

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>PERMANENTE PHYSICIANS RETIREMENT PLAN FOR HPMG, INC.</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HAWAII PERMANENTE MEDICAL GROUP, INC.</u> <u>C/O KAISER FOUNDATION HEALTH PLAN</u> <u>ONE KAISER PLAZA, 20TH FLOOR</u> <u>20B</u> <u>OAKLAND, CA 94612</u>	1c Effective date of plan <u>01/01/1965</u> 2b Employer Identification Number (EIN) <u>99-0104820</u> 2c Plan Sponsor's telephone number <u>510-271-5940</u> 2d Business code (see instructions) <u>621112</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2025	MARYANN KHINDA-LOMBARDO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor KAISER FOUNDATION HEALTH PLAN, INC. ONE KAISER PLAZA, 20TH FLOOR 20B OAKLAND, CA 94612	3b Administrator's EIN 94-1340523 3c Administrator's telephone number 510-271-5940
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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
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5 Total number of participants at the beginning of the plan year	5	1119
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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	6a(1)	789
a(2) Total number of active participants at the end of the plan year	6a(2)	809
b Retired or separated participants receiving benefits	6b	116
c Other retired or separated participants entitled to future benefits	6c	225
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	1150
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	10
f Total. Add lines 6d and 6e	6f	1160
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	14

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1E

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) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____</p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>PERMANENTE PHYSICIANS RETIREMENT PLAN FOR HPMG, INC.</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>HAWAII PERMANENTE MEDICAL GROUP, INC.</u>	D Employer Identification Number (EIN) <u>99-0104820</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>411149398</u>
	b Actuarial value	2b	<u>436230994</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>123</u>	<u>63449712</u>
	b For terminated vested participants	<u>207</u>	<u>71025646</u>
	c For active participants	<u>789</u>	<u>208909133</u>
	d Total	<u>1119</u>	<u>343384491</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>5.24 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>20022048</u>
	b Expected plan-related expenses	6b	<u>603388</u>
	c Target normal cost	6c	<u>20625436</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 <u>BLAKE P. MURPHY</u> Signature of actuary <u>AON CONSULTING, INC.</u> Type or print name of actuary <u>MSC# 17819, AON</u> <u>P.O. BOX 19640</u> <u>IRVINE, CA 92623</u> Firm name Address of the firm	<u>09/11/2025</u> Date <u>23-05322</u> Most recent enrollment number <u>949-725-4500</u> Telephone number (including area code)
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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 V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

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

22 Weighted average retirement age **22** 63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	20625436
b Excess assets, if applicable, but not greater than line 31a	31b	7926146

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	12699290
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	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** 12699290

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 23846127

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	11146837
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan PERMANENTE PHYSICIANS RETIREMENT PLAN FOR HPMG, INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HAWAII PERMANENTE MEDICAL GROUP, INC.	D Employer Identification Number (EIN) 99-0104820	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

(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: AUDTIOR	
d Address: 635 CAMPBELL TECHNOLOGY PKWY 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.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>PERMANENTE PHYSICIANS RETIREMENT PLAN FOR HPMG, INC.</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>HAWAII PERMANENTE MEDICAL GROUP, INC.</u>	D Employer Identification Number (EIN) <u>99-0104820</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>KAISER PERMANENTE GROUP TRUST</u>		
b Name of sponsor of entity listed in (a): <u>KAISER PERMANENTE MED CARE PROGRAM</u>		
c EIN-PN <u>94-6365467-101</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>471618532</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PERMANENTE PHYSICIANS RETIREMENT PLAN FOR HPMG, INC.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HAWAII PERMANENTE MEDICAL GROUP, INC.	D Employer Identification Number (EIN) 99-0104820

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)	35400000	26000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	435506451	471618532
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	470906451	497618532
Liabilities			
g Benefit claims payable.....	1g	1638500	6381422
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1638500	6381422
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	469267951	491237110

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)	26000000	
(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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(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)		
(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)		17581605
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		43581605

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	21612446	
(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)		21612446
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)		
(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)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		21612446

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		21969159
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		85000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 548324.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>PERMANENTE PHYSICIANS RETIREMENT PLAN FOR HPMG, INC.</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HAWAII PERMANENTE MEDICAL GROUP, INC.</u>	D Employer Identification Number (EIN) <u>99-0104820</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	
---	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 20-1932099

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		7
---	--	---

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	0
b Enter the amount contributed by the employer to the plan for this plan year	6b	0
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: 13.0 % Private Equity: 61.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 0.0 %
 High-Yield Debt: 17.0 % Real Assets: 4.0 % Cash or Cash Equivalents: 0.0 % Other: 5.0 %

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Report of Independent Auditors and
Financial Statements with
Supplemental Schedules

**Permanente Physicians Retirement Plan for
Hawaii Permanente Medical Group, Inc.
Trust No. 15117 and No. 15118**

December 31, 2024 and 2023

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All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Report of Independent Auditors

The Investment Committee of
Permanente Physicians Retirement Plan for
Hawaii Permanente Medical Group, Inc.
Trust No. 15117 and No. 15118

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Permanente Physicians Retirement Plan for Hawaii Permanente Medical Group, Inc., an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Permanente Physicians Retirement Plan for Hawaii Permanente Medical Group, Inc., as of December 31, 2024 and 2023, and the changes in its net assets available for benefits 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 Permanente Physicians Retirement Plan for Hawaii Permanente Medical Group, Inc., 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 Permanente Physicians Retirement Plan for Hawaii Permanente Medical Group, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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 Permanente Physicians Retirement Plan for Hawaii Permanente Medical Group, Inc.'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 Permanente Physicians Retirement Plan for Hawaii Permanente Medical Group, Inc.'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.

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 the 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 is 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 6, 2025

Financial Statements

**Permanente Physicians Retirement Plan for
Hawaii Permanente Medical Group, Inc.
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023**

	2024	2023
Assets		
Investments, at fair value		
Investment in group trust	\$ 414,032,112	\$ 378,593,450
Receivable		
Employer contribution	26,000,000	35,400,000
Net assets held in 401(h) account	57,586,420	56,913,001
Total assets	497,618,532	470,906,451
Liabilities		
Amounts related to obligations of 401(h) account	57,586,420	56,913,001
Total liabilities	57,586,420	56,913,001
Net assets available for benefits	\$ 440,032,112	\$ 413,993,450

See accompanying notes.

**Permanente Physicians Retirement Plan for
Hawaii Permanente Medical Group, Inc.
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in fair value of investment in group trust	\$ 11,715,262	\$ 14,778,241
Interest and dividends	<u>4,779,144</u>	<u>5,963,044</u>
Total investment income	16,494,406	20,741,285
Contributions		
Employer	<u>26,000,000</u>	<u>35,400,000</u>
Total additions	42,494,406	56,141,285
Deductions		
Retirement benefits paid	15,148,323	23,526,107
Administrative expenses	<u>1,307,421</u>	<u>793,017</u>
Total deductions	<u>16,455,744</u>	<u>24,319,124</u>
Net increase	26,038,662	31,822,161
Net assets available for benefits		
Beginning of year	<u>413,993,450</u>	<u>382,171,289</u>
End of year	<u><u>\$ 440,032,112</u></u>	<u><u>\$ 413,993,450</u></u>

See accompanying notes.

Permanente Physicians Retirement Plan for Hawaii Permanente Medical Group, Inc. Notes to Financial Statements

Note A – Description of the Plan

The following description of the Permanente Physicians Retirement Plan for Hawaii Permanente Medical Group, Inc. (the Plan), provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General – The Plan is a defined benefit plan established effective January 1, 1965. The Plan provides income and financial security for certain employees who meet specified requirements. Retirement benefits are based on the participant's compensation and years of credited service. Participants become vested upon completion of five years of service or, if earlier, the attainment of age 65. Refer to the Plan document for pension benefit formula used for retirement benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Benefits are payable via one of several forms of payment, including single life annuity, joint and survivor annuity, or lump sum. If a vested participant dies prior to retirement, a death benefit is paid to the participant's spouse or beneficiary.

401(h) account – The Plan includes a medical-benefit component in addition to the normal retirement benefits to fund a portion of the postretirement obligations for retirees and their beneficiaries in accordance with Section 401(h) of the Internal Revenue Code (IRC). A separate account (Trust No. 15118) has been established and maintained in the Plan for the net assets related to the medical-benefit component (401(h) account). In accordance with IRC Section 401(h), the Plan's investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. Plan participants do not contribute to the 401(h) account. Employer contributions to the 401(h) account are determined annually and are at the discretion of the Plan Sponsor.

Trustee – State Street Bank & Trust Company (State Street) is the trustee of the Kaiser Permanente Group Trust (Group Trust, a 103-12 investment entity). The Group Trust holds the Defined Benefit Investment Fund (the Fund) for which the Plan participates together with other defined benefit plans sponsored by Kaiser Foundation Health Plan, Inc., independent medical groups, and a related party associated with the medical groups.

Note B – Significant Accounting Policies

Basis of accounting – The accompanying financial statements are prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles (GAAP).

Use of estimates – The preparation of financial statements in accordance with GAAP requires plan management to make estimates and assumptions that affect certain reported amounts in the financial statements and accompanying notes. Accordingly, actual results may differ from those estimates.

Permanente Physicians Retirement Plan for Hawaii Permanente Medical Group, Inc. Notes to Financial Statements

Actuarial present value of accumulated plan benefits – The accumulated plan benefits (see Note D – Funding and Actuarial Matters) represent the actuarial present value as of the valuation date of those estimated future benefits that are attributed to employee services rendered through the valuation date. Such benefits include future benefits expected to be paid to or for (1) currently retired employees and their beneficiaries and dependents; and (2) certain active employees and their beneficiaries and dependents after retirement from service with the Company. Benefits are based on employees' salary and years of credited service through the valuation date.

Investment valuation and income recognition – 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 in an orderly transaction between market participants at the measurement date (see Note C – Fair Value Measurements).

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

Payment of retirement benefits – Retirement benefits are recorded when paid.

Administrative expenses – Administrative expenses paid by the Plan consist primarily of investment advisor and trustee fees, actuarial and audit fees, pension calculation and benefit administration fees, and premiums paid to the Pension Benefit Guaranty Corporation (PBGC). Certain employee and administrative costs are also paid by the Plan.

Subsequent events – Plan management considers events and transactions that occur after the statements of net assets available for benefits date, but before the financial statements are available to be issued, to provide additional evidence to certain estimates or to identify matters that require additional disclosure to, or adjustments in, the financial statements.

Effective January 1, 2025, the Plan entered into an administrative service agreement with Fidelity Workplace Services LLC to perform the calculation and processing of benefit payments.

Subsequent events have been evaluated through October 6, 2025, the date that these financial statements were available to be issued.

Note C – Fair Value Measurements

The framework for measuring fair value provides a fair value 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 measurements), and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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.

Permanente Physicians Retirement Plan for Hawaii Permanente Medical Group, Inc. Notes to Financial Statements

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

The following is a description of the valuation methodology used for investments measured at fair value. There have been no changes in the methodology used as of December 31, 2024 and 2023:

- Investment in the Group Trust is stated at fair value as determined by the net asset value practical expedient (NAV practical expedient) of the issuers based on the unit values of the underlying investments. Unit values are determined by dividing the funds' net assets, which represent the unadjusted prices in primarily active markets of the underlying investments, by the number of units outstanding at the valuation date. The underlying investments are comprised of a variety of asset classes that are both privately held and publicly traded on exchanges or over-the-counter. The private assets are generally valued on a monthly or quarterly basis based on information provided by fund managers or general partners with an annual audit performed by an independent third party, while the publicly traded assets have readily observable price quotes in active markets.

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

Transfers between levels – The Plan recognizes any transfers between levels in the fair value hierarchy as of the end of the reporting period. There were no transfers between levels for the years ended December 31, 2024 and 2023.

**Permanente Physicians Retirement Plan for
Hawaii Permanente Medical Group, Inc.
Notes to Financial Statements**

Note D – Funding and Actuarial Matters

The following funding and actuarial information relates to the retirement benefit portion of the Plan (Trust No. 15117).

Employer contributions, as certified by an independent actuary, are made annually in amounts that satisfy the funding standards of ERISA. Employer contributions of \$26,000,000 and \$35,400,000 were made for the years ended December 31, 2024 and 2023, respectively, and have met the minimum funding requirements.

The significant assumptions underlying the actuarial computations for the January 1, 2024 and 2023 valuations are as follows:

	2024	2023
Actuarial Method	Standard Unit Credit Method	Standard Unit Credit Method
Interest Rate	5.2% per annum	5.4% per annum
Mortality	Based upon the 2024 Generational Mortality Table for annuitant and nonannuitant rates.	Based upon the 2023 Static Mortality Table based on separate annuitant and nonannuitant rates.
Turnover	Combined rates have been assumed to range from 16.5% at age 25 to 6.0% at age 60 for both male and female provider employees; 20.8% at age 25 to 6.0% at age 60 for both male and female salaried exempt transfers employees; 17.5% at age 25 to 6.0% at age 60 for both male and female nonexempt transfers employees.	Combined rates have been assumed to range from 16.5% at age 25 to 6.0% at age 60 for both male and female provider employees; 20.8% at age 25 to 6.0% at age 60 for both male and female salaried exempt transfers employees; 17.5% at age 25 to 6.0% at age 60 for both male and female nonexempt transfers employees.
Age at Retirement	Retirement is assumed to occur at various ages starting at age 55 with 100% retirement assumed at age 70.	Retirement is assumed to occur at various ages starting at age 55 with 100% retirement assumed at age 70.

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. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, 2023, there would be no material differences.

**Permanente Physicians Retirement Plan for
Hawaii Permanente Medical Group, Inc.
Notes to Financial Statements**

The actuarial present value of accumulated plan benefits as of December 31, 2023, based on the above actuarial assumptions, is as follows:

Vested benefits	
Participant or beneficiaries currently receiving payments	\$ 63,449,712
Other participants	<u>279,934,779</u>
	343,384,491
Nonvested benefits	<u>20,311,245</u>
	363,695,736
Total actuarial present value of accumulated plan benefits	<u><u>\$ 363,695,736</u></u>

The changes in actuarial present value of accumulated plan benefits are as follows:

Actuarial present value of accumulated plan benefits as of December 31, 2022	<u>\$ 340,875,297</u>
Increase (decrease) during the year attributable to	
Interest accumulation	16,001,285
Benefits paid	(23,526,107)
Assumption changes	8,005,020
Other changes (1)	<u>22,340,241</u>
	<u>22,820,439</u>
Actuarial present value of accumulated plan benefits as of December 31, 2023	<u><u>\$ 363,695,736</u></u>

(1) The "Other Changes" component represents the normal operation of the pension plan. It consists primarily of the increase due to ongoing benefit accruals (if any) and those items of plan experience that are not associated with plan asset performance.

Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service employees have rendered. The actuarial present value of accumulated plan benefits is determined by applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money.

Note E – Plan Obligations

In accordance with GAAP, benefits due to terminated participants that have been processed and approved for payment prior to December 31, but not yet paid as of that date, are included in net assets available for benefits. Such benefit claims amounted to \$6,381,422 and \$1,638,500 at December 31, 2024 and 2023, respectively.

Permanente Physicians Retirement Plan for Hawaii Permanente Medical Group, Inc. Notes to Financial Statements

Note F – Risk and Uncertainties

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

The underlying assets in the Group Trust include funds that invest in securities of foreign companies, which involve special risks and considerations not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, and possible adverse political and economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices more volatile than securities of comparable U.S. companies.

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

Note G – Plan Termination

Should the Plan terminate at some future time, its net assets may not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits, and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

Note H– Tax Status

The Plan obtained its latest determination letter dated October 26, 2015, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. Therefore, the related trust is exempt from taxation. The Plan has been subsequently amended. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan administrator believes the Plan is 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.

**Permanente Physicians Retirement Plan for
Hawaii Permanente Medical Group, Inc.
Notes to Financial Statements**

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken, and has concluded that as of December 31, 2024 and 2023, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability (or asset), or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note I – Party-in-Interest Transactions

Certain underlying assets of the Fund are managed by State Street. State Street is the trustee of the Plan. Therefore, transactions with the trustee qualify as exempt party-in-interest transactions.

Note J – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per financial statements to Form 5500 at December 31, 2024 and 2023:

	2024	2023
Net assets available for benefits per financial statements	\$ 440,032,112	\$ 413,993,450
Amounts allocated to withdrawing participants	(6,381,422)	(1,638,500)
Net assets held in 401(h) account included as assets in Form 5500	57,586,420	56,913,001
Net assets available for benefits per Form 5500	\$ 491,237,110	\$ 469,267,951

Amounts allocated to withdrawing participants are recorded on Form 5500 for benefit claims that have been processed and approved for payment prior to December 31, but not yet paid as of that date. Amounts allocated to withdrawing participants also represent lump sum benefits requested for payment by participants, processed and calculated by an actuary during the year, but paid subsequent to year-end.

The net assets of the 401(h) account included in Form 5500 are not available to pay pension benefits, but can be used only to pay retiree health benefits.

**Permanente Physicians Retirement Plan for
Hawaii Permanente Medical Group, Inc.
Notes to Financial Statements**

The following is a reconciliation of the changes in net assets available for benefits per financial statements to Form 5500 for the years ended December 31, 2024 and 2023:

	2024					
	Amounts per Financial Statements	End of Year Benefit Obligation Payable	401(h)	Beginning of Year Benefit Obligation Payable	Form 5500 Reclassification	Amounts per Form 5500
Investment income (loss)	\$ 16,494,406	\$ -	\$ 2,555,022	\$ -	\$ (19,049,428)	\$ -
Contributions from employer	26,000,000	-	-	-	-	26,000,000
Net investment gain (loss) from 103-12 investment entities	-	-	-	-	17,581,605	17,581,605
Retirement benefits paid	15,148,323	6,381,422	1,721,201	(1,638,500)	-	21,612,446
Administrative expenses	1,307,421	-	160,402	-	(1,467,823)	-
	2023					
Amounts per Financial Statements	End of Year Benefit Obligation Payable	401(h)	Beginning of Year Benefit Obligation Payable	Form 5500 Reclassification	Amounts per Form 5500	
Investment income (loss)	\$ 20,741,285	\$ -	\$ 3,246,311	\$ -	\$ (23,987,596)	\$ -
Contributions from employer	35,400,000	-	-	-	-	35,400,000
Net investment gain (loss) from 103-12 investment entities	-	-	-	-	23,110,031	23,110,031
Retirement benefits paid	23,526,107	1,638,500	2,158,403	(10,178)	-	27,312,832
Administrative expenses	793,017	-	84,548	-	(877,565)	-

Supplemental Schedules

**Permanente Physicians Retirement Plan for
Hawaii Permanente Medical Group, Inc.
Employer Identification Number: 99-0104820, Plan Number: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
*	Defined Benefit Investment Fund	Investment in group trust (Trust No. 15117)	\$ 399,308,361	\$ 414,032,112
*	Defined Benefit Investment Fund	Investment in group trust (Trust No. 15118)	<u>55,148,978</u>	<u>57,586,420</u>
Total investments per Form 5500			<u>\$ 454,457,339</u>	<u>\$ 471,618,532</u>

* Represents a party-in-interest as defined by ERISA.

Permanente Physicians Retirement Plan for Hawaii Permanente Medical Group, Inc.
Employer Identification Number: 99-0104820, Plan Number: 001
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<u>Category (i) - Single transaction in excess of 5% of the value of the Plan's assets</u>								
Defined Benefit								
Investment Fund*	Investment in group trust	\$ 28,000,000	-	N/A	-	\$ 28,000,000	\$ 28,000,000	-
<u>Category (iii) - A series of transactions in a security issue aggregating 5% of the value of the Plan's assets</u>								
Defined Benefit								
Investment Fund*	Investment in group trust	35,415,918	-	N/A	-	35,415,918	35,415,918	-

There were no category (ii) or (iv) reportable transactions for the year ended December 31, 2024.

* Represents a party-in-interest as defined by ERISA.

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.

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Permanente Physicians Retirement Plan for HPMG, Inc.
 EIN: 99-0104820 PN: 001

Schedule SB, line 19—Discounted Employer Contributions
 Year applied for contributions: 2024

Date	Amount	Interest Rate	Days to Discount to 1/1/2024	Interest Adjusted Contribution
September 11, 2025	\$ 26,000,000	5.24%	619	\$ 23,846,127
Total Contribution	\$ 26,000,000			\$ 23,846,127

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Permanente Physicians Retirement Plan for HPMG, Inc.
 EIN: 99-0104820 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) x (b) x (c)
55.5	3.00%	1.0000	1.67
56.5	3.00%	0.9700	1.64
57.5	6.00%	0.9409	3.25
58.5	6.00%	0.8844	3.10
59.5	6.00%	0.8314	2.97
60.5	25.00%	0.7815	11.82
61.5	15.00%	0.5861	5.41
62.5	15.00%	0.4982	4.67
63.5	20.00%	0.4235	5.38
64.5	20.00%	0.3388	4.37
65.5	25.00%	0.2710	4.44
66.5	25.00%	0.2033	3.38
67.5	25.00%	0.1525	2.57
68.5	25.00%	0.1143	1.96
69.5	25.00%	0.0858	1.49
70.0	100.00%	0.0643	4.50
Weighted Average			62.61

Schedule SB Attachment (Form 5500)—2024 Plan Year
Permanente Physicians Retirement Plan for HPMG, Inc.
EIN: 99-0104820 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption change which was reviewed in detail in the annual valuation results meeting to better reflect anticipated future experience:

Expected Return on Assets	Changed from 6.25% as of January 1, 2023 to 6.50% as of January 1, 2024.
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Since this change to a non-prescribed assumption did not result in reduction in funding shortfall, IRS approval was not required.

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Permanente Physicians Retirement Plan for HPMG, Inc.
 EIN: 99-0104820 PN: 001

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

Attained Age	Number of Participants and Average Compensation									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		1								
25-29	2	7								
30-34	2	30 \$164,780	5							
35-39	3	56 \$183,630	40 \$182,355	1						
40-44	8	51 \$182,690	49 \$188,913	9						
45-49		42 \$180,392	47 \$185,035	33 \$197,380	14					
50-54	3	24 \$168,822	28 \$188,263	30 \$190,794	17	13	2			
55-59	4	16	25 \$155,391	17	15	17	6	1		
60-64		10	10	12	3	7	2	5		
65-69	6	7	4	4	4	4	3	5		
70+	1	2	2	2	2	2	1	3		

Excludes active transfers

N-719

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Permanente Physicians Retirement Plan for HPMG, Inc.
 EIN: 99-0104820 PN: 001

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

Plan Year	Active Participants	Terminated Vested Participants	Retire	Total
			Participants & Beneficiaries Receiving Payments	
2024	1,285,676	2,611,388	5,685,387	9,582,450
2025	2,640,741	3,112,532	5,584,510	11,337,782
2026	4,122,900	3,259,927	5,479,525	12,862,352
2027	5,629,753	3,858,915	5,368,355	14,857,022
2028	7,029,491	4,143,033	5,252,071	16,424,596
2029	8,732,945	4,387,449	5,131,497	18,251,891
2030	10,150,102	4,378,576	5,002,139	19,530,817
2031	11,811,438	4,476,260	4,848,603	21,136,301
2032	13,228,323	4,660,724	4,697,744	22,586,790
2033	14,433,292	4,809,432	4,537,670	23,780,394
2034	15,559,908	4,875,478	4,363,422	24,798,807
2035	16,656,580	4,857,748	4,165,993	25,680,321
2036	17,747,301	4,884,670	3,974,673	26,606,645
2037	18,680,534	5,053,415	3,785,596	27,519,545
2038	19,464,737	5,096,215	3,574,003	28,134,955
2039	20,170,831	5,107,385	3,365,534	28,643,750
2040	20,732,795	5,131,362	3,155,332	29,019,489
2041	21,127,394	5,120,451	2,941,225	29,189,070
2042	21,308,576	5,062,924	2,676,704	29,048,205
2043	21,416,458	5,038,347	2,454,998	28,909,803
2044	21,446,046	4,933,188	2,240,356	28,619,591
2045	21,378,361	4,898,699	2,029,350	28,306,410
2046	21,243,139	4,735,381	1,823,901	27,802,420
2047	20,960,902	4,560,626	1,625,892	27,147,419
2048	20,559,464	4,398,751	1,437,043	26,395,258
2049	20,067,828	4,196,781	1,258,903	25,523,512
2050	19,521,523	4,020,238	1,092,796	24,634,557
2051	18,869,291	3,796,537	939,774	23,605,602
2052	18,147,118	3,574,652	800,569	22,522,338
2053	17,359,463	3,330,339	675,546	21,365,348
2054	16,535,019	3,080,620	564,777	20,180,416
2055	15,659,505	2,833,425	467,976	18,960,906
2056	14,753,161	2,594,808	384,548	17,732,517
2057	13,810,819	2,360,407	313,674	16,484,901
2058	12,854,825	2,135,888	254,307	15,245,020
2059	11,904,629	1,926,447	205,254	14,036,330
2060	10,955,369	1,727,666	165,282	12,848,317
2061	10,026,628	1,541,759	133,138	11,701,525
2062	9,121,270	1,370,059	107,620	10,598,950
2063	8,249,004	1,212,472	87,619	9,549,094
2064	7,415,310	1,068,622	72,111	8,556,043
2065	6,624,121	937,918	60,210	7,622,249
2066	5,879,899	819,630	51,159	6,750,688
2067	5,185,295	712,948	44,327	5,942,570
2068	4,542,411	617,053	39,204	5,198,669
2069	3,952,265	531,163	35,379	4,518,806
2070	3,415,037	454,526	32,523	3,902,086
2071	2,930,097	386,431	30,381	3,346,910
2072	2,495,971	326,215	28,754	2,850,940
2073	2,110,489	273,264	27,489	2,411,242

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

For ERISA and ASC 960 Requirements

Interest Rates for Minimum Funding and ASC 960 Purposes Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA.

1st Segment Rate	4.75%.
2nd Segment Rate	4.87%.
3rd Segment Rate	5.59%.

Interest Rates for Maximum Tax Purposes Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization.

1st Segment Rate	3.62%.
2nd Segment Rate	4.46%.
3rd Segment Rate	4.52%.

Lump Sum Interest Rate Same as funding interest rates above.

Salary Increases Sample annual increases in salary are shown below:

For Providers:

Age	Rate
25	7.00%
30	5.35%
35	5.10%
40	4.00%
45	3.00%
50	3.00%
55	3.00%
60	3.00%
65	3.00%

For Salaried Exempt and Non-Exempt:

Age	Salaried Exempt	Non-Exempt
25	8.25%	7.00%
30	6.05%	5.80%
35	5.30%	4.60%
40	4.60%	4.35%
45	4.35%	4.06%
50	4.10%	3.91%
55	3.85%	3.76%
60	3.60%	3.60%
65	3.25%	3.50%

Schedule SB Attachment (Form 5500)—2024 Plan Year
Permanente Physicians Retirement Plan for HPMG, Inc.
EIN: 99-0104820 PN: 001

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

Optional Payment Form Election Percentage	Lump sum: 70% for Providers, 60% for Salaried Exempt and Non-Exempt. Joint and survivor pop up annuity or equivalent: 10% for Providers, 10% for Salaried Exempt and Non-Exempt. Life annuity or equivalent: 20% for Providers, 30% for Salaried Exempt and Non-Exempt.
Retirement Age	
Active Participants	See Table A.
Terminated Vested Participants	Age 60 if eligible for early retirement with unreduced retirement benefits. Age 63 if eligible for early retirement with reduced retirement benefits. Age 65 for all others.
Mortality Rates	
Healthy and Disabled	2024 generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(b).
Withdrawal Rates	See Table B.
Disability Rates	See Table C.
Surviving Spouse Benefit	It is assumed that 75% of males and 65% of females have an eligible spouse. Wives are assumed to be two years younger than their husbands.
Benefit and Compensation Limits	Benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the 401(a)(17) compensation limit of \$345,000.
Valuation of Plan Assets	3-year smoothed value.
Expected Return on Assets	
2022 plan year	6.25%, limited to 5.92%.
2023 plan year	6.25%, limited to 5.74%.
2024 plan year	6.50%, limited to 5.59%.
Trust Expenses Included in Target Normal Cost	105% of the prior year's administrative expenses (including the prior year's PBGC premiums). The amount for 2024 is \$603,388.
Actuarial Method	Standard unit credit.
Valuation Date	January 1, 2024.

Schedule SB Attachment (Form 5500)—2024 Plan Year
 Permanente Physicians Retirement Plan for HPMG, Inc.
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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Table A

Retirement Rates

Retirement rates that vary by age and eligibility for unreduced retirement are shown below. Early retirement rates prior to age 55 equal to the ultimate withdrawal rates below:

For Providers:

Age	Not Eligible	Eligible
55-56	3.00%	3.00%
57-59	6.00%	6.00%
60	10.00%	25.00%
61-62	10.00%	15.00%
63	10.00%	20.00%
64	10.00%	20.00%
65-69	25.00%	25.00%
70+	100.00%	100.00%

For Salaried Exempt and Non-Exempt:

Age	Salaried Exempt	Non-Exempt
55-57	7.50%	4.00%
58	8.00%	4.00%
59	11.00%	4.50%
60	11.00%	6.00%
61	15.00%	9.00%
62	16.00%	11.00%
63	18.00%	12.00%
64	22.00%	22.00%
65	28.00%	31.00%
66	25.00%	28.00%
67-69	25.00%	25.00%
70+	100.00%	100.00%

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

Table B

Probabilities of Withdrawal

Sample ultimate rates applicable to employees with five or more years of service are as follows:

Age	Providers	Salaried Exempt	Non-Exempt
25	6.00%	6.93%	5.00%
30	5.50%	6.43%	4.00%
35	5.00%	4.80%	3.00%
40	4.00%	4.50%	2.50%
45	3.60%	4.80%	2.00%
50	3.50%	4.80%	2.50%
55	4.00%	4.80%	2.50%
60	6.00%	6.00%	6.00%

For employees with less than five years of service the above ultimate rates are increased by multiplying by the following percentages:

For Providers:

Years of Service	Factor
Less than 1	275%
1, but less than 2	225%
2, but less than 3	200%
3, but less than 4	150%
4, but less than 5	150%

For Salaried Exempt and Non-Exempt:

Years of Service	Salaried Exempt	Non-Exempt
Less than 1	300%	350%
1, but less than 2	200%	225%
2, but less than 3	175%	175%
3, but less than 4	175%	150%
4, but less than 5	150%	125%

Schedule SB Attachment (Form 5500)—2024 Plan Year
Permanente Physicians Retirement Plan for HPMG, Inc.
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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Table C

Disability Rates

Sample rates are as follows for providers and non-exempt:

Age	Male	Female
35	0.01%	0.02%
40	0.02%	0.04%
45	0.05%	0.07%
50	0.10%	0.12%
55	0.21%	0.19%
60	0.35%	0.27%
65	0.00%	0.00%

Schedule SB, Part V—Summary of Plan Provisions

Permanente Physicians Retirement Plan (019 119 219)

This section provides a brief summary of the benefits under the plan that are being valued. Refer to the official governing documents for further details of the plan's provisions.

Effective Date	January 1, 1965, amended and restated January 1, 2014
Most Recent Amendment	Fourteenth Amendment, signed October 25, 2023
Eligible Employees	Employees of Hawaii Permanente Medical Group, Inc. including Providers and Executives, and effective January 1, 2011 salaried-exempt and non-exempt employees.
Participation	Pre-1/1/2011: Participation begins on hire date. Effective 1/1/2011: Participation begins on the first anniversary of hire if the eligible employee has at least 1,000 hours of employment. Otherwise, participation begins on the first day of the plan year in which the eligible employee has 1,000 hours of employment.
Normal Retirement Eligibility	Age 65.
Monthly Benefit	
Providers Hired Before January 1, 2017 and Executives Hired Before January 1, 2017	The sum of the amounts determined under (1) and (2) below: (1) 5.0% of highest average compensation times years of credited service up to 20 years. (2) 2.5% of highest average compensation times years of credited service over 20 years.
Providers Hired or Rehired After December 31, 2016	2.5% of highest average compensation times years of credited service up to 30 years.
Salaried Exempt Employees (Any Hire Date) and Executives Hired After December 31, 2016	The greater of the amounts under (1) or (2) below: (1) 1.5% of highest average compensation times years of credited service, or (2) \$17.50 times years of credited service.
Non-exempt Employees	1.4% of highest average compensation times years of credited service.
Providers and Executives, Salaried Exempt Employees, and Non-exempt Employees	The monthly benefit will be reduced for any benefits payable from another plan sponsored by certain medical care organizations listed in an appendix to the plan for which service for the same period is included in both this plan and the other plan.

Schedule SB, Part V—Summary of Plan Provisions

Permanente Physicians Retirement Plan (019 119 219)

Early Retirement

Eligibility

Providers (Any Hire Date) and Executives Hired Before January 1, 2017	10 years of service.
Salaried Exempt Employees (Any Hire Date) and Executives Hired After December 31, 2016	Age 55 and 15 years of service, or the sum of years of age plus years of service equals at least 75.
Non-exempt Employees	Age 55 and 15 years of service, or the sum of years of age plus years of service equals at least 70.

Monthly Benefit

Providers (Any Hire Date) and Executives Hired Before January 1, 2017	<p>The accrued normal retirement benefit earned to the participant's termination date, reduced actuarially using the UP-1984 mortality table set back two years for participants and five years for beneficiaries and a 5.5% interest rate.</p> <p>There is no reduction in the accrued normal retirement benefit if:</p> <ol style="list-style-type: none">(1) The participant is age 60 or older with 15 years of service, or(2) The sum of the participant's years of age and years of service equals at least 80 and the benefit commences on or after age 60, or(3) The participant was active on December 31, 2020 and the sum of the participants age and years of service equaled at least 70 as of December 31, 2020, and the benefit commences on or after age 60.
Salaried Exempt Employees (Any Hire Date) and Executives Hired After December 31, 2016	The accrued normal retirement benefit earned to the participant's termination date, reduced based on the participant's age when the benefit commences. The benefit reduces 3% for each year from age 60 to 65 and 5% for each year from age 55 through 60.
Non-exempt Employees	The accrued normal retirement benefit earned to the participant's termination date, reduced actuarially using the UP-1984 mortality table set back five years in age for participants and two years for beneficiaries and a 6% interest rate.

Schedule SB, Part V—Summary of Plan Provisions

Permanente Physicians Retirement Plan (019 119 219)

Postponed Retirement

Eligibility

Termination after normal retirement date.

Monthly Benefit

Greater of the accrued retirement benefit earned to the participant's termination date or an actuarially increased retirement benefit.

Disability Retirement

Eligibility

Providers (Any Hire Date) and
Executives Hired Before January 1, 2017

5 years of service, is eligible to receive disability income from Group's long term disability plan, and is terminated because of disability.

Non-exempt Employees

Termination due to disability after 10 years of service if the participant receives disability income benefit under Title II of the Social Security Act.

Monthly Benefit

Providers (Any Hire Date) and
Executives Hired Before January 1, 2017
and Non-exempt Employees

The accrued normal retirement benefit earned to the participant's disability retirement date, reduced in the same manner as the early retirement benefit.

In-Service Retirement

Eligibility

Providers (Any Hire Date) and
Executives Hired Before January 1, 2017

Participant may elect to begin receipt of retirement benefits while active after age 65.

Monthly Benefit

Providers (Any Hire Date) and
Executives Hired Before January 1, 2017

The Postponed Retirement benefit earned to the participant's In-Service Retirement date.

A participant continues to accrue benefits after commencing In-Service Retirement. When the participant's Service ends, the recalculated Postponed Retirement benefit will be offset by the In-Service Offset.

The In-Service Offset for a participant who received his In-Service Retirement benefit as a lump sum is the unadjusted single life annuity. For a participant who received his In-Service Retirement benefit as an annuity, the In-Service Offset is the sum of the unadjusted annuity payments divided by an annuity factor.

Schedule SB, Part V—Summary of Plan Provisions

Permanente Physicians Retirement Plan (019 119 219)

Vested Termination

Eligibility 5 years of service or age 65 or older.

Monthly Benefit

Providers (Any Hire Date) and Executives Hired Before January 1, 2017 The accrued normal retirement benefit earned to the participant's date of termination, payable at age 65.

Salaried Exempt Employees (Any Hire Date) and Executives Hired After December 31 2016 The accrued normal retirement benefit earned to the participant's termination date, payable at age 65.

A participant who terminates after completing at least 15 years of service, but before age 55, may elect to receive a reduced benefit beginning as early as age 55, or when the participant's years of age plus years of service equal at least 75. The benefit is reduced in the same manner as the early retirement benefit.

Effective January 1, 2026, a terminated participant who has not met 15 years of service and age 55 or age plus years of service equal to at least 75 at commencement, may elect to receive an actuarially equivalent benefit prior to age 65.

Non-exempt Employees The accrued normal retirement benefit earned to the participant's date of termination, payable at age 65.

A participant who terminates after completing at least 15 years of service, but before age 55, may elect to receive a reduced benefit beginning as early as age 55, or when the participant's years of age plus years of service equal at least 70. The benefit is reduced in the same manner as the early retirement benefit.

Schedule SB, Part V—Summary of Plan Provisions

Permanente Physicians Retirement Plan (019 119 219)

In-Service Death Benefits

Eligibility

Providers (Any Hire Date) and
Executives Hired Before January 1, 2017

Any vested participant who is married or has a domestic partner (including civil unions) and who is employed within the controlled group or any medical group organization listed as an appendix to the plan at the date of death.

Salaried Exempt Employees (Any Hire Date)
and Executives Hired After
December 31, 2016

Any vested participant who is married or has a domestic partner and who is employed within the controlled group at the date of death.

Non-exempt Employees

Any vested participant who is married and who is employed within the controlled group at the date of death.

Monthly Benefit

Providers (Any Hire Date) and
Executives Hired Before January 1, 2017

100% of the participant's accrued benefit at the time of death, adjusted for the 100% joint and survivor annuity form of payment, payable on the later of the last day of the month following the participant's death or normal retirement date. The survivor may elect early commencement of the benefit at time when participant would have met one of the Early Retirement requirements. The benefit is further reduced in the same manner as the early retirement benefit.

Salaried Exempt Employees (Any Hire Date)
and Executives Hired After
December 31, 2016

66-2/3% of the participant's accrued benefit at the time of death, adjusted for the 66-2/3% joint and survivor annuity form of payment, payable on the later of the first day of month following the participant's death or normal retirement date. The survivor may elect early commencement of the benefit at time when participant would have met one of the Early Retirement requirements. The benefit is further reduced in the same manner as the early retirement benefit.

Non-exempt Employees

50% of the participant's accrued benefit at the time of death, adjusted for the 50% joint and survivor annuity form of payment, payable on the later of the first day of month following the participant's death or normal retirement date. The survivor may elect early commencement of the benefit at time when participant would have met one of the Early Retirement requirements. The benefit is further reduced in the same manner as the early retirement benefit.

Providers and Executives and
Salaried Exempt Employees

A domestic partner must commence benefits within one year of the date of the death of the participant.

Schedule SB, Part V—Summary of Plan Provisions

Permanente Physicians Retirement Plan (019 119 219)

Pre-Retirement Death Benefit

Eligibility

Providers and Executives and
Salaried Exempt Employees

Any vested participant who is married or has a domestic partner and who is not employed at the date of death.

Non-exempt Employees

Any vested participant who is married and who is not employed at the date of death.

Monthly Benefit

Providers and Executives,
Salaried Exempt Employees and
Non-exempt Employees

50% of the participant's accrued benefit at the time of death, adjusted for the 50% joint and survivor annuity form of payment payable on the last day of the month following the later of participant's death or normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit.

Providers and Executives and
Salaried Exempt Employees

A domestic partner must commence benefits within one year of the date of the death of the participant.

Qualified Dependent Benefit

Eligibility

Providers (Any Hire Date) and
Executives Hired Before January 1, 2017

Any vested participant who at the date of death

- (1) Is unmarried or does not have a domestic partner;
and
- (2) Has a qualified dependent.

Monthly Benefit

Providers (Any Hire Date) and
Executives Hired Before January 1, 2017

A monthly benefit for 60 months payable to the qualified dependent, determined as if the participant had retired on the day before death, elected a life annuity with 60 monthly payments guaranteed, and designated the qualified dependent as the beneficiary.

A qualified dependent must commence benefits within one year of the date of the death of the participant.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Permanente Physicians Retirement Plan for HPMG, Inc.
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Schedule SB, Part V—Summary of Plan Provisions

Permanente Physicians Retirement Plan (019 119 219)

Normal Form of Payment

Unmarried

Life annuity.

Married

50% joint and survivor annuity (actuarially reduced).

Optional Forms of Payment

- (1) Life annuity;
- (2) Joint and survivor annuity with 50%, 66-2/3%, or 75% continuation to the survivor;
- (3) Life annuity with 60, 120, 180, or 240 monthly payments guaranteed;
- (4) Lump sum;
- (5) 100% joint and survivor annuity with 15-year guaranteed period and pop-up;
- (6) For Salaried Exempt and Non-exempt Employees, level income option which is reduced after Social Security payments begin to provide a level income throughout retirement (available as a life annuity or life annuity with a guaranteed period certain); and
- (7) For Salaried Exempt Employees, installments for a fixed number of months, not exceeding 360

The 50% joint and survivor annuity and the 100% joint and survivor annuity with 15-year guaranteed period and pop-up have a greater actuarial value than the life annuity. All other optional forms of payment have the same actuarial value as the life annuity.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Permanente Physicians Retirement Plan for HPMG, Inc.
EIN: 99-0104820 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Permanente Physicians Retirement Plan (019 119 219)

Definitions

Actuarial Equivalence

Providers (Any Hire Date) and
Executives Hired Before January 1, 2017

For time of payment, actuarial equivalence is based on an interest rate of 5.5% and the UP-1984 Mortality Table set back two years for participants and five years for beneficiaries.

Salaried Exempt Employees,
Executives Hired After December 31, 2016,
and Non-exempt Employees

For time of payment, actuarial equivalence is based on an interest rate of 6.0% and the UP-1984 Mortality Table set back five years for participants and two years for beneficiaries.

Providers and Executives,
Salaried Exempt Employees, and
Non-exempt Employees

For form of payment, actuarial equivalence is based on the IRC 417(e) basis as modified by PPA for the month which is two months before the benefit starting date.

Compensation

Providers (Any Hire Date) and
Executives Hired Before January 1, 2017

The monthly amount participants receive as basic compensation, but excluding the amount received as a share of profits, year-end bonus, or other form of special compensation in excess of a participant's full-time basic rate. Prior to January 1, 2014, monthly compensation included one-twelfth of the amount contributed for the participant to the Hawaii Permanente Medical Group, Inc. Profit Sharing Plan and the Hawaii Permanente Medical Group, Inc. Money Purchase Pension for the year in which the month falls. Monthly compensation also includes the monthly amount contributed under salary reduction agreements to plans under IRC Sections 125 and 129. Other special rules also apply. For purposes of determining highest average compensation, eight-twentieths of the monthly amount participants receive as basic compensation with the same exclusions and inclusions as above.

Salaried Exempt Employees,
Executives Hired After December 31, 2016,
and Non-exempt Employees

The monthly amount participants receive as basic compensation, but excluding the amount received as a share of profits, year-end bonus, or other form of special compensation in excess of a participant's full-time basic rate. Monthly compensation excludes the amount contributed for the participant to the Hawaii Permanente Medical Group, Inc. Profit Sharing Plan. Monthly compensation also includes the monthly amount contributed under salary reduction agreements to plans under IRC Sections 125 and 129. Other special rules also apply.

Schedule SB, Part V—Summary of Plan Provisions

Permanente Physicians Retirement Plan (019 119 219)

Definitions (continued)

Credited Service

Providers and Executives,
Salaried Exempt Employees, and
Non-exempt Employees

Each calendar year in which a participant has 2,000 or more hours of credited service is a year of credited service. Proportional credited service based on a 2,000-hour year is counted for any complete or partial year in which the participant has fewer than 2,000 hours.

Providers (Any Hire Date) and
Executives Hired Before January 1, 2017

Special rules apply for certain postgraduate training at Kaiser Foundation Hospitals.

Effective for transfers on or after January 1, 2015, hours of credited service will not be imputed for periods while employed by a non-participating medical care organization prior to becoming an Eligible Employee.

Salaried Exempt Employees (Any Hire Date)
and Executives Hired After
December 31, 2016

Special rules apply for training at the Kaiser Foundation School of Nursing and for periods of disability on employer's disability plan.

Non-exempt Employees

For years from January 1, 2007 through December 31, 2011, 1,800 or more hours is a year of credited service and proportional credited service is based on 1,800 hours of employment.

For January 1, 2006 through December 31, 2006, 1,900 or more hours is a year of credited service and proportional credited service is based on 1,900 hours of employment.

All Groups

Employment with Pacific Permanente Group, LLC prior to the acquisition date is excluded from Credited Service.

Highest Average Compensation

Providers and Executives,
Salaried Exempt Employees, and
Non-exempt Employees

A participant's average monthly compensation for the highest 36 consecutive compensated calendar months of employment in the last 120 consecutive compensated months before his termination of employment.

Providers (Any Hire Date) and
Executives Hired Before January 1, 2017

The total compensation included in highest average compensation for any 12-month period is limited in accordance with IRC Section 401(a)(17) and further limited under the plan to \$200,000.

Salaried Exempt Employees,
Executives Hired After December 31, 2016
and Non-exempt Employees

The total monthly compensation included in highest average compensation for any 12-month period is limited in accordance with IRC Section 401(a)(17).

Schedule SB, Part V—Summary of Plan Provisions

Permanente Physicians Retirement Plan (019 119 219)

Definitions (continued)

Participants

Providers	An employee classified as a Provider, including but not limited to a salaried or hourly Physician, optometrist, podiatrist, physician’s assistant or nurse midwife, or a resident classified in one of those positions.
Executives	An Executive is an employee classified as an executive before January 1, 2017, and who is not rehired after December 31, 2016.
Salaried Exempt Employees	Salaried exempt employees who either (1) transferred to the Medical Group from Kaiser Foundation Health Plan, Inc. on January 1, 2011 or (2) are hired by Medical Group on or after January 1, 2011. Salaried exempt employees do not include employees who are providers (both Physician and non-Physician providers) and administrative executives. Effective January 1, 2017, a salaried exempt employee who is classified as a “non-Provider administrative executive” on or after January 1, 2017, or who is rehired after January 1, 2017 is included.
Non-exempt Employees	Non-exempt employees who either (1) transferred to the Medical Group from Kaiser Foundation Health Plan, Inc. on January 1, 2011 or (2) are hired by the Medical Group on or after January 1, 2011.
Qualified Dependent	
Providers (Any Hire Date) and Executives Hired Before January 1, 2017	The first individual (or classes of individuals) to survive the participant: <ol style="list-style-type: none">(1) The participant’s children and certain children of deceased children.(2) Other persons dependent on the participant for a substantial portion of their support. The participant’s parent(s).

Schedule SB, Part V—Summary of Plan Provisions

Permanente Physicians Retirement Plan (019 119 219)

Definitions (continued)

Service

Providers (Any Hire Date) and
Executives Hired Before January 1, 2017

Each calendar year in which an employee has 1,000 or more hours of service is a year of service. Proportional service based on a 1,000-hour year is counted for any complete or partial year in which the participant has fewer than 1,000 hours of employment if scheduled to work 1,000 hours or more per year.

Special rules apply for certain postgraduate training at Kaiser Foundation Hospitals and for certain leaves of absence.

Salaried Exempt Employees (Any Hire Date)
and Executives Hired After
December 31, 2016

Each calendar year in which an employee has 1,000 or more hours of employment is counted as a year of service.

Special rules apply for training at the Kaiser Foundation School of Nursing and for periods of disability on employer's disability plan.

Non-exempt Employees

Each calendar year in which an employee has 1,000 or more hours of employment is counted as a year of service.

All Groups

Employment with Pacific Permanente Group, LLC prior to the acquisition date is included in Service.

Plan Changes Since the Prior Year

Effective January 1, 2026, a terminated participant who has not met 15 years of service and age 55 or age plus years of service equal to at least 75 at commencement, may elect to receive an actuarially equivalent benefit prior to age 65.

Schedule SB Attachment (Form 5500)—2024 Plan Year
Permanente Physicians Retirement Plan for HPMG, Inc.
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Schedule SB, Part V—Summary of Plan Provisions

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

- Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024


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

A Name of plan PERMANENTE PHYSICIANS RETIREMENT PLAN FOR HPMG, INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HAWAII PERMANENTE MEDICAL GROUP, INC.	D Employer Identification Number (EIN) 99-0104820	
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	411,149,398
	b Actuarial value	2b	436,230,994
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	123	63,449,712
	b For terminated vested participants	207	71,025,646
	c For active participants	789	229,220,378
	d Total	1,119	343,384,491
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	5.24%
6	Target normal cost		
	a Present value of current plan year accruals	6a	20,022,048
	b Expected plan-related expenses	6b	603,388
	c Target normal cost	6c	20,625,436

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	Blake P. Murphy  Signature of actuary	09/11/2025 Date
	Blake P. Murphy Type or print name of actuary	2305322 Most recent enrollment number
	AON CONSULTING, INC. Firm name	949-725-4500 Telephone number (including area code)
	MSC# 17819, AON P.O. BOX 19640 IRVINE CA 92623 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 V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 20,625,436
b Excess assets, if applicable, but not greater than line 31a				31b 7,926,146
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 12,699,290
	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 12,699,290
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 23,846,127
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 11,146,837
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....				39 0
40 Unpaid minimum required contributions for all years				40 0

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

**Permanente Physicians Retirement Plan for
Hawaii Permanente Medical Group, Inc.
Employer Identification Number: 99-0104820, Plan Number: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
*	Defined Benefit Investment Fund	Investment in group trust (Trust No. 15117)	\$ 399,308,361	\$ 414,032,112
*	Defined Benefit Investment Fund	Investment in group trust (Trust No. 15118)	<u>55,148,978</u>	<u>57,586,420</u>
Total investments per Form 5500			<u>\$ 454,457,339</u>	<u>\$ 471,618,532</u>

* Represents a party-in-interest as defined by ERISA.

Permanente Physicians Retirement Plan for Hawaii Permanente Medical Group, Inc.
Employer Identification Number: 99-0104820, Plan Number: 001
Schedule H, Line 4(j) – Schedule of Reportable Transactions
Year Ended December 31, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<u>Category (i) - Single transaction in excess of 5% of the value of the Plan's assets</u>								
Defined Benefit								
Investment Fund*	Investment in group trust	\$ 28,000,000	-	N/A	-	\$ 28,000,000	\$ 28,000,000	-
<u>Category (iii) - A series of transactions in a security issue aggregating 5% of the value of the Plan's assets</u>								
Defined Benefit								
Investment Fund*	Investment in group trust	35,415,918	-	N/A	-	35,415,918	35,415,918	-

There were no category (ii) or (iv) reportable transactions for the year ended December 31, 2024.

* Represents a party-in-interest as defined by ERISA.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ▶
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶

Part II Basic Plan Information - enter all requested information

1a Name of plan PERMANENTE PHYSICIANS RETIREMENT PLAN FOR HPMG, INC.	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan	01/01/1965
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) HAWAII PERMANENTE MEDICAL GROUP, INC. C/O KAISER FOUNDATION HEALTH PLAN ONE KAISER PLAZA, 20TH FLOOR 20B OAKLAND, CA 94612	2b Employer Identification Number (EIN)	99-0104820
	2c Plan Sponsor's telephone number	510-271-5940
	2d Business code (see instructions)	621112

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

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

SIGN HERE	<i>M Lombardo</i>	10/12/2025	MARYANN KHINDA-LOMBARDO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor KAISER FOUNDATION HEALTH PLAN, INC. ONE KAISER PLAZA, 20TH FLOOR 20B OAKLAND, CA 94612	3b Administrator's EIN 94-1340523 3c Administrator's telephone number 510-271-5940
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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:	4b EIN
a Sponsor's name	4d PN
c Plan Name	
5 Total number of participants at the beginning of the plan year	5 1119
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	6a(1) 789
a(2) Total number of active participants at the end of the plan year	6a(2) 809
b Retired or separated participants receiving benefits	6b 116
c Other retired or separated participants entitled to future benefits.	6c 225
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 1150
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 10
f Total. Add lines 6d and 6e.	6f 1160
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1) 0
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2) 0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 14
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 1E

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

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

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

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

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

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

Receipt Confirmation Code _____