	8,444,702	10,500,000	2,055,298	283,435,064	3.70%
2015	2,735,821	10,800,000	8,064,179	283,775,757	3.81%

Notes to schedule

Valuation date	Actuarially determined contributions are calculated as of January 1, the first day of the fiscal year in which the contributions are reported
Methods and assumptions used:	
Actuarial cost method	Entry Age Normal
Discount rate	6.70%
Expected long-term rate of return	6.70%
Salary increases	4.00%
Normal retirement age	65
Mortality	Pri-2012 Total Employee and Retiree Mortality Tables (base year 2012)

El Camino Hospital Cash Balance Plan Schedule of Investment Returns

	Year Ended December 31,							
	2024	2023	2022	2021	2020	2019	2018	2017
Annual money-weighted rate of return, net of investment expenses	10.06%	14.22%	-14.70%	9.95%	14.93%	18.18%	-2.77%	15.06%

This schedule is presented to illustrate the requirement to show information for 10 years. However, until a full 10-year trend is compiled, the Plan will present information for those years for which information is available.

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.

El Camino Hospital Cash Balance Plan
EIN/PN: 94-3167314 / 001

Schedule SB, Line 26a - Schedule of Active Participant Data

Attained Age	Years of Credited Service																															
	Under 1			1 - 4			5 - 9			10 - 14			15 - 19			20 - 24			25 - 29			30 - 34			35 - 39			40 & up				
	Average			Average			Average			Average			Average			Average			Average			Average			Average							
No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.			
Under 25				28	83,225	7,760	1																									
25 - 29				207	126,860	13,260	27	127,112	28,293																							
30 - 34				278	126,233	16,023	122	124,884	34,889	17																						
35 - 39				237	132,742	16,134	186	128,509	38,923	57	135,654	68,460	14			1																
40 - 44				160	127,741	16,866	135	133,689	42,884	96	142,063	69,639	53	138,078	96,640	14			1													
45 - 49				89	133,434	17,301	90	130,395	41,649	94	150,729	75,244	60	152,564	109,614	59	137,357	127,245	17													
50 - 54				100	151,664	18,016	72	139,877	47,041	97	141,859	74,842	73	161,192	119,550	53	140,659	127,115	61	143,999	148,591	6										
55 - 59				62	121,514	15,113	54	136,362	45,862	75	144,484	78,929	38	152,679	103,207	47	149,510	138,975	42	131,775	145,688	26	165,090	195,733	16							
60 - 64				48	164,908	22,370	40	163,778	57,042	59	134,632	76,353	33	146,362	104,689	32	122,325	123,286	27	129,622	153,115	20	154,182	194,374	23	155,954	200,470	12				
65 - 69				13			16			37	124,577	71,848	14			22	118,040	115,591	10			11			8			13				
70 & up				6			6			14			3			8			5			1			6			8				

El Camino Hospital Cash Balance Plan

EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Funding assumptions selection and rationale

Actuarial Standard of Practice No. 27 (ASOP 27) provides guidance to actuaries when selecting economic assumptions for measuring pension obligations. Actuarial Standard of Practice No. 35 (ASOP 35) provides guidance to actuaries when selecting demographic and other noneconomic assumptions for measuring pension obligations. Under these ASOPs, for each assumption that has a significant effect on the measurement and that the actuary has not selected, the actuary should disclose the information and analysis used to support the actuary's determination that the assumption does not significantly conflict with what, in the actuary's professional judgment, is reasonable for the purpose of the measurement.

The economic assumptions that have a significant effect on the measurement and that the actuary has not selected are the funding interest rates. The funding interest rates are prescribed by law.

The demographic and other noneconomic assumptions that have a significant effect on the measurement and that the actuary has not selected are mortality and future mortality improvement. The assumptions for mortality and future mortality improvement are prescribed by law.

We perform periodic experience studies to assess the reasonableness of the retirement rates, termination rates, and the optional form elections assumed in our valuation. We review these studies with the plan sponsor and set these rates based on the analysis and our discussions. We monitor these assumptions annually through gain/loss analyses. The assumptions for retirement rates and withdrawal rates were selected by the actuary as a result of an experience study performed in June 2021. The actuary has determined that these demographic and other noneconomic assumptions are reasonable for the purpose of the measurement.

The asset valuation method was selected by the plan sponsor with the actuary's advice.

The expected rate of return (EROA) was checked for reasonability with tools provided by Buck's Financial Risk Management (FRM) team. A spreadsheet tool created by the FRM team converts averages, standard deviations, and correlations from Buck's Capital Market Assumptions (CMA) that are used for stochastic forecasting into approximate percentile ranges for the arithmetic and geometric average returns. Percentiles are based on standard matrix multiplication and normal approximations. This simplified model (disclosed here under ASOP 56) ignores inter-period dependence and the skewed nature of single year returns. As such it is intended to suggest possible reasonable ranges for EROA without attempting to predict or select a best estimate rate of return. Based on our analysis, including consistency with other assumptions used in the valuation and the percentiles generated by the spreadsheet described above, the actuary believes the assumptions are reasonable for the purpose of the measurement.

El Camino Hospital Cash Balance Plan

EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Use of Models

Actuarial Standard of Practice No. 56 ("ASOP 56") provides guidance to actuaries when performing actuarial services with respect to designing, developing, selecting, modifying, using, reviewing, or evaluating models. Gallagher uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules specified in this report. Further, the model applies those funding rules to the liabilities derived and other inputs, such as plan assets and contributions, to generate many of the exhibits found in this report. Gallagher has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Gallagher also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding rules as well as the manner in which the model generates its output.

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the actuarial assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

El Camino Hospital Cash Balance Plan

EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

Interest rates

	2024 Plan Year	2023 Plan Year
Funding Rates – Constrained*		
First Segment Rate	4.75%	4.75%
Second Segment Rate	4.96%	5.00%
Third Segment Rate	5.59%	5.74%
Effective Interest Rate	5.23%	5.31%
Funding Rates – Unconstrained**		
First Segment Rate	4.37%	2.13%
Second Segment Rate	4.96%	3.62%
Third Segment Rate	4.95%	3.93%
Effective Interest Rate	4.92%	3.70%

* Used for minimum funding and benefit restriction purposes.

**Used for maximum tax-deduction and ERISA 4010 reporting purposes.

The interest rates used for funding purposes are the Segment Rates with no lookback, constrained in accordance with relevant legislation.

Mortality

Mortality tables mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, applied on a fully generational basis using the IRS 2024 Adjusted Scale MP-2021 Rates mortality improvement scale.

Lump Sum interest and mortality:

Interest Rate:	Forward rates implied by the funding interest rates (annuity substitution rule)
Mortality:	2024 IRC 417(e) Applicable Mortality table, as amended by IRS Notice 2023-73

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including plan administrative expenses expected to be paid from plan assets during the year.

El Camino Hospital Cash Balance Plan

EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's Enrolled Actuary based on the best estimate of anticipated future experience under the plan. Demographic assumptions were determined based on the results of our June 2021 experience study. Economic assumptions were based on our June 2021 experience study and expected future experience, with input from the plan sponsor. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under the applicable provisions of the Internal Revenue Code and associated regulations.

Salary increases (based on our April 2016 experience study)

Current and Future Years:	4.00%
Prior Year:	4.00%

Social Security Wage Base

Current and Prior Years:	2.00%
--------------------------	-------

Cash Balance interest crediting rate (based on expected long-term interest crediting rate)

Current and Future Years:	3.50%
Prior Year:	3.50%

Expenses

No loading for expenses. It is assumed that El Camino Hospital will pay current costs of administering the Plan from Company assets.

Benefit form election and benefit commencement date (based on our June 2021 experience study)

For active participants who terminate employment prior to age 60 and three years of service, 50% are assumed to elect an immediate lump sum, 30% are assumed to elect a lump sum deferred to age 65, and 20% are assumed to elect a life annuity deferred to age 65. For active participants who terminate employment after age 59, 70% are assumed to elect a lump sum and 30% are assumed to elect a life annuity payable immediately. PRN participants who terminate prior to age 60 are assumed to defer monthly payments to age 65. PRN participants who terminate after age 59 and three years of service are assumed to take an immediate benefit.

For terminated vested participants, 20% are assumed to elect a life annuity and 80% are assumed to elect a lump sum. Both forms are assumed to commence at ages in accordance with the assumed retirement rates shown below.

Marital percentage (based on our June 2021 experience study)

50% of participants are assumed to be married at death. Husbands are assumed to be 2 years older than their wives.

El Camino Hospital Cash Balance Plan
EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Retirement rates (based on our June 2021 experience study)

Age	Actives	Former Employees
60	8.00%	7.00%
61	8.00%	7.00%
62	10.00%	7.00%
63	10.00%	7.00%
64	10.00%	25.00%
65	20.00%	100.00%
66	25.00%	100.00%
67	25.00%	100.00%
68	20.00%	100.00%
69	20.00%	100.00%
70 and older	100.00%	100.00%

Withdrawal rates (based on our June 2021 experience study)

Sample rates as follows:

Age	Rate
29 and younger	13.00%
30-34	9.00%
35-39	7.00%
40-59	5.00%

El Camino Hospital Cash Balance Plan

EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including the discounted value of accrued contributions, reduced by 2/3 of the gain/(loss) for the immediately preceding plan year and reduced by 1/3 of the gain/(loss) for the plan year before that. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by current law and regulation to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

The expected rate of return (EROA) is based on the plan's asset allocation and forward-looking expected rates of return by asset category.

	Actuary's Assumption	Third Segment Rate	Reflecting Limit
2024 Expected Return	6.70%	5.59%	5.59%
2023 Expected Return	6.70%	5.74%	5.74%
2022 Expected Return	6.00%	5.92%	5.92%

Summary of Changes from the January 1, 2023 Valuation

- The assumed interest rate for funding purposes was changed from the constrained segment rates of 4.75%, 5.00% and 5.74% for 2023 to the constrained segment rates of 4.75%, 4.96% and 5.59% for 2024 in accordance with relevant legislation.
- The assumed mortality was changed as specified in Section 430, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357.
- The assumed interest rate for lump sum payment and cash balance annuity conversion was also updated to use forward rates implied by the funding interest rates (annuity substitution rule).
- The assumed mortality for lump sum payment and cash balance account annuity conversion was changed from the 2023 Applicable Mortality Table for 2023 to the 2024 Applicable Mortality Table for 2024 in accordance with IRS Section 417(e)(3).
- The net impact of these changes was an increase in Funding Target of approximately \$3.2 million.

El Camino Hospital Cash Balance Plan
Employer Identification Number: 94-3167314, Plan Number: 001
Schedule H, Line 4(j) – Schedule of Reportable Transactions
For the Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of assets	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain
<u>Category (ii) - series of transactions with same party in excess of 5% of Plan assets</u>						
Chase Securities Inc.	U.S. Treasury Note					
	Series of purchases	\$ 9,508,710	\$ -	\$ 9,508,710	\$ 9,508,710	\$ -
	Series of sales	\$ -	\$ 9,804,183	\$ 9,765,931	\$ 9,804,183	\$ 38,252
<u>Category (iii) - series of transactions in excess of 5% of Plan assets</u>						
* Principal	Short-Term Investment Fund					
	Series of purchases	\$ 53,284,423	\$ -	\$ 53,284,423	\$ 53,284,423	\$ -
	Series of sales	\$ -	\$ 51,439,487	\$ 51,439,487	\$ 51,439,487	\$ -

There were no Category (i) or (iv) reportable transactions during the year ended December 31, 2024.

Columns (e) and (f) have not been presented, as this information is not applicable.

* Indicates party-in-interest.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**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

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 EL CAMINO HOSPITAL CASH BALANCE PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF EL CAMINO HOSPITAL	D Employer Identification Number (EIN) 94-3167314	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <input type="checkbox"/> Other		
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	354,311,294	
b Actuarial value	2b	361,851,772	
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	675	60,245,818	60,245,818
b For terminated vested participants	1,109	35,644,077	35,644,077
c For active participants	3,360	165,982,520	174,001,857
d Total	5,144	261,872,415	269,891,752
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	5.23%	
6 Target normal cost			
a Present value of current plan year accruals	6a	15,890,300	
b Expected plan-related expenses	6b	0	
c Target normal cost	6c	15,890,300	

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**

Misty Lam
Signature of actuary

9/26/2025
Date

2306737

Most recent enrollment number

808-258-0315

Telephone number (including area code)

MISTY LAM, EA, MSPA, MAAA

Type or print name of actuary

BUCK GLOBAL, LLC

Firm name

1050 QUEEN STREET, SUITE 100

HONOLULU HI 96814

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.96%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 66
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 type="checkbox"/> Yes	<input checked="" 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	15,890,300	
b Excess assets, if applicable, but not greater than line 31a	31b	11,018,065	
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	4,872,235	
	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	4,872,235	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	16,389,596	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	11,517,361	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
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 checked="" type="checkbox"/> 2021
--

EI Camino Hospital Cash Balance Plan**EIN/PN: 94-3167314 / 001****Schedule SB, Line 22 - Description of Weighted Average Retirement Age**

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
60	1,307.4493	0.0798	104.3852	6,263.1121
61	1,269.8741	0.0795	100.8971	6,154.7211
62	1,229.3224	0.0992	121.9636	7,561.7454
63	1,156.5392	0.0992	114.7783	7,231.0321
64	1,094.9515	0.0994	108.8221	6,964.6147
65	1,021.3762	0.1994	203.7079	13,241.0139
66	859.3068	0.2492	214.1549	14,134.2251
67	675.1460	0.2495	168.4212	11,284.2233
68	533.1680	0.1995	106.3796	7,233.8157
69	439.5028	0.1995	87.6696	6,049.2040
70	358.7548	1.0000	358.7548	25,112.8330
71	14.0000	0.7857	11.0000	781.0000
72	12.8285	1.0000	12.8285	923.6520
73	5.0000	1.0000	5.0000	365.0000
74	5.0000	1.0000	5.0000	370.0000
75	8.0000	1.0000	8.0000	600.0000
76	2.0000	1.0000	2.0000	152.0000
77	3.0000	0.6667	2.0000	154.0000
78	2.9379	1.0000	2.9379	229.1523
79	0.0000	1.0000	0.0000	0.0000
80	0.0000	1.0000	0.0000	0.0000
81	1.0000	1.0000	1.0000	81.0000
82	0.0000	1.0000	0.0000	0.0000
83	0.0000	1.0000	0.0000	0.0000
84	0.0000	1.0000	0.0000	0.0000
85	1.0000	1.0000	<u>1.0000</u>	<u>85.0000</u>
Total			1,740.7007	114,971.3449
Weighted Average Retirement Age = 114971.3449 / 1740.7007				66.05
Rounded Weighted Average Retirement Age				66

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

El Camino Hospital Cash Balance Plan
EIN/PN: 94-3167314 / 001

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	\$ 14,356,645	\$ 5,610,040	\$ 6,459,337	\$ 26,426,022
2025	\$ 10,525,973	\$ 2,166,351	\$ 6,246,755	\$ 18,939,079
2026	\$ 10,525,435	\$ 1,448,289	\$ 6,025,795	\$ 17,999,519
2027	\$ 10,207,511	\$ 1,684,655	\$ 5,796,356	\$ 17,688,522
2028	\$ 10,008,932	\$ 1,897,859	\$ 5,561,828	\$ 17,468,619
2029	\$ 9,910,123	\$ 1,634,950	\$ 5,310,664	\$ 16,855,737
2030	\$ 10,211,606	\$ 1,442,802	\$ 5,050,802	\$ 16,705,210
2031	\$ 9,741,371	\$ 1,670,958	\$ 4,784,465	\$ 16,196,794
2032	\$ 9,905,728	\$ 1,696,053	\$ 4,507,575	\$ 16,109,356
2033	\$ 10,085,088	\$ 1,740,333	\$ 4,226,663	\$ 16,052,084
2034	\$ 10,462,010	\$ 1,650,594	\$ 3,950,702	\$ 16,063,306
2035	\$ 10,327,371	\$ 2,232,100	\$ 3,681,647	\$ 16,241,118
2036	\$ 10,426,040	\$ 1,929,045	\$ 3,415,147	\$ 15,770,232
2037	\$ 10,608,892	\$ 2,254,762	\$ 3,144,118	\$ 16,007,772
2038	\$ 10,639,061	\$ 2,277,216	\$ 2,873,032	\$ 15,789,309
2039	\$ 11,477,773	\$ 2,175,011	\$ 2,577,818	\$ 16,230,602
2040	\$ 10,775,532	\$ 2,281,756	\$ 2,322,888	\$ 15,380,176
2041	\$ 10,222,326	\$ 2,369,173	\$ 2,088,812	\$ 14,680,311
2042	\$ 10,209,707	\$ 1,911,557	\$ 1,868,595	\$ 13,989,859
2043	\$ 10,196,524	\$ 2,198,398	\$ 1,648,758	\$ 14,043,680
2044	\$ 10,444,574	\$ 2,159,729	\$ 1,438,609	\$ 14,042,912
2045	\$ 9,745,556	\$ 2,206,149	\$ 1,255,799	\$ 13,207,504
2046	\$ 9,457,980	\$ 2,375,915	\$ 1,087,482	\$ 12,921,377
2047	\$ 9,530,380	\$ 2,476,655	\$ 935,902	\$ 12,942,937
2048	\$ 9,584,908	\$ 2,176,026	\$ 799,046	\$ 12,559,980
2049	\$ 9,001,565	\$ 2,015,014	\$ 674,793	\$ 11,691,372
2050	\$ 8,929,969	\$ 2,297,004	\$ 564,852	\$ 11,791,825
2051	\$ 8,974,301	\$ 1,905,503	\$ 468,703	\$ 11,348,507
2052	\$ 8,035,345	\$ 1,703,246	\$ 385,623	\$ 10,124,214
2053	\$ 8,264,045	\$ 1,646,150	\$ 314,724	\$ 10,224,919
2054	\$ 7,848,672	\$ 1,713,106	\$ 254,976	\$ 9,816,754
2055	\$ 7,646,500	\$ 1,358,906	\$ 205,259	\$ 9,210,665
2056	\$ 7,078,050	\$ 1,243,714	\$ 164,405	\$ 8,486,169
2057	\$ 6,742,951	\$ 954,096	\$ 131,241	\$ 7,828,288
2058	\$ 6,547,626	\$ 935,219	\$ 104,630	\$ 7,587,475
2059	\$ 6,034,291	\$ 856,753	\$ 83,504	\$ 6,974,548
2060	\$ 5,649,627	\$ 697,721	\$ 66,884	\$ 6,414,232
2061	\$ 5,227,090	\$ 623,443	\$ 53,901	\$ 5,904,434
2062	\$ 4,606,881	\$ 546,655	\$ 43,803	\$ 5,197,339
2063	\$ 4,186,475	\$ 506,242	\$ 35,954	\$ 4,728,671
2064	\$ 3,784,610	\$ 470,895	\$ 29,830	\$ 4,285,335
2065	\$ 3,549,265	\$ 431,871	\$ 25,014	\$ 4,006,150
2066	\$ 3,180,319	\$ 405,112	\$ 21,175	\$ 3,606,606
2067	\$ 2,931,546	\$ 378,773	\$ 18,063	\$ 3,328,382
2068	\$ 2,700,248	\$ 352,899	\$ 15,486	\$ 3,068,633
2069	\$ 2,492,478	\$ 327,539	\$ 13,303	\$ 2,833,320
2070	\$ 2,301,298	\$ 302,749	\$ 11,416	\$ 2,615,463
2071	\$ 2,114,173	\$ 278,588	\$ 9,759	\$ 2,402,520
2072	\$ 1,938,851	\$ 255,125	\$ 8,289	\$ 2,202,265
2073	\$ 1,771,352	\$ 232,434	\$ 6,980	\$ 2,010,766

El Camino Hospital Cash Balance Plan

EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Funding assumptions selection and rationale

Actuarial Standard of Practice No. 27 (ASOP 27) provides guidance to actuaries when selecting economic assumptions for measuring pension obligations. Actuarial Standard of Practice No. 35 (ASOP 35) provides guidance to actuaries when selecting demographic and other noneconomic assumptions for measuring pension obligations. Under these ASOPs, for each assumption that has a significant effect on the measurement and that the actuary has not selected, the actuary should disclose the information and analysis used to support the actuary's determination that the assumption does not significantly conflict with what, in the actuary's professional judgment, is reasonable for the purpose of the measurement.

The economic assumptions that have a significant effect on the measurement and that the actuary has not selected are the funding interest rates. The funding interest rates are prescribed by law.

The demographic and other noneconomic assumptions that have a significant effect on the measurement and that the actuary has not selected are mortality and future mortality improvement. The assumptions for mortality and future mortality improvement are prescribed by law.

We perform periodic experience studies to assess the reasonableness of the retirement rates, termination rates, and the optional form elections assumed in our valuation. We review these studies with the plan sponsor and set these rates based on the analysis and our discussions. We monitor these assumptions annually through gain/loss analyses. The assumptions for retirement rates and withdrawal rates were selected by the actuary as a result of an experience study performed in June 2021. The actuary has determined that these demographic and other noneconomic assumptions are reasonable for the purpose of the measurement.

The asset valuation method was selected by the plan sponsor with the actuary's advice.

The expected rate of return (EROA) was checked for reasonability with tools provided by Buck's Financial Risk Management (FRM) team. A spreadsheet tool created by the FRM team converts averages, standard deviations, and correlations from Buck's Capital Market Assumptions (CMA) that are used for stochastic forecasting into approximate percentile ranges for the arithmetic and geometric average returns. Percentiles are based on standard matrix multiplication and normal approximations. This simplified model (disclosed here under ASOP 56) ignores inter-period dependence and the skewed nature of single year returns. As such it is intended to suggest possible reasonable ranges for EROA without attempting to predict or select a best estimate rate of return. Based on our analysis, including consistency with other assumptions used in the valuation and the percentiles generated by the spreadsheet described above, the actuary believes the assumptions are reasonable for the purpose of the measurement.

EI Camino Hospital Cash Balance Plan

EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Use of Models

Actuarial Standard of Practice No. 56 ("ASOP 56") provides guidance to actuaries when performing actuarial services with respect to designing, developing, selecting, modifying, using, reviewing, or evaluating models. Gallagher uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules specified in this report. Further, the model applies those funding rules to the liabilities derived and other inputs, such as plan assets and contributions, to generate many of the exhibits found in this report. Gallagher has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Gallagher also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding rules as well as the manner in which the model generates its output.

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the actuarial assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

El Camino Hospital Cash Balance Plan

EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

Interest rates

	2024 Plan Year	2023 Plan Year
Funding Rates – Constrained*		
First Segment Rate	4.75%	4.75%
Second Segment Rate	4.96%	5.00%
Third Segment Rate	5.59%	5.74%
Effective Interest Rate	5.23%	5.31%
Funding Rates – Unconstrained**		
First Segment Rate	4.37%	2.13%
Second Segment Rate	4.96%	3.62%
Third Segment Rate	4.95%	3.93%
Effective Interest Rate	4.92%	3.70%

* Used for minimum funding and benefit restriction purposes.

**Used for maximum tax-deduction and ERISA 4010 reporting purposes.

The interest rates used for funding purposes are the Segment Rates with no lookback, constrained in accordance with relevant legislation.

Mortality

Mortality tables mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, applied on a fully generational basis using the IRS 2024 Adjusted Scale MP-2021 Rates mortality improvement scale.

Lump Sum interest and mortality:

Interest Rate:	Forward rates implied by the funding interest rates (annuity substitution rule)
Mortality:	2024 IRC 417(e) Applicable Mortality table, as amended by IRS Notice 2023-73

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including plan administrative expenses expected to be paid from plan assets during the year.

El Camino Hospital Cash Balance Plan

EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's Enrolled Actuary based on the best estimate of anticipated future experience under the plan. Demographic assumptions were determined based on the results of our June 2021 experience study. Economic assumptions were based on our June 2021 experience study and expected future experience, with input from the plan sponsor. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under the applicable provisions of the Internal Revenue Code and associated regulations.

Salary increases (based on our April 2016 experience study)

Current and Future Years:	4.00%
Prior Year:	4.00%

Social Security Wage Base

Current and Prior Years:	2.00%
--------------------------	-------

Cash Balance interest crediting rate (based on expected long-term interest crediting rate)

Current and Future Years:	3.50%
Prior Year:	3.50%

Expenses

No loading for expenses. It is assumed that El Camino Hospital will pay current costs of administering the Plan from Company assets.

Benefit form election and benefit commencement date (based on our June 2021 experience study)

For active participants who terminate employment prior to age 60 and three years of service, 50% are assumed to elect an immediate lump sum, 30% are assumed to elect a lump sum deferred to age 65, and 20% are assumed to elect a life annuity deferred to age 65. For active participants who terminate employment after age 59, 70% are assumed to elect a lump sum and 30% are assumed to elect a life annuity payable immediately. PRN participants who terminate prior to age 60 are assumed to defer monthly payments to age 65. PRN participants who terminate after age 59 and three years of service are assumed to take an immediate benefit.

For terminated vested participants, 20% are assumed to elect a life annuity and 80% are assumed to elect a lump sum. Both forms are assumed to commence at ages in accordance with the assumed retirement rates shown below.

Marital percentage (based on our June 2021 experience study)

50% of participants are assumed to be married at death. Husbands are assumed to be 2 years older than their wives.

El Camino Hospital Cash Balance Plan**EIN/PN: 94-3167314 / 001****Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)****Non-Prescribed Funding Assumptions and Methods (continued)**

Retirement rates (based on our June 2021 experience study)

Age	Actives	Former Employees
60	8.00%	7.00%
61	8.00%	7.00%
62	10.00%	7.00%
63	10.00%	7.00%
64	10.00%	25.00%
65	20.00%	100.00%
66	25.00%	100.00%
67	25.00%	100.00%
68	20.00%	100.00%
69	20.00%	100.00%
70 and older	100.00%	100.00%

Withdrawal rates (based on our June 2021 experience study)

Sample rates as follows:

Age	Rate
29 and younger	13.00%
30-34	9.00%
35-39	7.00%
40-59	5.00%

El Camino Hospital Cash Balance Plan

EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including the discounted value of accrued contributions, reduced by 2/3 of the gain/(loss) for the immediately preceding plan year and reduced by 1/3 of the gain/(loss) for the plan year before that. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by current law and regulation to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

The expected rate of return (EROA) is based on the plan's asset allocation and forward-looking expected rates of return by asset category.

	Actuary's Assumption	Third Segment Rate	Reflecting Limit
2024 Expected Return	6.70%	5.59%	5.59%
2023 Expected Return	6.70%	5.74%	5.74%
2022 Expected Return	6.00%	5.92%	5.92%

Summary of Changes from the January 1, 2023 Valuation

- The assumed interest rate for funding purposes was changed from the constrained segment rates of 4.75%, 5.00% and 5.74% for 2023 to the constrained segment rates of 4.75%, 4.96% and 5.59% for 2024 in accordance with relevant legislation.
- The assumed mortality was changed as specified in Section 430, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357.
- The assumed interest rate for lump sum payment and cash balance annuity conversion was also updated to use forward rates implied by the funding interest rates (annuity substitution rule).
- The assumed mortality for lump sum payment and cash balance account annuity conversion was changed from the 2023 Applicable Mortality Table for 2023 to the 2024 Applicable Mortality Table for 2024 in accordance with IRS Section 417(e)(3).
- The net impact of these changes was an increase in Funding Target of approximately \$3.2 million.

El Camino Hospital Cash Balance Plan

EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Summary of Plan Provisions

The following provisions are applicable to all Plan participants, except as noted herein. Provisions identified as PRN Prior apply only to PRN members who have elected to have their benefits calculated under the Defined Benefit formula.

Effective Date

July 1, 1963

Latest Restatement

January 1, 2021

Plan Year

January 1 - December 31

Prior to January 1, 2000, the plan year was July 1 to June 30. Therefore, the period from July 1, 1999 through December 31, 1999 was a Short Plan year.

Eligibility

Each eligible employee who has attained age 21 becomes eligible for coverage on the first day of the month following completion of one year of service.

Retirement Dates

Normal

First day of the month following attainment of age 65 and completion of five years of service.

Early

Any age prior to the Normal Retirement Date.

PRN Prior Members

The first day of any month following the attainment of age 55 and completion of five years of service.

Postponed

The first day of any month following actual termination after Normal Retirement Date.

Automatic Form of Payments

Unless otherwise elected by the participant, the retirement benefit will be paid to a single participant in the form of a Life Annuity and to a married participant in the form of an actuarially reduced 50% Qualified Joint and Survivor Annuity.

El Camino Hospital Cash Balance Plan

EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Summary of Plan Provisions (continued)

Optional Forms of Payment

The cash balance benefit is payable in a single sum upon retirement or in an actuarially equivalent monthly annuity. The monthly annuity may be paid in the form of:

- a) a life annuity
- b) a joint and 100% survivor annuity,
- c) a joint and 75% survivor annuity,
- d) a joint and 50% survivor annuity, or
- e) a life annuity with a certain period of 5, 10, 15 or 20 years.
- f) a social security level income option

In no case shall the monthly benefit under the Cash Balance Plan be smaller than that accrued under the prior plan as of December 31, 1994 (June 30, 1996 for PRN Members who elect the cash balance formula).

PRN Prior Members

If elected by the participant, the retirement benefit may be paid in an amount actuarially equivalent to the Normal form (a life annuity) as:

- a) a joint and 100% survivor annuity,
- b) a joint and 75% survivor annuity,
- c) a joint and 50% survivor annuity,
- d) a life annuity with a certain period of 5, 10, 15 or 20 years.
- e) a social security level income option

Retirement Benefit

Each participant's Cash Balance as of January 1, 1995 plus:

- a) Effective July 1, 1999, Contribution Credits equal to 5% of compensation during the plan year, credited at the end of the plan year. Prior to July 1, 1999, the Contribution Credit equaled 3%. The increase to 5% applies only to those PRN participants who were active as of July 1, 2000 and those non-PRN participants who were active as of November 1, 1999.
- b) Effective July 1, 1999, Interest Credit equal to the 10-year U.S. treasury securities rate applied to the cash balance as of the beginning of the plan year, credited at the end of the plan year. Prior to July 1, 1999, the Interest Credit equaled 4%. This change to the U.S. treasury securities rate applies only to those PRN participants who were active as of July 1, 2000 and those non-PRN participants who were active as of November 1, 1999.

January 1, 1995 Cash Balances are the actuarial equivalent of each participant's accrued benefit as of December 31, 1994, determined using the 1984 Unisex Pensioner Mortality table and the interest rates promulgated by the Pension Benefit Guaranty Corporation as of June 1, 1994.

For purposes of converting the participant's Cash Balance account to an annuity, the interest rate(s) and mortality table to be used is as defined in Code Section 417(e)(3). The interest rate(s) to be used are the annual interest rate(s) for the third calendar month preceding the beginning of the Plan Year (i.e., October interest rates published in November).

El Camino Hospital Cash Balance Plan

EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Summary of Plan Provisions (continued)

PRN Prior Members

40% of Average Monthly Earnings less 50% of monthly Social Security Benefit, reduced proportionately for less than 25 Years of Credited Service.

Average Monthly Earnings

Average of the highest consecutive five years of compensation with the Hospital divided by 12.

Social Security Benefit

Estimated Benefit payable at age 65 determined based upon the law at the time of termination or retirement and upon an assumption of no future earnings.

Years of Credited Service

Full years of continuous employment and fraction thereof while working at a rate of more than 1,000 hours per year.

SEIU (50 & 10 participants)

Effective January 1, 2004, for SEIU participants active as of July 16, 2003 who were active non-PRN participants at December 31, 1994 and had attained age 50 with 10 years of benefit service at December 31, 1994, the benefit is equal to the greater of the benefit determined under the (old) defined benefit formula and the benefit determined under the cash balance formula. Prior to January 1, 2004, benefits were determined under the cash balance formula only.

403(b) Match Benefits

Effective January 1, 2000, the Plan provides for a 100% match (up to 4% of compensation) for individual contributions made to the El Camino Hospital 403(b) Tax Deferred Annuity of Plan.

Effective January 1, 2004, for PRN plan participants with benefits determined under the cash balance formula, the 403(b) match is increased to: (i) 100% of the first 5% of compensation that is contributed to the 403(b) Plan, provided that the participant is credited with at least 15 years and less than 20 years of benefit service as of the last day of the Plan Year; and (ii) 100% of the first 6% of compensation that is contributed to the 403(b) Plan, provided that the participant is credited with at least 20 years of benefit service as of the last day of the Plan Year.

Effective January 1, 2009, no additional 403(b) match benefits are provided under the Plan.

Amounts of Other Benefits

Postponed Retirement

The greater of the participant's cash balance as of his Postponed Retirement Date payable as either a single sum or, at the election of the participant, as an actuarially equivalent annuity or, if larger, the participant's frozen accrued benefit as of December 31, 1994 increased to reflect delayed commencement of benefit payments.

PRN Prior Members

The greater of the participant's accrued benefit on his Postponed Retirement Date or his accrued benefit as of Normal Retirement Date increased to reflect delayed commencement of benefits.

El Camino Hospital Cash Balance Plan

EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Summary of Plan Provisions (continued)

Early Retirement

The participant's accrued cash balance as of his Early Retirement Date payable as either a single sum or as an actuarially equivalent annuity, at the election of the participant.

In no case shall monthly benefits at Early Retirement under the Cash Balance Plan be smaller than those accrued under the prior plan as of December 31, 1994 (June 30, 1996 for PRN Members who elected the cash balance formula), reduced to the participant's Early Retirement date according to the factors below.

PRN Prior Members:

The participant's accrued benefit as of his Early Retirement Date with payment commencing on participant's Normal Retirement Date. The participant may elect to receive a reduced amount commencing at an earlier date. The amount shall be the accrued benefit multiplied by the following factor:

Plan Years Preceding Normal Retirement Date	Benefit Percentage
0	100.0%
1	93.3%
2	86.6%
3	79.9%
4	73.2%
5	66.5%
6	63.2%
7	59.9%
8	56.6%
9	53.3%
10	50.0%

Certain PRN members who retired in 1996 in conjunction with an Early Retirement Window received unreduced early retirement benefits.

El Camino Hospital Cash Balance Plan

EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Summary of Plan Provisions (continued)

Death Benefit

Prior to Retirement

The Plan participant's accrued cash balance as of the date of death payable as either a single sum or, at the election of the designated beneficiary, as an actuarially equivalent monthly annuity.

PRN Prior Members

The actuarial equivalent of the benefit accrued by the Plan participant as of the date of death payable as either a lump sum or as a monthly annuity, at the election of the designated beneficiary.

After Retirement

In accordance with the annuity payment form in effect.

Disability Benefit

None.

Vesting of Accrued Benefit

Participants shall be vested in their accrued benefits according to the following schedule:

Year of Vesting Service	Vesting Percentage
0 - 2	0
3 or more	100%

PRN Prior Members

In the event of termination after completion of five Years of Service, a Plan participant shall have a vested right to pension benefits accrued to date of termination.

Maximum Annual Retirement Benefit

The annual retirement benefit that may be paid from the Plan is limited by Internal Revenue Code Section 415. For 2022, this amount is \$245,000 and may be paid in the form of a single life annuity at Social Security Retirement Age.

Maximum Annual Plan Compensation

The annual compensation that may be used to determine Plan benefits is limited by Internal Revenue Code Section 401(a)(17). For 2022, this amount is \$305,000.

For determining funding amounts, no future increases in the maximum annual retirement benefit and the maximum annual Plan compensation have been reflected.

El Camino Hospital Cash Balance Plan

EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Summary of Plan Provisions (continued)

Termination of Plan

In the event of termination of the Plan, funds are to be distributed, to the extent available, in the following order, in accordance with the requirements of the Section 4044 of ERISA:

- a) benefits in "pay status" 3 years or those which could have been in pay status 3 years based on the Plan in effect 5 years prior to termination,
- b) other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC),
- c) vested benefits in excess of those insured by the PBGC, and
- d) all other benefits.

Administration

Through the Plan Committee appointed by the Board of Directors.

Funding of Plan

Through a Trust with Wells Fargo Bank.

Summary of Changes from the January 1, 2023 Valuation

None.

El Camino Hospital Cash Balance Plan

EIN/PN: 94-3167314 / 001

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
60	1,307.4493	0.0798	104.3852	6,263.1121
61	1,269.8741	0.0795	100.8971	6,154.7211
62	1,229.3224	0.0992	121.9636	7,561.7454
63	1,156.5392	0.0992	114.7783	7,231.0321
64	1,094.9515	0.0994	108.8221	6,964.6147
65	1,021.3762	0.1994	203.7079	13,241.0139
66	859.3068	0.2492	214.1549	14,134.2251
67	675.1460	0.2495	168.4212	11,284.2233
68	533.1680	0.1995	106.3796	7,233.8157
69	439.5028	0.1995	87.6696	6,049.2040
70	358.7548	1.0000	358.7548	25,112.8330
71	14.0000	0.7857	11.0000	781.0000
72	12.8285	1.0000	12.8285	923.6520
73	5.0000	1.0000	5.0000	365.0000
74	5.0000	1.0000	5.0000	370.0000
75	8.0000	1.0000	8.0000	600.0000
76	2.0000	1.0000	2.0000	152.0000
77	3.0000	0.6667	2.0000	154.0000
78	2.9379	1.0000	2.9379	229.1523
79	0.0000	1.0000	0.0000	0.0000
80	0.0000	1.0000	0.0000	0.0000
81	1.0000	1.0000	1.0000	81.0000
82	0.0000	1.0000	0.0000	0.0000
83	0.0000	1.0000	0.0000	0.0000
84	0.0000	1.0000	0.0000	0.0000
85	1.0000	1.0000	<u>1.0000</u>	<u>85.0000</u>
Total			1,740.7007	114,971.3449
Weighted Average Retirement Age = 114971.3449 / 1740.7007				66.05
Rounded Weighted Average Retirement Age				66

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

El Camino Hospital Cash Balance Plan
EIN/PN: 94-3167314 / 001

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	\$ 14,356,645	\$ 5,610,040	\$ 6,459,337	\$ 26,426,022
2025	\$ 10,525,973	\$ 2,166,351	\$ 6,246,755	\$ 18,939,079
2026	\$ 10,525,435	\$ 1,448,289	\$ 6,025,795	\$ 17,999,519
2027	\$ 10,207,511	\$ 1,684,655	\$ 5,796,356	\$ 17,688,522
2028	\$ 10,008,932	\$ 1,897,859	\$ 5,561,828	\$ 17,468,619
2029	\$ 9,910,123	\$ 1,634,950	\$ 5,310,664	\$ 16,855,737
2030	\$ 10,211,606	\$ 1,442,802	\$ 5,050,802	\$ 16,705,210
2031	\$ 9,741,371	\$ 1,670,958	\$ 4,784,465	\$ 16,196,794
2032	\$ 9,905,728	\$ 1,696,053	\$ 4,507,575	\$ 16,109,356
2033	\$ 10,085,088	\$ 1,740,333	\$ 4,226,663	\$ 16,052,084
2034	\$ 10,462,010	\$ 1,650,594	\$ 3,950,702	\$ 16,063,306
2035	\$ 10,327,371	\$ 2,232,100	\$ 3,681,647	\$ 16,241,118
2036	\$ 10,426,040	\$ 1,929,045	\$ 3,415,147	\$ 15,770,232
2037	\$ 10,608,892	\$ 2,254,762	\$ 3,144,118	\$ 16,007,772
2038	\$ 10,639,061	\$ 2,277,216	\$ 2,873,032	\$ 15,789,309
2039	\$ 11,477,773	\$ 2,175,011	\$ 2,577,818	\$ 16,230,602
2040	\$ 10,775,532	\$ 2,281,756	\$ 2,322,888	\$ 15,380,176
2041	\$ 10,222,326	\$ 2,369,173	\$ 2,088,812	\$ 14,680,311
2042	\$ 10,209,707	\$ 1,911,557	\$ 1,868,595	\$ 13,989,859
2043	\$ 10,196,524	\$ 2,198,398	\$ 1,648,758	\$ 14,043,680
2044	\$ 10,444,574	\$ 2,159,729	\$ 1,438,609	\$ 14,042,912
2045	\$ 9,745,556	\$ 2,206,149	\$ 1,255,799	\$ 13,207,504
2046	\$ 9,457,980	\$ 2,375,915	\$ 1,087,482	\$ 12,921,377
2047	\$ 9,530,380	\$ 2,476,655	\$ 935,902	\$ 12,942,937
2048	\$ 9,584,908	\$ 2,176,026	\$ 799,046	\$ 12,559,980
2049	\$ 9,001,565	\$ 2,015,014	\$ 674,793	\$ 11,691,372
2050	\$ 8,929,969	\$ 2,297,004	\$ 564,852	\$ 11,791,825
2051	\$ 8,974,301	\$ 1,905,503	\$ 468,703	\$ 11,348,507
2052	\$ 8,035,345	\$ 1,703,246	\$ 385,623	\$ 10,124,214
2053	\$ 8,264,045	\$ 1,646,150	\$ 314,724	\$ 10,224,919
2054	\$ 7,848,672	\$ 1,713,106	\$ 254,976	\$ 9,816,754
2055	\$ 7,646,500	\$ 1,358,906	\$ 205,259	\$ 9,210,665
2056	\$ 7,078,050	\$ 1,243,714	\$ 164,405	\$ 8,486,169
2057	\$ 6,742,951	\$ 954,096	\$ 131,241	\$ 7,828,288
2058	\$ 6,547,626	\$ 935,219	\$ 104,630	\$ 7,587,475
2059	\$ 6,034,291	\$ 856,753	\$ 83,504	\$ 6,974,548
2060	\$ 5,649,627	\$ 697,721	\$ 66,884	\$ 6,414,232
2061	\$ 5,227,090	\$ 623,443	\$ 53,901	\$ 5,904,434
2062	\$ 4,606,881	\$ 546,655	\$ 43,803	\$ 5,197,339
2063	\$ 4,186,475	\$ 506,242	\$ 35,954	\$ 4,728,671
2064	\$ 3,784,610	\$ 470,895	\$ 29,830	\$ 4,285,335
2065	\$ 3,549,265	\$ 431,871	\$ 25,014	\$ 4,006,150
2066	\$ 3,180,319	\$ 405,112	\$ 21,175	\$ 3,606,606
2067	\$ 2,931,546	\$ 378,773	\$ 18,063	\$ 3,328,382
2068	\$ 2,700,248	\$ 352,899	\$ 15,486	\$ 3,068,633
2069	\$ 2,492,478	\$ 327,539	\$ 13,303	\$ 2,833,320
2070	\$ 2,301,298	\$ 302,749	\$ 11,416	\$ 2,615,463
2071	\$ 2,114,173	\$ 278,588	\$ 9,759	\$ 2,402,520
2072	\$ 1,938,851	\$ 255,125	\$ 8,289	\$ 2,202,265
2073	\$ 1,771,352	\$ 232,434	\$ 6,980	\$ 2,010,766

El Camino Hospital Cash Balance Plan

EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Summary of Plan Provisions

The following provisions are applicable to all Plan participants, except as noted herein. Provisions identified as PRN Prior apply only to PRN members who have elected to have their benefits calculated under the Defined Benefit formula.

Effective Date

July 1, 1963

Latest Restatement

January 1, 2021

Plan Year

January 1 - December 31

Prior to January 1, 2000, the plan year was July 1 to June 30. Therefore, the period from July 1, 1999 through December 31, 1999 was a Short Plan year.

Eligibility

Each eligible employee who has attained age 21 becomes eligible for coverage on the first day of the month following completion of one year of service.

Retirement Dates

Normal

First day of the month following attainment of age 65 and completion of five years of service.

Early

Any age prior to the Normal Retirement Date.

PRN Prior Members

The first day of any month following the attainment of age 55 and completion of five years of service.

Postponed

The first day of any month following actual termination after Normal Retirement Date.

Automatic Form of Payments

Unless otherwise elected by the participant, the retirement benefit will be paid to a single participant in the form of a Life Annuity and to a married participant in the form of an actuarially reduced 50% Qualified Joint and Survivor Annuity.

El Camino Hospital Cash Balance Plan

EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Summary of Plan Provisions (continued)

Optional Forms of Payment

The cash balance benefit is payable in a single sum upon retirement or in an actuarially equivalent monthly annuity. The monthly annuity may be paid in the form of:

- a) a life annuity
- b) a joint and 100% survivor annuity,
- c) a joint and 75% survivor annuity,
- d) a joint and 50% survivor annuity, or
- e) a life annuity with a certain period of 5, 10, 15 or 20 years.
- f) a social security level income option

In no case shall the monthly benefit under the Cash Balance Plan be smaller than that accrued under the prior plan as of December 31, 1994 (June 30, 1996 for PRN Members who elect the cash balance formula).

PRN Prior Members

If elected by the participant, the retirement benefit may be paid in an amount actuarially equivalent to the Normal form (a life annuity) as:

- a) a joint and 100% survivor annuity,
- b) a joint and 75% survivor annuity,
- c) a joint and 50% survivor annuity,
- d) a life annuity with a certain period of 5, 10, 15 or 20 years.
- e) a social security level income option

Retirement Benefit

Each participant's Cash Balance as of January 1, 1995 plus:

- a) Effective July 1, 1999, Contribution Credits equal to 5% of compensation during the plan year, credited at the end of the plan year. Prior to July 1, 1999, the Contribution Credit equaled 3%. The increase to 5% applies only to those PRN participants who were active as of July 1, 2000 and those non-PRN participants who were active as of November 1, 1999.
- b) Effective July 1, 1999, Interest Credit equal to the 10-year U.S. treasury securities rate applied to the cash balance as of the beginning of the plan year, credited at the end of the plan year. Prior to July 1, 1999, the Interest Credit equaled 4%. This change to the U.S. treasury securities rate applies only to those PRN participants who were active as of July 1, 2000 and those non-PRN participants who were active as of November 1, 1999.

January 1, 1995 Cash Balances are the actuarial equivalent of each participant's accrued benefit as of December 31, 1994, determined using the 1984 Unisex Pensioner Mortality table and the interest rates promulgated by the Pension Benefit Guaranty Corporation as of June 1, 1994.

For purposes of converting the participant's Cash Balance account to an annuity, the interest rate(s) and mortality table to be used is as defined in Code Section 417(e)(3). The interest rate(s) to be used are the annual interest rate(s) for the third calendar month preceding the beginning of the Plan Year (i.e., October interest rates published in November).

El Camino Hospital Cash Balance Plan

EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Summary of Plan Provisions (continued)

PRN Prior Members

40% of Average Monthly Earnings less 50% of monthly Social Security Benefit, reduced proportionately for less than 25 Years of Credited Service.

Average Monthly Earnings

Average of the highest consecutive five years of compensation with the Hospital divided by 12.

Social Security Benefit

Estimated Benefit payable at age 65 determined based upon the law at the time of termination or retirement and upon an assumption of no future earnings.

Years of Credited Service

Full years of continuous employment and fraction thereof while working at a rate of more than 1,000 hours per year.

SEIU (50 & 10 participants)

Effective January 1, 2004, for SEIU participants active as of July 16, 2003 who were active non-PRN participants at December 31, 1994 and had attained age 50 with 10 years of benefit service at December 31, 1994, the benefit is equal to the greater of the benefit determined under the (old) defined benefit formula and the benefit determined under the cash balance formula. Prior to January 1, 2004, benefits were determined under the cash balance formula only.

403(b) Match Benefits

Effective January 1, 2000, the Plan provides for a 100% match (up to 4% of compensation) for individual contributions made to the El Camino Hospital 403(b) Tax Deferred Annuity of Plan.

Effective January 1, 2004, for PRN plan participants with benefits determined under the cash balance formula, the 403(b) match is increased to: (i) 100% of the first 5% of compensation that is contributed to the 403(b) Plan, provided that the participant is credited with at least 15 years and less than 20 years of benefit service as of the last day of the Plan Year; and (ii) 100% of the first 6% of compensation that is contributed to the 403(b) Plan, provided that the participant is credited with at least 20 years of benefit service as of the last day of the Plan Year.

Effective January 1, 2009, no additional 403(b) match benefits are provided under the Plan.

Amounts of Other Benefits

Postponed Retirement

The greater of the participant's cash balance as of his Postponed Retirement Date payable as either a single sum or, at the election of the participant, as an actuarially equivalent annuity or, if larger, the participant's frozen accrued benefit as of December 31, 1994 increased to reflect delayed commencement of benefit payments.

PRN Prior Members

The greater of the participant's accrued benefit on his Postponed Retirement Date or his accrued benefit as of Normal Retirement Date increased to reflect delayed commencement of benefits.

El Camino Hospital Cash Balance Plan

EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Summary of Plan Provisions (continued)

Early Retirement

The participant's accrued cash balance as of his Early Retirement Date payable as either a single sum or as an actuarially equivalent annuity, at the election of the participant.

In no case shall monthly benefits at Early Retirement under the Cash Balance Plan be smaller than those accrued under the prior plan as of December 31, 1994 (June 30, 1996 for PRN Members who elected the cash balance formula), reduced to the participant's Early Retirement date according to the factors below.

PRN Prior Members:

The participant's accrued benefit as of his Early Retirement Date with payment commencing on participant's Normal Retirement Date. The participant may elect to receive a reduced amount commencing at an earlier date. The amount shall be the accrued benefit multiplied by the following factor:

Plan Years Preceding Normal Retirement Date	Benefit Percentage
0	100.0%
1	93.3%
2	86.6%
3	79.9%
4	73.2%
5	66.5%
6	63.2%
7	59.9%
8	56.6%
9	53.3%
10	50.0%

Certain PRN members who retired in 1996 in conjunction with an Early Retirement Window received unreduced early retirement benefits.

El Camino Hospital Cash Balance Plan

EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Summary of Plan Provisions (continued)

Death Benefit

Prior to Retirement

The Plan participant's accrued cash balance as of the date of death payable as either a single sum or, at the election of the designated beneficiary, as an actuarially equivalent monthly annuity.

PRN Prior Members

The actuarial equivalent of the benefit accrued by the Plan participant as of the date of death payable as either a lump sum or as a monthly annuity, at the election of the designated beneficiary.

After Retirement

In accordance with the annuity payment form in effect.

Disability Benefit

None.

Vesting of Accrued Benefit

Participants shall be vested in their accrued benefits according to the following schedule:

Year of Vesting Service	Vesting Percentage
0 - 2	0
3 or more	100%

PRN Prior Members

In the event of termination after completion of five Years of Service, a Plan participant shall have a vested right to pension benefits accrued to date of termination.

Maximum Annual Retirement Benefit

The annual retirement benefit that may be paid from the Plan is limited by Internal Revenue Code Section 415. For 2022, this amount is \$245,000 and may be paid in the form of a single life annuity at Social Security Retirement Age.

Maximum Annual Plan Compensation

The annual compensation that may be used to determine Plan benefits is limited by Internal Revenue Code Section 401(a)(17). For 2022, this amount is \$305,000.

For determining funding amounts, no future increases in the maximum annual retirement benefit and the maximum annual Plan compensation have been reflected.

El Camino Hospital Cash Balance Plan

EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Summary of Plan Provisions (continued)

Termination of Plan

In the event of termination of the Plan, funds are to be distributed, to the extent available, in the following order, in accordance with the requirements of the Section 4044 of ERISA:

- a) benefits in "pay status" 3 years or those which could have been in pay status 3 years based on the Plan in effect 5 years prior to termination,
- b) other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC),
- c) vested benefits in excess of those insured by the PBGC, and
- d) all other benefits.

Administration

Through the Plan Committee appointed by the Board of Directors.

Funding of Plan

Through a Trust with Wells Fargo Bank.

Summary of Changes from the January 1, 2023 Valuation

None.

El Camino Hospital Cash Balance Plan
Employer Identification Number: 94-3167314, Plan Number: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Mutual Funds			
	VANGUARD INSTITUTIONAL INDEX FUND	Mutual Fund; Shares: 122,713.884	\$ 22,344,077	\$ 58,765,225
	METROPOLITAN WEST TOTAL RETURN BOND	Mutual Fund; Shares: 4,894,150.951	49,239,081	40,719,336
	DODGE & COX INCOME FD COM #147	Mutual Fund; Shares: 3,521,690.162	48,358,641	43,598,524
	BNY MELLON INTERNATIONAL STOCK FUND	Mutual Fund; Shares: 914,982.679	14,100,987	20,852,455
	TOUCHSTONE SANDS CAPITAL SELECT GROWTH FUND	Mutual Fund; Shares: 1,330,008.967	17,000,893	23,900,261
	CAUSEWAY INTERNATIONAL VALUE FUND	Mutual Fund; Shares: 1,698,951.887	28,630,373	31,532,547
	CONESTOGA SMALL CAP FUND CLASS INST	Mutual Fund; Shares: 120,792.775	4,848,092	9,603,026
	HARDING LOEVNER INSTITUTIONAL EMERGING MARKETS FUND	Mutual Fund; Shares: 1,058,925.825	21,465,269	17,556,990
	Total Mutual Funds		205,987,413	246,528,364
	Common Stock			
	AECOM	Common Stock; Shares: 1,981	98,467	211,610
	AIR PRODS & CHEMS INC COM	Common Stock; Shares: 4,817	1,252,142	1,397,123
	ALPHABET INC CL A	Common Stock; Shares: 4,636	494,860	877,595
	AMERICAN EXPRESS CO	Common Stock; Shares: 3,107	240,774	922,127
	AMERICAN INTERNATIONAL GROUP, INC	Common Stock; Shares: 12,022	499,948	875,202
	APTIV PLC	Common Stock; Shares: 10,924	1,118,235	660,684
	ARAMARK	Common Stock; Shares: 10,910	252,867	407,052
	AVANTOR INC	Common Stock; Shares: 46,633	1,028,066	982,557
	AXALTA COATING SYSTEMS	Common Stock; Shares: 15,255	473,924	522,026
	BANK N S HALIFAX	Common Stock; Shares: 12,378	581,245	664,946
	BANK OF AMERICA CORP	Common Stock; Shares: 30,757	1,210,668	1,351,770
	BROADCOM INC	Common Stock; Shares: 936	25,555	217,002
	CARNIVAL CORP	Common Stock; Shares: 60,403	966,676	1,505,243
	COGNIZANT TECH SOLUTIONS CRP COM	Common Stock; Shares: 5,198	299,687	399,726
	COMCAST CORP CLASS A	Common Stock; Shares: 25,619	1,026,755	961,481
	CRH PLC	Common Stock; Shares: 8,367	491,614	774,115
	ELECTRONIC ARTS INC	Common Stock; Shares: 3,626	446,870	530,484
	ELEVANCE HEALTH INC	Common Stock; Shares: 1,584	288,766	584,338
	ENBRIDGE INC	Common Stock; Shares: 22,146	821,466	939,655
	ENTERGY CORP NEW COM	Common Stock; Shares: 19,956	1,012,943	1,513,064
	EXXON MOBIL CORPORATION	Common Stock; Shares: 9,783	828,259	1,052,357
	FIDELITY NATL INFORMATION SVCS INC	Common Stock; Shares: 14,934	1,165,325	1,206,219
	FORTIVE CORP	Common Stock; Shares: 3,479	261,838	260,925
	HALLIBURTON CO	Common Stock; Shares: 28,151	851,280	765,426
	HESS CORP	Common Stock; Shares: 5,740	351,255	763,477
	HUNT J B RANS SVCS INC	Common Stock; Shares: 4,327	557,171	738,446
	JACOBS SOLUTIONS INC	Common Stock; Shares: 5,065	573,499	676,785
	JOHNSON CONTROLS INTERNATIONAL PLC	Common Stock; Shares: 12,934	876,009	1,020,881
	KEURIG DR PEPPER INC	Common Stock; Shares: 40,594	1,284,852	1,303,879
	LAS VEGAS SANDS CORP	Common Stock; Shares: 23,871	1,156,233	1,226,015

El Camino Hospital Cash Balance Plan
Employer Identification Number: 94-3167314, Plan Number: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	LITHIA MOTORS INC CL A COM	Common Stock; Shares: 2,852	845,313	1,019,390
	M&T BANK CORPORATION COM	Common Stock; Shares: 2,190	346,419	411,742
	MEDTRONIC, PLC	Common Stock; Shares: 8,223	709,257	656,853
	MERCK & CO INC NEW	Common Stock; Shares: 7,970	606,957	792,856
	MICROCHIP TECHNOLOGY INC COM	Common Stock; Shares: 7,390	427,228	423,817
	ORACLE CORPORATION	Common Stock; Shares: 6,389	354,293	1,064,663
	PERMIAN RESOURCES CORP CL A	Common Stock; Shares: 37,549	533,799	539,955
	PHILLIPS 66	Common Stock; Shares: 5,068	385,105	577,397
	PINNACLE WEST CAP CORP	Common Stock; Shares: 9,726	721,240	824,473
	PROLOGIS, INC	Common Stock; Shares: 3,893	420,735	411,490
	PUBLIC STORAGE INC COM	Common Stock; Shares: 2,528	676,538	756,984
	QUALCOMM INC	Common Stock; Shares: 5,969	560,393	916,958
	SANOFI-AVENTIS	Common Stock; Shares: 18,783	915,335	905,904
	UNITEDHEALTH GROUP INC	Common Stock; Shares: 1,942	297,299	982,380
	US BANCORP	Common Stock; Shares: 14,360	610,418	686,839
	VICI PROPERTIES INC	Common Stock; Shares: 29,591	795,549	864,353
	WELLS FARGO & CO	Common Stock; Shares: 11,477	438,025	806,144
	WILLIS TOWERS WATSON PUB LTDCO	Common Stock; Shares: 2,103	435,020	658,744
	WYNN RESORTS LTD	Common Stock; Shares: 7,042	686,216	606,739
	XCEL ENERGY INC	Common Stock; Shares: 14,324	919,080	967,155
	Total Common Stock		<u>32,221,468</u>	<u>40,187,046</u>
	Pooled, Common & Collective Trusts			
	WELLINGTON CIF SMALL CAP VALUE	Pooled investments; 755,827.272 shares	<u>6,619,716</u>	<u>13,022,904</u>
	Total Pooled, Common & Collective Trusts		<u>6,619,716</u>	<u>13,022,904</u>
	Limited Liability Company			
	POINTER OFFSHORE III, LTD	Pooled investments; 17,900,000 shares	17,900,000	32,162,720
	LIGHTHOUSE DIVERSIFIED FUND LIMITED CLASS G2	Pooled investments; 23,792.059 shares	<u>21,000,000</u>	<u>35,154,520</u>
	Total Limited Liability Company		<u>38,900,000</u>	<u>67,317,240</u>
	Partnerships			
	WALTON STREET REAL ESTATE FUND VIII, LP	Pooled investments; 410,262.46 shares	410,262	3,787,376
	OAKTREE REAL ESTATE OPPORTUNITIES FUND VI	Pooled investments; 1 share	-	1,476,942
	WALTON STREET REAL ESTATE PARTNERS LP	Pooled investments; 1,979,598.95	<u>1,979,599</u>	<u>746,170</u>
	Total Partnerships		<u>2,389,861</u>	<u>6,010,488</u>
	Corporate Bonds			
	AMERICREDIT AUTOMOBILE RECEIVABLES	Mortgage Backed Obligation; Maturity Date: 04/19/2027; 6.190%; Shares: 11,673.130	11,673	11,729
	BMW VEHICLE LEASE TRUST	Mortgage Backed Obligation; Maturity Date: 09/25/2026; 5.990%; Shares: 14,027.530	14,027	14,120
	CNH EQUIPMENT TRUST	Corporate Backed Obligation; Maturity Date: 12/15/2026; 0.810%; Shares: 5,569.420	5,569	5,491
	FED NATL MTG ASSN POOL #MA3932043	US Government Mortgage Pool; Maturity Date: 01/01/2035; 3.500%; Shares: 12,675.660	13,242	12,055
	FORD CREDIT AUTO OWNER TRUST	Corporate Backed Obligation; Maturity Date: 06/15/2026; 1.290%; Shares: 4,041.280	4,041	4,012
	GM FINANCIAL REVOLVING	Corporate Backed Obligation; Maturity Date: 06/12/2034; 1.560%; Shares: 20,000	<u>19,996</u>	<u>18,873</u>
	Total Corporate Bonds		<u>68,548</u>	<u>66,280</u>

El Camino Hospital Cash Balance Plan
Employer Identification Number: 94-3167314, Plan Number: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	U.S. Government Securities			
	U.S. TREASURY NOTE	US Government; Maturity Date: 04/30/2026; 4.875%; Shares: 1,270,000	1,280,419	1,279,868
	U.S. TREASURY NOTE	US Government; Maturity Date: 04/30/2029; 4.625%; Shares: 1,185,000	1,208,044	1,196,352
	U.S. TREASURY NOTE	US Government; Maturity Date: 02/15/2025; 1.5%; Shares: 995,000	986,214	991,518
	Total U.S. Government Securities		<u>3,474,677</u>	<u>3,467,738</u>
	Short-Term Investment Funds			
*	PRINCIPAL SHORT-TERM INVESTMENT FUND N	Cash and cash equivalents	<u>9,907,587</u>	<u>9,907,587</u>
			<u>\$ 299,569,270</u>	<u>\$ 386,507,647</u>

* Indicates party-in-interest.