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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- [X] 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:
- [X] 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
DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 10/01/1970

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)
DESERET MUTUAL BENEFIT ADMINISTRATORS

PO BOX 45530
SALT LAKE CITY, UT 84145

150 SOCIAL HALL AVENUE, SUITE 170
SLC, UT 84111

2b Employer Identification Number (EIN)
87-0440163

2c Plan Sponsor's telephone number
801-578-5795

2d Business code (see instructions)
524290

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.	10/12/2026	MICHAEL J. RASBAND
	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 ☐ Same as Plan Sponsor

DESERET MUTUAL BENEFIT ADMINISTRATORS

PO BOX 45530
SALT LAKE CITY, UT 84145

3b Administrator's EIN
87-0440163

3c Administrator's telephone number
801-578-5795

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	32648
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)**	21719
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	22282
b	Retired or separated participants receiving benefits	**6b**	10883
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	33165
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
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**	
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 Characteristic Codes in the instructions:

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

4A 4B 4D 4E 4F 4H

9a Plan funding arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
DESERET MUTUAL BENEFIT ADMINISTRATORS

D Employer Identification Number (EIN)
87-0440163

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

1 Coverage Information:

(a) Name of insurance carrier
CARELON BEHAVIORAL HEALTH

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
54-1414194	62199	000000000000000	50356	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	934152
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
DESERET MUTUAL BENEFIT ADMINISTRATORS

D Employer Identification Number (EIN)
87-0440163

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

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	0	107572	469	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	3594493
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
DESERET MUTUAL BENEFIT ADMINISTRATORS

D Employer Identification Number (EIN)
87-0440163

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

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	33049	160	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	1407259
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
DESERET MUTUAL BENEFIT ADMINISTRATORS

D Employer Identification Number (EIN)
87-0440163

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

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF HAWAII

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	60053	3568	336	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	2054011
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
DESERET MUTUAL BENEFIT ADMINISTRATORS

D Employer Identification Number (EIN)
87-0440163

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

1 Coverage Information:

(a) Name of insurance carrier
MAPFRE LIFE INSURANCE COMPANY OF PR

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
66-0402309	77054	356745-002	15	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
11585	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

MULTI AGENT SYSTEM CORP
PO BOX 1306
BAYAMON, PUERTO RICO 00960-1306 PR

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11585			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**	231705		
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	231705
b Benefit charges (1) Claims paid	**9b(1)**	144466		
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	144466
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
DESERET MUTUAL BENEFIT ADMINISTRATORS

D Employer Identification Number (EIN)
87-0440163

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

1 Coverage Information:

(a) Name of insurance carrier
VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1227840	39616	30043025	17771	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
266246	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

GALLAGHER BENEFIT SERVICES INC

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
266246			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6)Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	3796619
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
DESERET MUTUAL BENEFIT ADMINISTRATORS

D Employer Identification Number (EIN)
87-0440163

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).. . . . . [X] 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

AMG FUNDS LLC

06-1298481

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

ANGELO GORDON AND CO LP

190 ELGIN AVENUE
GRAND CAYMAN, CAYMAN ISLANDS KY1-9007 GB

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

ARTISAN PARTNERS LIMITED PARTNERSHI

30-0551775

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

BLACKROCK ADVISORS LLC

23-2784752

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

BLACKROCK FUND ADVISORS

400 HOWARD STREET
SAN FRANCISCO, CA 94105

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

CBF MANAGER LP

82-3608385

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

CHARLESBANK CAPITAL PARTNERS LLC

200 CLARENDON STREET
54TH FLOOR
BOSTON, MA 02116

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

CLARION PARTNERS LLC

47-2899295

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

DELAWARE MANAGEMENT COMPANY

23-2859589

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

DIMENSIONAL FUND ADVISORS LP

30-0447847

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

GMO

56-2427157

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

GOLDPOINT PARTNERS LLC

13-5582869

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

GRANDEUR PEAK GLOBAL ADVISORS

90-0732232

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

HARRISON STREET ADVISORS LLC

45-3147571

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

INVESCO CAPITAL MANAGEMENT LLC

3500 LACEY ROAD
SUITE 700
DOWNERS GROVE, IL 60515

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

JP MORGAN INVESTMENT MGMT

13-3200244

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

KOPERNIK GLOBAL INVESTORS LLC

46-2760679

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

LORD ABBETT AND CO LLC

13-5620131

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

MFS INVESTMENT MANAGEMENT

04-3287965

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

MONROE CAPITAL PRIVATE CREDIT FUND

98-1532848

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

MORGAN STANLEY REAL ESTATE ADVISOR

20-0109235

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

RREEF AMERICA LLC

82-1270846

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

SEVEN CANYONS ADVISORS LLC

82-2807223

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

SHENKMAN CAPITAL MANAGEMENT INC

13-3280361

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

THE VANGUARD GROUP

23-1945930

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

THOMAS J HERZFELD ADVISORS INC

59-2414380

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

TOUCHSTONE ADVISORS INC

31-1394672

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

USAA REAL ESTATE COMPANY LLC

46-1641879

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

VAN ECK ASSOCIATES CORPORATION

666 THIRD AVENUE
9TH FLOOR
NEW YORK, NY 10017

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

VICTORY CAPITAL MANAGEMENT INC

13-2700161

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

VISTA EQUITY PARTNERS MANAGEMENT LL

26-0434499

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

VOYA INVESTMENTS LLC

52-2125227

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

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

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

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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)

NAVITUS HEALTH SOLUTIONS LLC - ADMI

04-3608530

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NA	5058180	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNITED HEALTHCARE INSURANCE CO

115 WEST WAUSAU AVE
WAUSAU, WI 54401

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	2981937	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SWORD HEALTH, INC.

169 MADISON AVE
NEW YORK, NY 10016

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	1797113	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

BITS IN GLASS US, INC.

633 17TH STREET
SUITE 1405
DENVER, CO 80202

(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?
16 50	NA	827585	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RX SAVINGS SOLUTIONS

26-3642434

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	811325	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MCG HEALTH LLC

33-1104821

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 12 50	NA	664467	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

NAYYA HEALTH, INC.

215 PARK AVE S
FL 4
NEW YORK, NY 10003

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	496654	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TIVITY HEALTH, INC.

62-1216689

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	475539	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DST HEALTH SOLUTIONS LLC

23-2423802

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NA	448504	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

VIRTA MEDICAL P.C.

36-4841662

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	420646	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHANGE HEALTHCARE SOLUTIONS LLC

45-3637794

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	417743	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TALON HEALTH TECH

47-1212355

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	388223	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

LIVONGO HEALTH, INC.

26-3542036

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	382880	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

METLIFE

13-5581829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NA	267967	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ZIONS

ONE SOUTH MAIN
11TH FLOOR
SALT LAKE CITY, UT 84133

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NA	196108	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

AMERICAN PARA PROFESSIONAL SYSTEMS,

PO BOX 2487
HICKSVILLE, NY 11802

(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?
30 50	NA	191759	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UTAH HEALTH INFORMATION NETWORK

1226 E 6600 S
SALT LAKE CITY, UT 84121

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	168477	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GDIT

PO BOX 829968
PHILADELPHIA, PA 19182

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	151332	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

DELOITTE

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NA	149771	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLIMAN

1301 FIFTH AVENUE
SUITE 3800
SEATTLE, WA 98101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NA	147804	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OPTUMINSIGHT, INC

41-1858498

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	138254	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

FAIR HEALTH, INC.

90-0524293

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	104820	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLARITY SOFTWARE SOLUTIONS, INC.

1801 W OLYMPIC BLVD
PASADENA, CA 91199

(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?
38 15 50	NA	93358	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLINICAL REFERENCE LABORATORY

PO BOX 802273
KANSAS CITY, MO 64180

(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?
30 12 50	NA	60164	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

UPTODATE

04-3310941

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	39505	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INTERLINK HEALTH SERVICES, INC

93-1164345

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	36463	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ACADIAN ASSET MANAGEMENT LLC

04-2929221

(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?
51	NA	35591	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

MACROMIND MEDIA INC.

#100, 111-5 AVE SW
CALGARY, ALBERTA T2R1L5 CA

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	31200	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MDX

99-0283091

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	30204	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EAGLE CAPITAL MANAGEMENT

22-3361201

(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?
51 68	NA	29236	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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)

PSG CONSULTING LLC

27-2345574

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	27859	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TOWERS WATSON SOFTWARE LIMITED

WATSON HOUSE LONDON ROAD
REIGATE, SURREY RH29PQ GB

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NA	27324	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RJ HEALTH SYSTEMS

01-0744806

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	26229	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

NUANCE INVESTMENTS LLC

26-3649176

(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?
51	NA	25227	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SOVOS COMPLIANCE LLC

PO BOX 3896
CAROL STREAM, IL 60132

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	25010	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

OPTUM360

46-3328307

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	23879	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

LSV ASSET MANAGEMENT

23-2772200

(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?
51	NA	23836	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

HARTFORD LIFE AND ACCIDENT INSURANC

87-0467790

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NA	23550	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

IPD ANALYTICS

19950 W COUNTRY CLUB DR
SUITE 700
AVENTURA, FL 33180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	22345	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

KIRTON MCCONKIE

87-0375296

(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?
29 50	NA	20274	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SIDLEY AUSTIN LLP

36-4474078

(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?
29 50	NA	19365	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VIRTUS PARTNERS INC

95-4191764

(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?
51	NA	19118	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

NEWTON INVESTMENT MANAGEMENT

86-1751460

(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?
51	NA	18073	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ZAZOVE ASSOCIATES LLC

36-3984373

(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?
51 68	NA	17246	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 25 49 51 52	NA	16872	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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)

CLEARWATER ANALYTICS

777 WEST MAIN STREET STE 900
BOISE, ID 83702

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NA	13917	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FUNDAPPS INC.

276 5TH AVE
NEW YORK, NY 10001

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 50	NA	13353	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FACTSET RESEARCH SYSTEMS INC

PO BOX 414756
BOSTON, MA 02241

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NA	12498	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

BNY MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NA	12383	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLOOMBERG FINANCE LP

731 LEXINGTON AVE
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NA	10903	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FISHER INVESTMENTS

20-2480800

(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?
51	NA	10896	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

IBM CORPORATION

PO BOX 534151
ATLANTA, GA 30353

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	10465	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DELOITTE TAX

86-1065772

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NA	9175	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRUDENTIAL INSURANCE CO

22-1211670

(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?
51 52	NA	6894	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

GRANITE ALLIANCE

46-1792156

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NA	6250	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HEALTH COST LABS LLC

640 COW PATH RD.
LANSDALE, PA 19446

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	5304	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RAFI INDICES LLC

81-4400235

(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?
51	NA	5238	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
DESERET MUTUAL BENEFIT ADMINISTRATORS

D Employer Identification Number (EIN)
87-0440163

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM MELLON CF SL STOCK INDEX FUND

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

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)
26-6254705-001	C	5679398

a Name of MTIA, CCT, PSA, or 103-12 IE: PAM BANK LOAN FUND LP

b Name of sponsor of entity listed in (a): PAM BANK LOAN GP LLC

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)
46-5076716-001	E	1843434

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL EQUITY LONG-ONLY FUND

b Name of sponsor of entity listed in (a): FIERA CAPITAL INC.

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)
47-5258900-002	E	2362851

a Name of MTIA, CCT, PSA, or 103-12 IE: MONDRIAN INT'L EQUITY FOCUSED FUND

b Name of sponsor of entity listed in (a): MONDRIAN INVESTMENT GROUP US, INC.

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)
86-1718364-016	E	4012174

a Name of MTIA, CCT, PSA, or 103-12 IE: SENIOR HOUSING PARTNERS V

b Name of sponsor of entity listed in (a): THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

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)
22-1211670-211	P	722933

a Name of MTIA, CCT, PSA, or 103-12 IE: ACADIAN EMERGING MARKETS EQUITY FUN

b Name of sponsor of entity listed in (a): ACADIAN ASSET MANAGEMENT LLC

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)
04-2929221-002	E	4710894

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)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
DESERET MUTUAL BENEFIT ADMINISTRATORS

D Employer Identification Number (EIN)
87-0440163

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	235380	1094322
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	53344817	57619100
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11458481	12032225
(2) U.S. Government securities	1c(2)	4448391	4387722
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	30615231	29122495
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	835295	730355
(B) Common	1c(4)(B)	24624457	26640074
(5) Partnership/joint venture interests	1c(5)	24431038	23195148
(6) Real estate (other than employer real property)	1c(6)	29871201	30330860
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	4818085	5679398
(10) Value of interest in pooled separate accounts	1c(10)	994076	722933
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	12402938	12929353
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	191640467	137510792
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	3900067	4320528

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	393619924	346315305
Liabilities			
1g Benefit claims payable	1g	90396690	102869773
1h Operating payables	1h	16974428	12885337
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	107371118	115755110
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	286248806	230560195

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)	452059710	
(B) Participants	2a(1)(B)	110998831	
(C) Others (including rollovers)	2a(1)(C)	31159830	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		594218371
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1141737	
(B) U.S. Government securities	2b(1)(B)	258188	
(C) Corporate debt instruments	2b(1)(C)	2766713	
(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)		4166638
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	47481	
(B) Common stock	2b(2)(B)	540049	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	6773308	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		7360838
(3) Rents	2b(3)		1077387
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	467226211	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	454409369	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		12816842
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	2358713	
(B) Other	2b(5)(B)	4438949	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		6797662

		(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)		29828
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		250298
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		795925
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		627513789
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)	32281549	
(3) Other	2e(3)	632849873	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		665131422
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)	5888946	
(3) Recordkeeping fees	2i(3)	13917	
(4) IQPA audit fees	2i(4)	149771	
(5) Investment advisory and investment management fees	2i(5)	567181	
(6) Bank or trust company trustee/custodial fees	2i(6)	214304	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	26200	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	11210659	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		18070978
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		683202400
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-55688611
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) [X] 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)** [X] 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: DELOITTE & TOUCHE LLP **(2)** EIN: 13-3891517

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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**	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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 _____.

Deseret Healthcare Employee Benefits Plan

Employer ID No: 87 0440163
Plan Number: 501

Financial Statements as of December 31, 2025 and 2024,
and for the Year Ended December 31, 2025,
Supplemental Schedules as of and for the
Year Ended December 31, 2025, and
Independent Auditor's Report

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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NOTE: 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.

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INDEPENDENT AUDITOR'S REPORT

Audit Committee of the
Deseret Healthcare Employee Benefits Plan

Opinion

We have audited the financial statements of Deseret Healthcare Employee Benefits Plan (the "Plan"), 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, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the statement of plan benefit obligations as of December 31, 2025 and 2024 and the related statement of changes in plan benefit obligations for the year ended December 31, 2025 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 the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the year ended December 31, 2025, and the plan benefit obligations as of December 31, 2025 and 2024, and the changes in its plan benefit obligations for the year ended December 31, 2025 in accordance with accounting principles generally accepted in the United States of America.

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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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 assets (held at end of year) as of December 31, 2025 and of reportable transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Deloitte + Touche LLP

October 9, 2026

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2025 AND 2024
(In thousands)

	2025	2024
ASSETS:		
Investments—at fair value:		
U.S. government securities	$ 4,388	$ 4,448
Corporate debt securities	28,352	29,531
Common stocks	24,953	23,387
Preferred stocks	730	833
Collective trusts	5,679	4,818
Registered investment companies	137,010	191,640
Limited partnerships	36,125	36,834
Real estate funds	31,054	30,865
Other	4,297	3,893
Securities on loan—pledged to creditors	2,982	2,333
Collateral held under securities lending agreements	2,708	1,999
Total investments	278,278	330,581
Net assets held in Deseret Mutual Employee Pension Plan Trust restricted for 401(h) account	21,158	20,671
Cash and cash equivalents	9,324	9,459
Accrued investment income	455	541
Contributions receivable	1,094	235
Due from brokers—futures and options	54	60
Amounts recoverable from third-party insurers	21,699	20,545
Other receivables	35,412	32,198
Total assets	367,474	414,290
LIABILITIES:		
Obligations under securities lending agreements	2,708	1,999
Accrued expenses and other liabilities	10,178	14,975
Total liabilities	12,886	16,974
NET ASSETS AVAILABLE FOR BENEFITS	$ 354,588	$ 397,316

See notes to financial statements.

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2025
(In thousands)

CONTRIBUTIONS:	
Plan sponsors	$ 452,060
Active and retired employees	110,998
Third-party reimbursements	31,160
Total contributions	594,218
INVESTMENT INCOME:	
Net appreciation in fair value of investments	20,661
Interest	4,197
Dividends	7,361
Rents	1,077
Net investment income	33,296
NET INCREASE IN NET ASSETS OF 401(H) ACCOUNT	487
DEDUCTIONS:	
Payments for benefits and claims:	
Health, dental, prescription drug, and disability	610,404
Death	10,002
Policyholder funds	(29)
Benefits and claims payments	620,377
HMO premiums	12,018
Reinsurance premiums	20,263
Premiums paid to insurance companies	32,281
Administrative expenses	18,071
Total deductions	670,729
DECREASE IN NET ASSETS	(42,728)
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	397,316
End of year	$ 354,588

See notes to financial statements.

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

STATEMENTS OF PLAN BENEFIT OBLIGATIONS
AS OF DECEMBER 31, 2025 AND 2024
(In thousands)

	2025	2024
AMOUNTS CURRENTLY PAYABLE:		
Claims payable to benefit providers and beneficiaries	$ 6,060	$ 5,831
Claims incurred but not reported and policy reserves	96,810	84,566
Total currently payable	102,870	90,397
POSTEMPLOYMENT BENEFIT OBLIGATIONS—Net of amounts currently payable—long-term medical and life benefits for disabled employees and surviving spouses	51,741	44,011
POSTRETIREMENT BENEFIT OBLIGATIONS—Net of amounts currently payable:		
Retired participants	264,831	301,702
Other participants fully eligible for benefits	152,357	154,711
Participants not yet fully eligible for benefits	216,113	211,989
Total postretirement benefit obligations	633,301	668,402
TOTAL PLAN BENEFIT OBLIGATIONS	$ 787,912	$ 802,810

See notes to financial statements.

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

STATEMENT OF CHANGES IN PLAN BENEFIT OBLIGATIONS
FOR THE YEAR ENDED DECEMBER 31, 2025
(In thousands)

AMOUNTS CURRENTLY PAYABLE:	
Balance—beginning of year	$ 90,397
Claims reported and approved for payment—including benefits reclassified from postemployment and postretirement benefit obligations	621,593
Change in claims incurred but not reported	11,258
Claims paid	(620,377)
Balance—end of year	102,871
POSTEMPLOYMENT BENEFIT OBLIGATIONS—Net of amounts currently payable:	
Balance—beginning of year	44,011
Increase (decrease) in postemployment benefits attributable to:	
Benefits earned	563
Benefits reclassified to amounts currently payable	(16,269)
Interest	1,943
Changes in actuarial assumptions	7,227
Actuarial (gains) and losses and other changes	14,266
Balance—end of year	51,741
POSTRETIREMENT BENEFIT OBLIGATIONS—Net of amounts currently payable:	
Balance—beginning of year	668,402
Increase (decrease) in postretirement benefits during the year attributable to:	
Benefits earned	13,299
Benefits reclassified to amounts currently payable	(40,134)
Interest	35,847
Changes in actuarial assumptions	(47,347)
Actuarial (gains) and losses and other changes	3,233
Balance—end of year	633,300
TOTAL PLAN BENEFIT OBLIGATIONS AT END OF YEAR	$ 787,912

See notes to financial statements.

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

NOTES TO FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2025 AND 2024, AND FOR THE YEAR ENDED DECEMBER 31, 2025

1. DESCRIPTION OF THE PLAN

The following description of the Deseret Healthcare Employee Benefits Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a complete description of the Plan's provisions.

General—The Plan is a qualified employee health and welfare benefit plan for the benefit of companies and organizations affiliated with The Church of Jesus Christ of Latter-day Saints (the "Participating Employers"). The Plan offers group accident and health, group term life, long-term disability, waiver of premium and accidental death and dismemberment insurance coverages to substantially all eligible active and retired employees. Employee eligibility is based on each participating employer's eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Deseret Mutual Benefit Administrators (DMBA) is the Plan Sponsor and trustee for the Deseret Healthcare Employee Benefits Trust (the "Trust"), which holds the assets for the Plan. DMBA is licensed as a Third-Party Administrator with the State of Utah. DMBA also provides the Plan with management and administrative services. DMBA is a nonprofit corporation affiliated with The Church of Jesus Christ of Latter-day Saints and provides additional administrative services for the Participating Employers. The DMBA Board of Directors is comprised of members who are independent, and members drawn from Participating Employers. The Board of Directors controls and manages the operation and administration of the Plan.

Benefits—The Plan provides life insurance benefits as well as health benefits (such as medical, hospital, and dental), including a paid prescription program and health maintenance organization coverage to employees who are regularly scheduled to work at least 30 hours per week and qualified dependents and spouses. The basic life insurance benefit for current employees is the greater of their annual salary amount, or $50,000, with a maximum limit of $350,000. The basic life insurance benefit for retirees is $12,000. Supplemental life insurance is available for an additional premium for up to six times an employee's salary, to a maximum of $1,500,000. Medical benefits are generally subject to individual and family deductibles as well as co-payment of expenses up to a defined limit.

The Plan also provides a long-term disability benefit for employees who are eligible for health benefits. Participants can receive payments of up to 67% of eligible compensation upon proof of temporary or permanent disability.

Continuation coverage is available through the Plan with certain time limitations to eligible employees whose employment is interrupted because of furlough, suspension or dismissal and employees whose hours are reduced to the extent that the employee is no longer eligible for benefits. Continuation coverage is subject to the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA). The Plan also offers life insurance conversion privileges.

DMBA processes all benefit claims for the Plan except for long-term disability and prescription drug benefits, which are paid by two outsourced service providers and then reimbursed by the Plan. The Plan pays premiums to several health maintenance organizations to provide coverage of health benefits for participants who elect coverage outside the options provided directly by the Plan. The Plan also pays premiums to other insurance providers under risk sharing arrangements that limit the Plan's exposure for life, long-term disability, and group health benefits (see Note 4).

The Plan provides postretirement medical, dental, and life insurance benefits to full-time employees who meet minimum age and service requirements. These benefits extend to surviving spouses.

Contributions—The Plan is funded by premium contributions from Participating Employers and participating active and retired employees. Premium contribution amounts are determined annually by the Plan's actuaries and approved by the Board of Directors.

Premiums related to postretirement benefits are shared by the Participating Employers and participating retirees. In addition to deductibles, coinsurance, and copayments, participating retirees' contributions in the current and prior year are described below. As of December 31, 2025 and 2024, retirees pay the cost of providing their postretirement benefits in excess of the employer's contribution as specified in the following abbreviated schedule of employer contribution "caps" (the schedule shows only the amounts for retirees with single coverage):

			January 1, 2026 Retiree Contribution			January 1, 2025 Retiree Contribution		
Participants Years	**Retiring Ages**	**Service**	**Pre-65 Medical**	**Post-65 Medical**	**Life Insurance**	**Pre-65 Medical**	**Post-65 Medical**	**Life Insurance**
Pre-1992	65 or later	5 plus years	Excess of $632 per month, or about 21% of the total cost	Excess of $110 to $160 per month (by age*), or about 54% of the total cost	Excess of $30 per month (30% of the total cost)	Excess of $571 per month, or about 20% of the total cost	Excess of $110 to $160 per month (by age*), or about 54% of the total cost	Excess of $30 per month (26% of the total cost)
Pre-1992	55 to 64	10 plus years						
1992–1996	55 or later	10 plus years						
1997 and after	55 or later	20 plus years						
Grading down by years of service to the following minimum service requirements:			Caps grade down to the following minimum employer premium amounts:					
1992–1996	55 or later	5 years	Excess of $316 per month, or about 60% of the total cost	Excess of $55 to $105 per month (by age*), or about 77% of the total cost	Excess of $15 per month (65% of the total cost)	Excess of $285 per month, or about 60% of the total cost	Excess of $55 to $105 per month (by age*), or about 77% of the total cost	Excess of $15 per month (63% of the total cost)
1997 and after	55 or later	10–11 years						

* Employer contributes an additional $50 per month for retirees who were age 80 and above as of August 1, 2004.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation—The accompanying financial statements are prepared in conformity with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates—The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, claims incurred but not reported, claims payable, and disclosure of contingent assets and liabilities. Actual amounts could differ from those estimates. Estimated valuations are developed for investments in real estate funds and limited partnerships as well as certain debt and equity securities. Additional disclosures regarding these estimates are provided in Note 5. Estimates are also used in the valuation of liabilities under insurance policies, life and other contingencies.

Risks and Uncertainties—The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

The actuarial present value of postemployment and postretirement benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimations and assumptions in the near term could materially affect the financial statements.

Claims Incurred But Not Reported—The Plan's liability for active participant claims incurred but unreported at year-end is estimated using actuarial methods that use historical trend information developed through studies of medical claim lag patterns incurred in the prior years. Factors were then applied to paid claims amounts to estimate claims incurred but not reported at year-end. The estimated liabilities for retired participants' health claims incurred but unreported as of December 31, 2025 and 2024, are included in the postretirement benefit obligation. These amounts are paid by the Plan only if claims are submitted and approved for payment.

Claims Paid—Claims are recorded as paid when paid by the Plan's administrator.

Investment Valuation and Income Recognition—Plan assets are contained in the Trust. The Plan's investments are stated at fair value. Fair value of a financial instrument is the amount 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 5 for description of valuation methods.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Investment income is reported gross of investment expenses and includes net appreciation (depreciation), which represents the Plan's gains and losses on investments bought and sold as well as held during the year. Realized gains or losses on disposal of domestic equity securities, are determined on a weighted average cost basis. Realized gains or losses on disposal of real estate funds and limited partnerships are determined on a specific identification basis. Realized gains or losses on all other investments are determined on a first-in-first-out cost basis.

Obligations under Securities Lending Arrangements—The Plan participates in securities lending agreements, whereby certain securities are loaned and the Plan receives cash from the borrower, which serves as collateral. The Plan does not have the right to sell or pledge the collateral. Securities loaned are included in securities on loan—pledged to creditors in the financial statements and are stated at fair value. The fair value of securities loaned is measured against the cash collateral received on a daily basis.

Approximately $3.0 million and $2.3 million of the Plan's securities were on loan under the securities lending program at December 31, 2025 and 2024, respectively. The fair value of the collateral received as a percentage of the total current value of the securities on loan by the Plan was approximately 102% for both years presented. Collateral received is presented in the financial statements as collateral held under securities lending agreements. At December 31, 2025 and 2024, approximately $0.4 million and $0.4 million, respectively, of non-cash securities were not recognized in the financial statements as the Plan did not have the right to sell or pledge these securities. Income from the program was not significant for the year ended December 31, 2025.

Plan assets on loan to third-party borrowers under securities lending agreements as of December 31, 2025 and 2024, are as follows (in thousands):

	2025	2024
Corporate debt securities	$ 770	$ 1,084
Common stocks	1,687	1,238
Registered investment companies	501	-
Foreign government	24	8
Preferred stocks	-	3
Securities on loan—pledged to creditors	$ 2,982	$ 2,333

Administrative Expenses—Expenses incurred for the administration of the Plan are based on customary and reasonable rates for such services. Participating Employers pay administrative fees to DMBA directly, and such amounts totaled approximately $38 million for the year ended December 31, 2025. Other administrative expenses, including costs paid to the service organizations to process prescription drug claims and long-term disability claims, are paid from the assets of the Plan.

401(h) Account—Certain participants are covered under the Deseret Mutual Master Retirement Plan (the "Pension Plan"), which includes a medical benefit component in addition to the normal retirement benefit 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). An account has been established and maintained in the Pension Plan for such contributions. In accordance with IRC Section 401(h), the Pension 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. The related obligations for health and welfare benefits are not included in the Pension Plan's accumulated plan benefit obligations, but are reflected as an obligation in the financial statements of the Plan.

Postretirement Benefits—The postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employee service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired employees and their beneficiaries and dependents, and (2) active employees and their beneficiaries and dependents after retirement from service with the Participating Employers. The postretirement benefit obligation represents the amount that is to be funded from existing Plan assets and by contributions from the Participating Employers. Assets from the 401(h) Account within the Pension Plan are set up to fund the postretirement benefit obligation along with the general assets of Participating Employers that are used on a pay-as-you-go basis. The postretirement benefit obligation at year end is estimated by the Plan's actuary in accordance with accepted actuarial principles.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary, and is the amount that results from applying actuarial assumptions to estimated future costs expected to be funded by contributions from the Participating Employers and from existing Plan assets, adjusted for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, withdrawal, or retirement) between the valuation date and the expected date of payment.

For measurement purposes, a dynamic health care cost trend rate is used to predict estimated claims costs by age group and by claim type. The base trend rates for 2025 and 2024 were assumed to be 10.8% and 8.4% respectively, for commercial medical claims, 7.5% and -8.0%, respectively, for Medicare supplement claims, and decrease to 3.9% for commercial medical claims and 3.9% for Medicare supplement claims in 2075 based on models published by the Society of Actuaries.

The health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the rate increased by one percentage point for each future year, the obligation as of December 31, 2025 and 2024, would increase by approximately $71 million and $83 million, respectively.

Other significant assumptions used to determine the postretirement benefit obligation at December 31, 2025 and 2024, were as follows:

- Weighted average discount rates of 5.3% and 5.5%, respectively.
- Average retirement age of 64.7 and 64.8 years old, respectively.
- Mortality rates from DMBA-adjusted White Collar Pri-2012 tables with projection scale MP-2021 (with COVID-19 adjustments through 2025).

The foregoing assumptions are based on the presumption that the Plan will continue. If the Plan terminated, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

On December 8, 2003, the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the "Act") was signed into law. The Act introduces a prescription drug benefit under Medicare ("Medicare Part D") as well as a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. The Plan sponsor and the actuarial advisors determined that benefits provided to certain participants are expected to be at least actuarially equivalent to Medicare Part D. The Plan's postretirement benefit obligation in the statements of plan benefit obligations as of December 31, 2025 and 2024, and the changes in the postretirement benefit obligation in the statement of changes in plan benefit obligations for the year ended December 31, 2025, do not reflect any amount associated with the Medicare subsidy because the Plan is not directly entitled to the Medicare subsidy.

Postemployment Benefit Obligations—Postemployment benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to employees' services rendered prior to disability or death.

The assumptions used to determine the postemployment benefit obligation at December 31, 2025 and 2024, were as follows:

- Weighted average discount rates used of 5.3% and 5.4%, respectively.
- Disability termination rates were taken from the Group Long-Term Disability 2012 Valuation Table.
- Mortality rates from DMBA-adjusted White Collar Pri-2012 tables with projection scale MP-2021 (with COVID-19 adjustments through 2025).
- Annual premium rate increases for dental coverage of 2.5% next year beyond.

The foregoing 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 the postemployment benefit obligation.

Other Plan Benefits—Plan obligations at December 31, 2025 and 2024, for future disability payments to participants with long-term disabilities at December 31, 2025 and 2024, are estimated by the Plan's actuary in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying statement of plan benefit obligations at present value. The benefits payable are based on the 2012 Group Long Term Disability (GLTD) valuation table adjusted for the Plan's historical loss experience per the 2012 GLTD instructions at 5.3% and 5.5% interest rate for the years ended December 31, 2025 and 2024, respectively.

Plan obligations for accident and health and life claims incurred but not reported at year-end are estimated by the Plan's actuary in accordance with accepted actuarial principles. Amounts are developed using the estimated unpaid accident and health and life claims, and health and life policy reserves based on the Plan's actual loss experience.

Refunds—Refunds due from a Plan's pharmacy benefits manager are recorded when earned. Refunds due as of the financial statement date are reported as a receivable, with the offset being netted against claims paid. Pharmacy rebates totaling $52.8 million have been netted with claims paid in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2025.

3. BENEFIT OBLIGATIONS FUNDING

The Plan's deficiency of net assets over benefit obligations at December 31, 2025 and 2024, relates primarily to the postretirement benefit obligation, the funding of which is only partially covered by the contributions already provided by the Participating Employers. It is expected that the deficiency will be funded on a pay-as-you-go basis using the general assets of Participating Employers.

4. RISK SHARING ARRANGEMENTS WITH THIRD-PARTY INSURERS

The Plan has risk sharing stop loss arrangements with third party insurers providing medical catastrophe coverage for qualified claims involving three or more lives in excess of $1.5 million per occurrence, up to a maximum of $1.0 million per life. The medical catastrophe maximum is $55 million per event. The Plan also has arrangements that cede between 87.5% and 100% of risk for qualified life and accidental death claims.

The Plan entered into an agreement effective January 1, 2014, that cedes 90% of the risk for long-term disability claims which occurred after January 1, 2014. The Plan has not ceded any risk related to claims incurred prior to January 1, 2014.

Premiums paid to insurance companies under stop loss arrangements are summarized on the statement of changes in net assets available for benefits. During the year ended December 31, 2025, the Plan recovered or expects to recover approximately $31.0 million of benefits and claims paid from third-party insurers as a result of these arrangements. Such amounts are netted against benefits and claims payments in the statement of changes in net assets available for benefits. Amounts recoverable at December 31, 2025 and 2024, are shown as amounts recoverable from third-party insurers on the statements of net assets available for benefits.

The Plan remains obligated for amounts ceded in the event that the third-party insurers do not meet their obligations.

5. FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows:

Level 1—refers to securities valued using unadjusted quoted prices from active markets for identical assets

Level 2—refers to securities not traded on an active market but for which observable market inputs are readily available

Level 3—refers to securities valued based on significant unobservable inputs.

Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Asset Valuation Techniques—Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value.

U.S. Government Securities—These investments are valued using pricing models maximizing the use of observable inputs for similar securities and are included in Level 2.

Corporate Debt Securities—These investments are valued using pricing models maximizing the use of observable inputs for similar securities and are primarily included in Level 2. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote, if available. In these cases, the securities are included in Level 3.

Registered Investment Companies—These investments are mutual funds valued at the daily closing price as reported by the registered investment company. Registered investment companies held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. All mutual funds held by the Plan with observable trading volume are deemed to be actively traded and are included in Level 1.

Common and Preferred Stocks—These investments are valued at the closing price reported on the active market on which the individual securities are traded and are included in Level 1. Preferred stocks with limited trading activity are deemed to be Level 2.

Government Agency and Private Mortgage-Backed Securities—These investments are valued using pricing models maximizing the use of observable inputs and are generally included in Level 2. These models first consider available trade information for identical or similar bonds. In the absence of available trade information, the securities are valued using an industry standard valuation tool to model cash flows for the tranche held. The significant inputs for the valuation model include the following: (a) prepayment and default projections based on historical statistics of the underlying collateral and current market data; (b) current yields of instruments with similar credit ratings; (c) consideration of liquidity risks.

The following tables present the Plan's fair value hierarchy for its assets measured at fair value, including securities on loan—pledged to creditors, as of December 31, 2025 (in thousands):

	Fair Value Measurements as of December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Investments—at fair value:				
U.S. government securities—government agency mortgage-backed securities	$ -	$ 4,388	$ -	$ 4,388
Foreign government securities	-	4,301	-	4,301
Corporate debt securities—private mortgage-backed securities	-	500	-	500
Corporate debt securities	-	26,959	1,663	28,622
Common stocks	26,640	-	-	26,640
Preferred stocks	730	-	-	730
Registered investment companies	137,511	-	-	137,511
Other	-	20	-	20
Total	$ 164,881	$ 36,168	$ 1,663	202,712
Investments measured at NAV				72,858
Collateral held under securities lending agreements				2,708
Total investments—at fair value				$ 278,278
Investments in 401(h) account:				
U.S. government securities—U.S. treasury and agency debt	$ -	$ 3,073	$ -	$ 3,073
U.S. government securities—government agency mortgage-backed securities	-	200	-	200
Foreign government securities	-	194	-	194
Corporate debt securities	-	2,369	470	2,839
Corporate debt securities—private mortgage-backed securities	-	629	193	822
Preferred stocks	6	-	5	11
Common stocks	1,313	-	-	1,313
Registered investment companies	870	-	-	870
Other	-	2	-	2
Total	$ 2,189	$ 6,467	$ 668	9,324
Investments measured at NAV				11,085
Total investments in 401(h) account				$ 20,409

The following tables present the Plan's fair value hierarchy for its assets measured at fair value, including securities on loan—pledged to creditors (Note 2), as of December 31, 2024 (in thousands):

	Fair Value Measurements as of December 31, 2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Investments—at fair value:				
U.S. government securities—government agency mortgage-backed securities	$ -	$ 4,448	$ -	$ 4,448
Corporate debt securities—private mortgage-backed securities	-	504	-	504
Corporate debt securities	-	28,927	1,184	30,111
Common stocks	24,624	-	-	24,624
Preferred stocks	836	-	-	836
Registered investment companies	191,640	-	-	191,640
Other	5	3,896	-	3,901
Total	$ 217,105	$ 37,775	$ 1,184	256,064
Investments measured at NAV				72,518
Collateral held under securities lending agreements				1,999
Total investments—at fair value				$ 330,581
Investments in 401(h) account:				
U.S. government securities—U.S. treasury and agency debt	$ -	$ 3,077	$ -	$ 3,077
U.S. government securities—government agency mortgage-backed securities	-	411	-	411
Foreign government securities	-	186	-	186
Corporate debt securities	-	2,442	497	2,939
Corporate debt securities—private mortgage-backed securities	-	363	214	577
Preferred stocks	4	-	5	9
Common stocks	1,228	-	-	1,228
Registered investment companies	719	-	-	719
Other	-	1	-	1
Total	$ 1,951	$ 6,480	$ 716	9,147
Investments measured at NAV				11,054
Total investments in 401(h) account				$ 20,201

Investments Measured Using Net Asset Value—The following table shows investments that are valued using net asset value. The net asset value is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value. In addition, the table provides unfunded commitment amounts and a general description of the terms and conditions upon which the Plan may redeem these investments as of December 31, 2025 and 2024 (in thousands).

	Fair Value Measurements of Investments in Entities that Calculate Net Asset Value as of December 31, 2025			
	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Investments—at fair value:				
Collective trusts	$ 5,679	$ -	Daily	5 days
Real estate—open end funds	30,331	-	Quarterly/annually	Management discretion or 45 days-90 days
Real estate—closed end funds	723	-	N/A	N/A
Limited partnerships—open end funds	15,731	-	Semi-monthly-annually	Management discretion or 5 days-90 days
Limited partnerships—closed end funds	20,394	5,432	N/A	N/A
Total	$ 72,858	$ 5,432		
Investments in 401(h) account:				
Pooled separate accounts	$ 278	$ -	2 days-monthly	Same day-30 days
Collective trusts	1,973	-	Quarterly-annually	Management discretion or 45 days-90 days
Real estate—open end funds	1,516	-	Quarterly-annually	Management discretion or 45 days-90 days
Real estate—closed end funds	142	42	N/A	N/A
Limited partnerships—open end	776	19	Semi-monthly-annually	Management discretion or 5 days-90 days
Limited partnerships—closed end	6,400	997	N/A	N/A
Total	$ 11,085	$ 1,058		

	Fair Value Measurements of Investments in Entities that Calculate Net Asset Value as of December 31, 2024			
	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Investments—at fair value:				
Collective trusts	$ 4,818	$ -	Daily	5 days
Real estate—open end funds	29,871	-	Quarterly/annually	Management discretion or 45 days-90 days
Real estate—closed end funds	994	135	N/A	N/A
Limited partnerships—open end funds	14,825	-	Semi-monthly-annually	Management discretion or 5 days-90 days
Limited partnerships—closed end funds	22,010	5,334	N/A	N/A
Total	$ 72,518	$ 5,469		
Investments in 401(h) account:				
Pooled separate accounts	$ 422	$ -	2 days-monthly	Same day-30 days
Collective trusts	2,042	-	Quarterly-annually	Management discretion or 45 days-90 days
Real estate—open end funds	1,500	28	Quarterly-annually	Management discretion or 45 days-90 days
Real estate—closed end funds	210	77	N/A	N/A
Limited partnerships—open end	619	20	Semi-monthly-annually	Management discretion or 5 days-90 days
Limited partnerships—closed end	6,261	1,510	N/A	N/A
Total	$ 11,054	$ 1,635		

Real Estate—Open End Funds, Pooled Separate Accounts and Collective Trusts—These categories include several real estate funds that invest primarily in core, well-leased, operating U.S. commercial real estate with a focus on income. The fair values of the investments in these categories are estimated using the net asset value of the fund. These investments can be redeemed from the funds, at the discretion of fund management, quarterly through a redemption request. The request must give notice varying from 45 days to 90 days before the redemption will be made. In 2025 and 2024, all redemption requests were fulfilled.

Real Estate—Closed End Funds—This category includes several real estate funds that invest primarily in U.S. commercial real estate. The fair values of the investments in this category are estimated using the net asset value of the Plan's ownership interest in partners' capital. These investments can never be redeemed with the funds. Distributions from each fund will be received as the underlying investments of the fund are liquidated. It is estimated that the underlying assets of the fund will be liquidated over the next two to six years.

Limited Partnerships—Open End—This category includes a hedge fund. The fair value of this investment is estimated based upon the net asset value of the Plan's ownership interest in the partner's capital. The investment may be redeemed semi-monthly.

Limited Partnerships—Closed End—This category includes several private equity funds that invest in special situations, mezzanine and distressed debt. The fair values of the investments in this category are estimated based upon the net asset value of the Plan's ownership interest in partners' capital. These investments can never be redeemed with the funds. Instead, the nature of the investments in this category is that distributions are received through the liquidation of the underlying assets of the fund. If these investments were held, it is estimated that the underlying assets of the fund would be liquidated over four to nine years.

6. 401(H) ACCOUNT

A portion of the Plan's obligation is funded through contributions to the Pension Plan in accordance with Section 401(h) of the Internal Revenue Code. The following table presents the components of the net assets available for such postretirement benefit obligations and the related changes in net assets available for benefits as of December 31, 2025 and 2024, and for the year ended December 31, 2025 (in thousands):

Statements of Net Assets Available for Benefits	**2025**	**2024**
Assets:		
Investments—at fair value	$ 20,409	$ 20,201
Cash and cash equivalents	946	689
Accrued investment income	57	68
Collateral—future and options	34	40
Other receivables	1	3
Total assets	21,447	21,001
Liabilities:		
Obligations under securities lending	261	270
Accrued expense and other liabilities	28	60
Total liabilities	289	330
Net assets available for benefits in 401(h) Account	$ 21,158	$ 20,671

Statement of Changes in Net Assets Available for Benefits	**2025**
Investment income:	
Net appreciation in fair value of investments	$ 1,676
Interest	926
Dividends	47
Rents	47
Net investment income	2,696
Deductions:	
Benefit payments	1,741
Administrative expenses	468
Total deductions	2,209
Net increase in net assets available	$ 487

7. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Fees paid during the year for administrative services rendered by parties-in-interest were based on customary and reasonable rates determined in arms-length transactions for such. In its capacity as an investment custodian, the Bank of New York, a party-in-interest, received fees of approximately $12,000 and $17,000 from the Plan during 2025 and 2024, respectively. Additionally, certain Plan investment assets are managed by various investment managers, which includes the Bank of New York and its affiliates. These transactions qualify as party-in-interest transactions.

8. FEDERAL INCOME TAX STATUS

The Trust funding the Plan has received an exemption letter from the Internal Revenue Service (IRS) dated August 28, 1990, stating that the Trust is tax-exempt under the provisions of Section 501(c)(9) of the IRC as a Voluntary Employee Beneficiary Association. The Plan and Trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the Trust. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes the related Trust is tax exempt. No provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain 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.

9. PLAN TERMINATION PROVISIONS

Although there is no intent to do so, Participating Employers have the right under the Plan to modify benefits, discontinue contributions, and terminate the Plan subject to the provisions set forth in ERISA. Upon termination, the assets then remaining shall be subject to the applicable provisions of the Plan then in effect and shall be used until exhausted to pay benefits to employees in the order of their entitlement.

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

A reconciliation of amounts reported in the Plan's financial statements to amounts reported in the Form 5500 is required by ERISA. The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2025 and 2024 (in thousands):

	2025	2024
Net assets available for benefits per the financial statements	$ 354,588	$ 397,316
Less:		
Claims payable, claims incurred but not reported, and policy reserves	(102,870)	(90,396)
Net assets held in Deseret Mutual Employee Pension Plan Trust restricted for 401(h) account	(21,158)	(20,671)
Net assets available for benefits per the Form 5500	$ 230,560	$ 286,249

The following is a reconciliation of the changes in net assets per the financial statements to the Form 5500 for the year ended December 31, 2025 (in thousands):

Decrease in net assets per the financial statements	$ (42,728)
Changes in 401(h) account	(487)
Claims payable, claims incurred but not reported, and policy reserves—December 31, 2025	(102,870)
Claims payable, claims incurred but not reported, and policy reserves—December 31, 2024	90,397
Net income per the Form 5500	$ (55,688)

11. SUBSEQUENT EVENTS

The Plan has performed an evaluation of its subsequent events through October 9, 2026, which is the date the financial statements were available to be issued, and noted no events requiring recognition or disclosure.

* * * * * *

SUPPLEMENTAL SCHEDULES

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163
Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
U.S. GOVERNMENT SECURITIES:						
912797RL3	UNITED STATES TREASURY	-	02/05/2026	200,000	$ 199,226	$ 199,330
3130B7SJ4	FEDERAL HOME LOAN BANKS	5.510	09/29/2045	2,000,000	2,000,000	2,011,619
3133ENZH6	FEDERAL FARM CREDIT BANKS FUNDING CORP	5.480	06/27/2042	2,000,000	2,000,000	1,977,804
38374D8E2	GNR 2013-058 C	2.500	04/20/2043	230,549	228,705	198,970
U.S. GOVERNMENT SECURITIES:				4,430,549	4,427,931	4,387,723
CORPORATE DEBT INSTRUMENTS:						
647908AA0	NMC 6 A	5.669	10/20/2037	500,000	500,000	500,750
00131MAK9	AIA GROUP LTD	3.200	09/16/2040	50,000	38,348	39,751
00193BAA0	ATP TOWER HOLDINGS LLC	7.875	02/03/2030	25,000	24,949	25,737
00206RES7	AT&T INC	4.300	02/15/2030	50,000	47,282	50,104
00388WAM3	ABU DHABI NATIONAL ENERGY COMPANY PJSC	4.696	04/24/2033	11,000	10,610	11,111
00401MAB2	ABU DHABI CRUDE OIL PIPELINE LLC	4.600	11/02/2047	40,000	35,280	37,190
00434G2B5	ACCESS BANK PLC	6.125	09/21/2026	20,000	19,901	19,910
005117AA4	ACWA POWER MANAGEMENT AND INVESTMENTS ONE LTD	5.950	12/15/2039	75,189	73,534	77,216
00654AAC0	ADANI GREEN ENERGY (UP) LTD	6.700	03/12/2042	11,894	11,256	11,537
00654GAA1	ADANI ELECTRICITY MUMBAI LTD	3.949	02/12/2030	50,000	43,850	46,602
00654GAB9	ADANI ELECTRICITY MUMBAI LTD	3.867	07/22/2031	20,000	17,437	17,977
008073AA6	AEROVIRONMENT INC	-	07/15/2030	35,000	38,617	37,975
01166VAA7	ALASKA AIR PASS THROUGH TRUST 2020-1A	4.800	08/15/2027	364,835	363,123	366,964
01609WAX0	ALIBABA GROUP HOLDING LTD	2.125	02/09/2031	20,000	17,746	18,174
02043QAC1	ALNYLAM PHARMACEUTICALS INC	-	09/15/2028	30,000	28,985	28,913
02315JAA2	AMAZON CONSERVATION DAC	6.034	01/16/2042	73,000	73,346	75,504
023770AA8	AMERICAN AIRLINES 2015-1 PASS THROUGH TRUSTS	3.375	05/01/2027	189,160	183,937	186,723
025537AU5	AMERICAN ELECTRIC POWER COMPANY INC	3.875	02/15/2062	170,000	140,476	167,174
03217KAB4	SITIOS LATINOAMERICA SAB DE CV	5.375	04/04/2032	32,000	29,874	32,147
034863AX8	ANGLO AMERICAN CAPITAL PLC	2.625	09/10/2030	11,000	9,626	10,149

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AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
03512TAB7	ANGLOGOLD ASHANTI HOLDINGS PLC	6.500	04/15/2040	17,000	$ 17,302	$ 18,076
04271TAB6	ARRAY TECHNOLOGIES INC	1.000	12/01/2028	40,000	31,910	36,220
054644AB5	AYDEM YENILENEBILIR ENERJI AS	9.875	09/30/2030	10,000	9,834	9,842
05580M793	BRC GROUP HOLDINGS INC	5.000	12/31/2026	7,232	180,800	143,447
05605HAD2	BWX TECHNOLOGIES INC	-	11/01/2030	45,000	45,433	42,885
05890PZA7	BANCO DE CREDITO E INVERSIONES	3.500	10/12/2027	20,000	19,334	19,762
05968DAC4	BANCO INTERNACIONAL DEL PERU SAA	3.250	10/04/2026	29,000	28,820	28,762
05969BAF0	BANCO SANTDR MX SA INSTITUCIN DE BANCA MULTIPLE GR	5.621	12/10/2029	42,000	42,347	43,638
05970FAD3	BANCO SANTANDER CHILE	3.177	10/26/2031	21,000	18,648	19,678
05971PAD0	BANCO MERCANTIL DEL NORTE SA (CAYMAN ISLANDS BRANC	8.375	12/29/2049	90,000	90,420	94,500
05971U2E6	BANCO DE CREDITO DEL PERU	5.850	01/11/2029	13,000	12,978	13,544
05988JAD5	BANDWIDTH INC	0.500	04/01/2028	42,000	36,867	36,477
059895AT9	BANGKOK BANK PUBLIC CO LTD (HONG KONG BRANCH)	3.733	09/25/2034	24,000	21,758	22,792
059895AY8	BANGKOK BANK PUBLIC CO LTD (HONG KONG BRANCH)	4.507	11/26/2030	26,000	26,000	26,058
06055JJY6	BANK OF AMERICA CORP	6.000	02/27/2045	1,000,000	1,000,000	994,668
06055JLE7	BANK OF AMERICA CORP	6.000	05/01/2040	400,000	400,000	398,537
067383AA7	C R BARD INC	6.700	12/01/2026	475,000	480,216	481,247
06744EDH7	BARCLAYS BANK PLC	1.000	02/16/2029	85,000	89,262	93,209
07336UAC7	BBVA MEXICO SA	5.250	09/10/2029	26,000	25,677	26,621
09257WAE0	BLACKSTONE MORTGAGE TRUST INC	5.500	03/15/2027	31,000	30,589	30,551
09681MAS7	BOC AVIATION LTD	2.625	09/17/2030	24,000	21,152	22,374
09709UV70	BOFA FINANCE LLC	0.600	05/25/2027	80,000	82,930	86,840
10112RBM5	BOSTON PROPERTIES LP	2.000	10/01/2030	10,000	10,000	9,655
10482BAB7	BRAEMAR HOTELS & RESORTS INC	4.500	06/01/2026	82,000	81,323	80,237
112463AC8	BROOKDALE SENIOR LIVING INC	2.000	10/15/2026	30,000	29,823	40,969
11777QAC4	B2GOLD CORP	2.750	02/01/2030	35,000	39,002	55,913
11952AAA0	BUFFALO ENERGY MEXICO HOLDINGS SA DE CV	7.875	02/15/2039	3,980	4,178	4,352
12570FAA9	CK HUTCHISON INTERNATIONAL (23) LTD	4.750	04/21/2028	28,000	28,044	28,440
125896BX7	CMS ENERGY CORP	3.375	05/01/2028	10,000	10,000	10,695
12644VAD0	CSN RESOURCES SA	4.625	06/10/2031	16,000	12,816	12,306

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163
Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
12656VAD5DMBA	C3NANO INC.	10.000	08/15/2026	90,000	$ 90,000	$ 54,000
126650AQ3	CVS HEALTH CORP	5.789	01/10/2026	36,187	36,190	36,193
12685JAE5	CABLE ONE INC	-	03/15/2026	27,000	26,526	26,595
12685JAG0	CABLE ONE INC	1.125	03/15/2028	25,000	21,435	20,345
13469VAC2	CAMTEK LTD	-	09/15/2030	30,000	33,657	34,574
14115DAA2	CARBON REVOLUTION LIMITED	8.500	05/15/2027	875,798	876,119	867,040
151290BZ5	CEMEX SAB DE CV	3.875	07/11/2031	46,000	40,863	44,048
15132HAH4	CENCOSUD SA	4.375	07/17/2027	79,000	78,478	78,956
162775AA8	CHECK POINT SOFTWARE TECHNOLOGIES LTD	-	12/15/2030	10,000	10,000	9,975
163072AB7	CHEESECAKE FACTORY INC	2.000	03/15/2030	30,000	30,509	29,385
192714AD5	COLBUN SA	3.150	03/06/2030	27,000	24,333	25,472
194014AB2	ENOVIS CORP	3.875	10/15/2028	10,000	10,356	9,755
200300606V2	Comcast Corporation 2.0% Debentures	2.000	11/15/2029	700	57,112	49,875
200447AP5	COMISION FEDERAL DE ELECTRICIDAD	6.450	01/24/2035	16,000	15,946	16,475
210314AB6	CONSORCIO TRANSMANTARO SA	4.700	04/16/2034	29,000	28,704	28,846
21870TERM-DMBA	CORENERGY INFASTRUCTURE TRUST 12.00 04APR29	12.000	04/04/2029	17,439	17,439	12,905
218ESCAA9-DMBA	ESC CB CORENERGY INFR 5.875 15AUG25	-	08/15/2025	38,000	-	-
21987BBG2	CORPORACION NACIONAL DEL COBRE DE CHILE	5.950	01/08/2034	25,000	25,314	26,140
21987BBL1	CORPORACION NACIONAL DEL COBRE DE CHILE	6.330	01/13/2035	33,000	35,143	35,211
22410JAB2	CRACKER BARREL OLD COUNTRY STORE INC	0.625	06/15/2026	32,000	31,336	31,002
229050AC3	CRYOPORT INC	0.750	12/01/2026	34,000	31,757	32,215
23248VAC9	CYBERARK SOFTWARE LTD	-	06/15/2030	40,000	40,044	42,740
23330JAA9	DP WORLD LTD	6.850	07/02/2037	75,000	79,436	84,838
248356AA5	DENISON MINES CORP	4.250	09/15/2031	5,000	5,000	6,460
25389JAX4	DIGITAL REALTY TRUST LP	1.875	11/15/2029	65,000	67,249	65,910
25809KAA3	DOORDASH INC	-	05/15/2030	40,000	40,000	41,780
26054MHR5	DOW CHEMICAL CO	6.500	05/15/2055	500,000	500,000	489,011
26441CBY0	DUKE ENERGY CORP	4.125	04/15/2026	90,000	92,086	92,700
29258YAA1	ENDEAVOUR SILVER CORP	0.250	01/15/2031	15,000	16,451	16,275
292671AC8	ENERGY FUELS INC	0.750	11/01/2031	10,000	10,534	10,330

(Continued)

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163
Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
29290BAA1	ENCELADUS DEVELOPMENT VENTURE III LLC	10.000	11/15/2023	464,444	$ 464,444	$ 46,444
29355AAH0	ENPHASE ENERGY INC	-	03/01/2026	32,000	31,664	31,600
29355AAK3	ENPHASE ENERGY INC	-	03/01/2028	24,000	20,993	20,880
293594AC1	ENOVIX CORP	3.000	05/01/2028	5,000	4,529	4,573
293594AF4	ENOVIX CORP	4.750	09/15/2030	10,000	10,130	9,620
29364N108	ENTERGY MISSISSIPPI LLC	4.900	10/01/2066	101,562	2,539,050	2,081,005
29364W108	ENTERGY LOUISIANA LLC	4.875	09/01/2066	60,000	1,500,000	1,221,000
29364WAT5	ENTERGY LOUISIANA LLC	5.000	07/15/2044	600,000	600,000	544,295
29441WAC9	MEGLOBAL BV	4.250	11/03/2026	28,000	27,754	27,939
298736AM1	EURONET WORLDWIDE INC	0.625	10/01/2030	25,000	25,382	22,797
30034WAD8	EVERGY INC	4.500	12/15/2027	30,000	31,156	36,510
30212PBE4	EXPEDIA GROUP INC	-	02/15/2026	15,000	15,566	16,733
30260LAA3	TIERRA MOJADA LUXEMBOURG II SARL	5.750	12/01/2040	38,797	35,292	38,090
32076VAE3	FIRST MAJESTIC SILVER CORP	0.125	01/15/2031	70,000	70,894	77,140
343412AJ1	FLUOR CORP	1.125	08/15/2029	65,000	74,771	74,048
346845AC4	FORT BENNING FAMILY COMMUNITIES LLC	4.215	01/15/2036	273,140	243,560	250,622
347508AB9	FORT KNOX MILITARY HOUSING PRIVATIZATION PROJECT	4.205	02/15/2052	891,367	727,955	678,080
36321PAD2	GALAXY PIPELINE ASSETS BIDCO LTD	2.160	03/31/2034	16,781	14,484	15,198
36830DAB7	GC TREASURY CENTER CO LTD	2.980	03/18/2031	200,000	173,839	181,662
36830DAF8	GC TREASURY CENTER CO LTD	5.200	03/30/2052	24,000	21,011	22,386
37940XAU6	GLOBAL PAYMENTS INC	1.500	03/01/2031	25,000	24,674	22,425
38046YAC5	GOLAR LNG LTD	2.750	12/15/2030	35,000	35,249	33,705
38500TAC5	GRAN TIERRA ENERGY INC	9.500	10/15/2029	44,000	42,290	30,950
387328AF4	GRANITE CONSTRUCTION INC	3.250	06/15/2030	15,000	17,007	23,925
400131AH1	GRUMA SAB DE CV	5.390	12/09/2034	28,000	28,700	28,784
40049JAZ0	GRUPO TELEVISA SAB	6.625	01/15/2040	43,000	42,390	37,191
40171VAC4	GUIDEWIRE SOFTWARE INC	1.250	11/01/2029	40,000	44,231	43,980
405024AB6	HAEMONETICS CORP	-	03/01/2026	22,000	21,837	21,725
41135UAC9	HANWHA LIFE INSURANCE CO LTD	6.300	06/24/2055	41,000	41,000	42,574
44962LAJ6	IHS MARKIT LTD	4.250	05/01/2029	481,000	464,464	467,263

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

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44963HAC9	IHS HOLDING LTD	7.875	05/29/2030	33,000	32,704	33,985
44963LAC0	IHS MAURITIUS NG HOLDCO LTD	8.000	09/18/2027	54,998	55,008	54,952
453204AE9	IMPINJ INC	- .000	09/15/2029	30,000	31,512	30,795
456866AK8	TRANE TECHNOLOGIES CO LLC	6.391	11/15/2027	400,000	400,000	410,833
45826HAB5	INTEGER HOLDINGS CORP	2.125	02/15/2028	38,000	40,464	42,769
46128MAJ0	INVERSIONES CMPC SA	4.375	04/04/2027	22,000	21,900	21,998
46128MAN1	INVERSIONES CMPC SA	3.850	01/13/2030	22,000	20,412	20,881
46128MAU5	INVERSIONES CMPC SA	6.700	12/09/2057	34,000	34,000	34,104
46270CAJ8	IREN LTD	1.000	06/01/2033	15,000	15,000	13,988
46333XAH1	IRONWOOD PHARMACEUTICALS INC	1.500	06/15/2026	44,000	42,395	41,360
465741AQ9	ITRON INC	1.375	07/15/2030	55,000	57,023	55,585
46590XAN6	JBS USA HOLDING LUX SARL	3.000	02/02/2029	45,000	43,219	43,341
46653YAA6	JSW HYDRO ENERGY LTD	4.125	05/18/2031	55,600	50,633	51,695
472145AH4	JAZZ INVESTMENTS I LTD	3.125	09/15/2030	35,000	36,155	46,585
47233WJQ3	JEFFERIES FINANCIAL GROUP INC	7.000	04/30/2045	500,000	500,000	506,297
477143AP6	JETBLUE AIRWAYS CORP	0.500	04/01/2026	35,000	34,538	34,248
48123VAH5	ZIFF DAVIS INC	3.625	03/01/2028	33,000	31,707	32,241
48126PAA0	NK KAZMUNAYGAZ AO	3.500	04/14/2033	61,000	52,811	55,105
48133DL24	JPMORGAN CHASE FINANCIAL COMPANY LLC	0.500	06/15/2027	105,000	110,331	121,341
48268KAH4	KT CORP	4.125	02/02/2028	25,000	24,833	25,040
48344FAB6	KALLPA GENERACION SA	5.875	01/30/2032	54,000	56,561	56,176
48667QAS4	NK KAZMUNAYGAZ AO	6.375	10/24/2048	103,000	93,545	103,912
48668NAA9	NC QAZAQGAZ JSC	4.375	09/26/2027	72,000	69,785	71,768
500688AH9	KOSMOS ENERGY LTD	3.125	03/15/2030	65,000	50,829	27,463
50116FAB8	KSA IJARAH SUKUK LTD	4.875	09/09/2035	59,000	58,328	59,296
525ESC8C6	LEHMAN BROTHERS HOLDINGS	6.000	01/01/2049	440,000	-	330
530715AL5	LIBERTY INTERACTIVE LLC	3.750	02/15/2030	25,983	22,406	1,559
53220KAG3	LIGAND PHARMACEUTICALS INC	0.750	10/01/2030	30,000	34,356	35,127
53636CAA2	LIQUIGLIDE LLC	5.500	02/22/2026	230,000	230,000	229,195
53680QAA6	LITHIUM ARGENTINA AG	1.750	01/15/2027	40,000	37,107	36,140

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AS OF DECEMBER 31, 2025

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538034BC2	LIVE NATION ENTERTAINMENT INC	2.875	01/15/2030	15,000	$ 15,928	$ 15,758
549498AA1	LUCID GROUP INC	1.250	12/15/2026	54,000	50,660	50,085
55285GAE4	MDGH GMTN RSC LTD	5.875	05/01/2034	67,000	69,059	72,771
55292WAA8	MC BRAZIL DOWNSTREAM TRADING SARL	7.250	06/30/2031	33,528	29,310	29,403
55306NAB0	MKS INC	1.250	06/01/2030	65,000	64,008	82,908
55388RAA4	MV24 CAPITAL BV	6.748	06/01/2034	25,679	23,938	25,463
55977YAA6	MAGYAR EXPORT IMPORT BANK ZRT	6.125	12/04/2027	62,000	62,132	63,756
56087FAC8	MAKEMYTRIP LTD	-	07/01/2030	35,000	35,464	34,265
57164YAD9	MARRIOTT VACATIONS WORLDWIDE CORP	-	01/15/2026	21,000	20,949	20,922
59001ABF8	MERITAGE HOMES CORP	1.750	05/15/2028	5,000	4,869	4,918
592838AA4	MEXICO GENERADORA DE ENERGIA S DE RL DE CV	5.500	12/06/2032	28,579	27,937	29,047
602736AA8	MINEJESA CAPITAL BV	4.625	08/10/2030	23,014	21,907	22,890
602736AB6	MINEJESA CAPITAL BV	5.625	08/10/2037	164,000	144,616	162,362
60284MAC6	MINERA MEXICO SA DE CV	5.625	02/12/2032	46,000	47,476	47,541
60471AAC5	MIRION TECHNOLOGIES INC	-	10/01/2031	15,000	16,642	16,200
61761J6L8	MORGAN STANLEY	5.131	06/20/2034	500,000	500,000	499,428
62459LAC3	MOVIDA EUROPE SA	7.850	04/11/2029	32,000	30,163	30,240
62877P2A1	NBK SPC LTD	5.500	06/06/2030	102,000	105,105	105,584
63305MCW9	NATIONAL BANK OF CANADA	5.300	03/06/2030	500,000	500,000	501,380
65341BAG1	XPLR INFRASTRUCTURE LP	2.500	06/15/2026	27,000	26,284	26,495
665531AJ8	NORTHERN OIL AND GAS INC	3.625	04/15/2029	15,000	15,707	14,453
665531AK5	NORTHERN OIL AND GAS INC	3.625	04/15/2029	5,000	5,197	4,818
66980Q2C0	BOC AVIATION (USA) CORP	4.875	05/03/2033	59,000	60,118	60,177
66980Q2F3	BOC AVIATION (USA) CORP	4.625	09/04/2031	50,000	50,861	50,770
67059NAH1	NUTANIX INC	0.250	10/01/2027	50,000	54,134	56,150
67077MAE8	NUTRIEN LTD	4.000	12/15/2026	1,000,000	998,949	999,700
67091TAG0	OCP SA	7.500	05/02/2054	79,000	84,907	87,499
678026AK1	OIL STATES INTERNATIONAL INC	4.750	04/01/2026	30,000	29,897	29,955
679295AF2	OKTA INC	0.375	06/15/2026	29,000	28,224	28,304
68341PAB5	OOREDOO INTERNATIONAL FINANCE LTD	4.625	10/10/2034	110,000	107,639	110,176

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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AS OF DECEMBER 31, 2025

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68375NAG8	OPKO HEALTH INC	3.750	01/15/2029	15,000	$ 14,667	$ 19,320
68666UAA3	ORLEN SA	6.000	01/30/2035	66,000	66,611	69,548
69352PAS2	PPL CAPITAL FUNDING INC	2.875	03/15/2028	65,000	65,000	71,338
69369EAD1	PERTAMINA (PERSERO) PT	6.000	05/03/2042	36,000	35,064	36,517
69370PAL5	PERTAMINA (PERSERO) PT	2.300	02/09/2031	33,000	28,105	29,269
70202LAD4	PARSONS CORP	2.625	03/01/2029	85,000	89,619	87,380
70932AAF0	PENNYMAC CORP	5.500	03/15/2026	15,000	15,000	14,948
71568QAP2	PERUSAHAAN LISTRIK NEGARA (PERSERO) PT	4.000	06/30/2050	71,000	50,338	52,464
716743AV1	PETRONAS CAPITAL LTD	4.950	01/03/2031	14,000	13,979	14,470
718549AF5	PHILLIPS 66 PARTNERS LP	3.750	03/01/2028	500,000	481,116	488,801
733245AC8	PORCH GROUP INC	6.750	10/01/2028	23,000	20,461	22,929
74365PAE8	PROSUS NV	3.832	02/08/2051	90,000	63,448	60,155
74365PAF5	PROSUS NV	3.061	07/13/2031	85,000	72,154	77,348
74445PAF9	INDONESIA ASAHAN ALUMINIUM (PERSERO) PT	5.450	05/15/2030	38,000	37,180	39,223
74445PAG7	INDONESIA ASAHAN ALUMINIUM (PERSERO) PT	5.800	05/15/2050	18,000	17,821	17,555
74448QAA5	CIKARANG LISTRINDO TBK PT	5.650	03/12/2035	63,000	62,820	64,038
74751*AK2DMBA	QTS STRUCK FLOATING RATE 2030	-	12/16/2030	500,000	498,765	500,000
75102XAA4	RAIZEN FUELS FINANCE SA	5.300	01/20/2027	81,000	80,694	78,142
75737FAE8	REDFIN CORP	0.500	04/01/2027	34,000	31,732	31,824
759916AD1	REPLIGEN CORP	1.000	12/15/2028	45,000	46,622	49,163
76029LAA8	REPAY HOLDINGS CORP	-	02/01/2026	32,000	31,829	31,600
76680RAH0	RINGCENTRAL INC	-	03/15/2026	34,000	33,443	33,592
784730AB9	SSR MINING INC	2.500	04/01/2039	5,000	5,604	6,515
78518PAA3	SAAVI ENERGIA LUXEMBOURG SARL	8.875	02/10/2035	19,000	18,854	20,606
796050AE2	SAMSUNG ELECTRONICS CO LTD	7.700	10/01/2027	471,000	485,311	489,032
80386WAB1	SASOL FINANCING USA LLC	6.500	09/27/2028	25,000	24,562	24,619
80414L2D6	SAUDI ARABIAN OIL CO	3.500	04/16/2029	24,000	22,899	23,415
80414L2L8	SAUDI ARABIAN OIL CO	3.250	11/24/2050	60,000	40,499	40,067
808513BZ7	CHARLES SCHWAB CORP	4.792	03/03/2027	1,000,000	997,176	1,006,751
80928HAB9	SCOTIABANK PERU SAA	6.100	10/01/2035	40,000	40,258	41,360

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816851BM0	SEMPRA	4.125	04/01/2052	550,000	$ 485,652	$ 538,724
82460EAJ9	SHINHAN BANK	3.875	03/24/2026	58,000	57,739	57,944
83304AAH9	SNAP INC	0.125	03/01/2028	40,000	34,566	36,252
833636AP8	SOCIEDAD QUIMICA Y MINERA DE CHILE SA	5.500	09/10/2034	31,000	30,819	31,404
842587DZ7	SOUTHERN CO	4.500	06/15/2027	40,000	42,661	42,680
84861TAH1	SPIRIT REALTY LP	2.100	03/15/2028	412,000	386,302	395,692
84921RAB6	SPOTIFY USA INC	-	03/15/2026	60,000	67,406	68,100
852234AJ2	BLOCK INC	-	05/01/2026	15,000	14,632	14,720
853254CC2	STANDARD CHARTERED PLC	2.678	06/29/2032	15,000	12,638	13,580
853254CS7	STANDARD CHARTERED PLC	6.301	01/09/2029	33,000	33,745	34,295
853254CZ1	STANDARD CHARTERED PLC	6.097	01/11/2035	43,000	45,024	46,151
86964WAJ1	SUZANO AUSTRIA GMBH	3.750	01/15/2031	77,000	68,773	72,656
86964WAL6	SUZANO AUSTRIA GMBH	2.500	09/15/2028	29,000	26,907	27,449
872241AB0	COX COMMUNICATIONS INC	6.530	02/01/2028	500,000	510,193	517,973
88032XAN4	TENCENT HOLDINGS LTD	3.975	04/11/2029	14,000	13,394	13,993
88032XAV6	TENCENT HOLDINGS LTD	3.240	06/03/2050	88,000	57,669	63,085
88162GAB9	TETRA TECH INC	2.250	08/15/2028	85,000	92,407	92,115
88323AAB8	THAIOIL TREASURY CENTER CO LTD	4.875	01/23/2043	51,000	43,787	45,451
88331LAA6	BEAUTY HEALTH CO	1.250	10/01/2026	29,000	27,289	27,333
902252AB1	TYLER TECHNOLOGIES INC	0.250	03/15/2026	95,000	98,430	96,045
90365EAA7	UIRC-GSA HOLDINGS III LLC	3.500	04/30/2026	1,000,000	1,000,000	997,140
91127KAE2	UNITED OVERSEAS BANK LTD	2.000	10/14/2031	117,000	115,088	114,883
91879QAN9	VAIL RESORTS INC	-	01/01/2026	21,000	21,000	20,958
922280AD4	VARONIS SYSTEMS INC	1.000	09/15/2029	50,000	51,812	46,425
92277GAZ0	VENTAS REALTY LP	3.750	06/01/2026	75,000	76,934	105,900
92538JAB2	VERTEX INC	0.750	05/01/2029	20,000	23,101	18,936
95041AAD0	WELLTOWER OP LLC	3.125	07/15/2029	25,000	27,557	37,750
98978VAY9	ZOETIS INC	0.250	06/15/2029	40,000	40,253	41,100
EC4529235	PRINCIPAL FINANCIAL GLOBAL FUNDING LLC	4.709	01/10/2031	1,200,000	1,133,311	1,080,000
F54833CS9	CLARIANE SE	0.875	03/06/2027	22,151	532,097	24,241

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G01913AA3	ALDAR INVESTMENT PROPERTIES SUKUK LTD	5.500	05/16/2034	200,000	$ 201,726	$ 207,370
G0446NAS3	ANGLO AMERICAN CAPITAL PLC	2.625	09/10/2030	8,000	7,001	7,381
G2181LAA1	CK HUTCHISON INTERNATIONAL (20) LTD	2.500	05/08/2030	230,000	206,241	214,119
G2182GAC7	CK HUTCHISON INTERNATIONAL (21) LTD	3.125	04/15/2041	25,000	18,675	19,271
G3066LAF8	ENN ENERGY HOLDINGS LTD	2.625	09/17/2030	53,000	46,596	48,986
G3R82SAP2	FOXCONN (FAR EAST) LTD	2.500	10/28/2030	236,000	205,238	216,998
G4124CAA7	GRAB HOLDINGS LTD	-	06/15/2030	10,000	11,079	10,575
G87602AA9	TENGIZCHEVROIL FINANCE COMPANY INTERNATIONAL LTD	4.000	08/15/2026	20,000	19,944	19,911
G91139AF5	TSMC GLOBAL LTD	1.250	04/23/2026	11,000	10,890	10,908
G91139AH1	TSMC GLOBAL LTD	2.250	04/23/2031	25,000	21,655	22,706
L2848UAA0	EIG PEARL HOLDINGS SARL	4.387	11/30/2046	200,000	152,280	168,920
M6746GAD8	LEVIATHAN BOND LTD	6.750	06/30/2030	85,000	76,865	86,498
M8222MAA0	QATARENERGY LNG S3	5.838	09/30/2027	102,982	103,410	104,432
N7163RAA1	PROSUS NV	3.680	01/21/2030	24,000	21,838	23,054
N7163RAD5	PROSUS NV	4.027	08/03/2050	16,000	10,587	11,127
N7163RAW3	PROSUS NV	3.257	01/19/2027	33,000	32,062	32,530
P01703AD2	ALPEK SAB DE CV	3.250	02/25/2031	38,000	33,315	32,325
P09376DD6	BANCO DE CHILE	2.990	12/09/2031	75,000	65,799	68,409
P7922TAA7	PROMIGAS SA ESP	3.750	10/16/2029	42,000	38,141	39,459
US40435WAC47	HTA GROUP LTD	7.500	06/04/2029	20,000	20,693	20,640
US50050GAW87	KOOKMIN BANK	5.375	05/08/2027	100,000	99,956	101,935
USG0446NAR55	ANGLO AMERICAN CAPITAL PLC	5.625	04/01/2030	34,000	35,254	35,528
USG7150PAA87	POINSETTIA FINANCE LIMITED SARL	6.625	06/17/2031	108,188	95,243	105,863
Y00130RP4	ADANI PORTS AND SPECIAL ECONOMIC ZONE LTD	4.375	07/03/2029	200,000	180,244	194,036
Y6886MAE0	PETRONAS CAPITAL LTD	2.480	01/28/2032	233,000	201,253	209,111
Y7141BAB9	PT FREEPORT INDONESIA	5.315	04/14/2032	12,000	11,511	12,235
Y7141BAC7	PT FREEPORT INDONESIA	6.200	04/14/2052	19,000	18,074	19,322

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Y7150MAF4	PTTEP TREASURY CENTER CO LTD	2.993	01/15/2030	16,000	$ 14,530	$ 15,229
Y72570AU1	RELIANCE INDUSTRIES LTD	3.625	01/12/2052	20,000	13,879	14,682
Y8190DAA5	SUMMIT DIGITEL INFRASTRUCTURE LTD	2.875	08/12/2031	40,000	34,634	36,359
CORPORATE DEBT INSTRUMENTS:				27,307,206	30,593,046	29,122,495
PREFERRED STOCK:						
10482B200	BRAEMAR HOTELS & RESORTS INC	5.500	01/00/1900	1,328	21,313	19,668
26884U307	EPR PROPERTIES	9.000	-	241	7,495	7,211
283678209	EL PASO ENERGY CAPITAL TRUST I	4.750	03/31/2028	234	9,683	11,501
29364D100PRFD	ENTERGY ARKANSAS LLC	4.875	09/01/2066	25,000	625,000	515,575
55261F864	M&T BANK CORP	7.500	-	286	7,719	7,616
808513600	CHARLES SCHWAB CORP	5.950	-	3,681	92,337	92,219
808513865	CHARLES SCHWAB CORP	4.450	-	1,651	32,002	30,920
949746804	WELLS FARGO & CO	7.500	-	18	20,880	21,816
US74965L2007	RLJ LODGING TRUST	7.800	-	957	26,030	23,829
PREFERRED STOCK:				33,396	842,459	730,355
COMMON STOCK:						
00090Q103	ADT ORD	-	-	4,800	40,888	38,736
001055102	AFLAC ORD	-	-	407	30,765	44,880
001084102	AGCO ORD	-	-	355	30,992	37,034
00130H105	THE AES CORPORATION	-	-	126	3,411	1,807
00206R102	AT&T ORD	-	-	10,122	221,620	251,430
002824100	ABBOTT LABORATORIES ORD	-	-	183	21,030	22,928
00287Y109	ABBVIE ORD	-	-	1,235	202,363	282,185
002896207	ABERCROMBIE AND FITCH CL A ORD	-	-	178	11,693	22,405
00724F101	ADOBE ORD	-	-	171	66,690	59,848

(Continued)

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163
Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
00737L103	ADTALEM GLOBAL EDUCATION ORD	-	-	223	$ 27,502	$ 23,074
00751Y106	ADVANCE AUTO PARTS ORD	-	-	65	5,996	2,555
00766T100	AECOM ORD	-	-	99	7,426	9,438
007903107	ADVANCED MICRO DEVICES ORD	-	-	107	12,163	22,915
00846U101	AGILENT TECHNOLOGIES ORD	-	-	28	3,700	3,810
009066101	AIRBNB CL A ORD	-	-	11	1,485	1,493
009158106	AIR PRODUCTS AND CHEMICALS ORD	-	-	26	7,126	6,423
00971T101	AKAMAI TECHNOLOGIES ORD	-	-	60	6,462	5,235
012653101	ALBEMARLE ORD	-	-	28	2,299	3,960
013091103	ALBERTSONS COMPANIES CL A ORD	-	-	1,803	39,437	30,958
013872106	ALCOA ORD	-	-	1,609	60,449	85,502
015271109	ALEXANDRIA REAL ESTATE EQ REIT ORD	-	-	546	36,959	26,721
016255101	ALIGN TECHNOLOGY ORD	-	-	15	2,388	2,342
01741R102	ATI ORD	-	-	330	6,473	37,871
018802108	ALLIANT ENERGY ORD	-	-	49	2,664	3,185
020002101	ALLSTATE ORD	-	-	56	6,637	11,656
02005N100	ALLY FINANCIAL ORD	-	-	143	5,940	6,476
02079K107	ALPHABET CL C ORD	-	-	528	74,980	165,686
02079K305	ALPHABET CL A ORD	-	-	1,307	190,221	409,091
02156K103	OPTIMUM COMMUNICATIONS CL A ORD	-	-	145	2,710	239
023135106	AMAZON COM ORD	-	-	1,728	237,911	398,857
023608102	AMEREN ORD	-	-	41	3,322	4,094
025537101	AMERICAN ELECTRIC POWER ORD	-	-	88	7,521	10,147
02553E106	AMERICAN EAGLE OUTFITTERS ORD	-	-	854	14,108	22,520
025816109	AMERICAN EXPRESS ORD	-	-	48	6,939	17,758
025932104	AMERICAN FINANCIAL GROUP ORD	-	-	14	1,764	1,914
026874784	AMERICAN INTERNATIONAL GROUP ORD	-	-	819	41,798	70,065
03027X100	AMERICAN TOWER REIT	-	-	98	20,523	17,206
030420103	AMERICAN WATER WORKS ORD	-	-	128	17,647	16,704
03073E105	CENCORA ORD	-	-	85	17,086	28,709

(Continued)

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163
Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
03076C106	AMERIPRISE FINANCE ORD	-	-	94	$ 34,069	$ 46,092
031100100	AMETEK ORD	-	-	19	2,445	3,901
031162100	AMGEN ORD	-	-	385	93,139	126,014
031652100	AMKOR TECHNOLOGY ORD	-	-	390	13,378	15,397
032095101	AMPHENOL CL A ORD	-	-	47	1,576	6,352
032654105	ANALOG DEVICES ORD	-	-	60	10,428	16,272
035710839	ANNALY CAPITAL MANAGEMENT REIT ORD	-	-	683	13,004	15,272
03674X106	ANTERO RESOURCES ORD	-	-	64	2,177	2,205
036752103	ELEVANCE HEALTH ORD	-	-	230	95,017	80,627
03743Q108	APA ORD	-	-	606	17,412	14,823
03769M106	APOLLO GLOBAL MANAGEMENT ORD	-	-	13	1,879	1,882
037833100	APPLE ORD	-	-	2,252	316,770	612,229
038222105	APPLIED MATERIAL ORD	-	-	663	80,551	170,384
038336103	APTARGROUP ORD	-	-	661	81,598	80,616
039483102	ARCHER DANIELS MIDLAND ORD	-	-	819	54,266	47,084
039653100	ARCOSA ORD	-	-	159	13,689	16,905
03969F109	ARCUS BIOSCIENCES ORD	-	-	329	7,166	7,840
040413205	ARISTA NETWORKS ORD	-	-	20	1,930	2,621
042735100	ARROW ELECTRONICS ORD	-	-	285	27,605	31,401
04316A108	ARTISAN PARTNERS ASSET MGMT CL A ORD	-	-	341	11,845	13,892
049560105	ATMOS ENERGY ORD	-	-	17	2,326	2,850
052769106	AUTODESK ORD	-	-	10	3,074	2,960
052800109	AUTOLIV ORD	-	-	350	33,131	41,545
053015103	AUTOMATIC DATA PROCESSING ORD	-	-	148	31,675	38,070
05329W102	AUTONATION ORD	-	-	75	10,322	15,486
053484101	AVALONBAY COMMUNITIES REIT ORD	-	-	17	3,177	3,082
05368V106	AVIENT ORD	-	-	291	10,130	9,091
053774105	AVIS BUDGET GROUP ORD	-	-	18	3,265	2,310
05379B107	AVISTA ORD	-	-	995	37,884	38,347
053807103	AVNET ORD	-	-	59	2,479	2,837

(Continued)

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163
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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
05722G100	BAKER HUGHES CL A ORD	-	-	198	$ 4,835	$ 9,017
058498106	BALL ORD	-	-	150	8,697	7,946
060505104	BANK OF AMERICA ORD	-	-	2,414	81,060	132,770
064058100	BANK OF NEW YORK MELLON ORD	-	-	738	41,220	85,674
06652K103	BANKUNITED ORD	-	-	504	18,960	22,463
071813109	BAXTER INTERNATIONAL ORD	-	-	407	22,599	7,778
072730302	BAYER AKTIENGESELLSCHAFT EACH RE ADR	-	-	8,992	67,556	97,712
075887109	BECTON DICKINSON ORD	-	-	433	82,324	84,032
07724U103	BEIERSDORF A G UNSPONSORED GERMA ADR	-	-	4,291	101,139	94,422
077347300	BEL FUSE CL B ORD	-	-	144	22,115	24,427
077454106	BELDEN ORD	-	-	118	13,872	13,753
084423102	WR BERKLEY ORD	-	-	31	1,054	2,174
084670702	BERKSHIRE HATHAWAY CL B ORD	-	-	506	172,127	254,341
086516101	BEST BUY ORD	-	-	696	59,833	46,583
090572207	BIO RAD LABORATORIES CL A ORD	-	-	52	16,191	15,755
09058V103	BIOCRYST PHARMACEUTICALS ORD	-	-	1,430	12,587	11,154
09062X103	BIOGEN ORD	-	-	58	12,447	10,207
09260D107	BLACKSTONE ORD	-	-	210	25,869	32,369
09290D101	BLACKROCK ORD	-	-	15	11,073	16,055
094235108	BLOOMIN BRANDS ORD	-	-	300	6,746	1,851
097023105	BOEING ORD	-	-	25	6,076	5,428
09857L108	BOOKING HOLDINGS ORD	-	-	22	60,462	117,817
099724106	BORGWARNER ORD	-	-	995	30,310	44,835
101121101	BXP ORD	-	-	23	2,398	1,552
101137107	BOSTON SCIENTIFIC ORD	-	-	124	7,898	11,823
109696104	BRINK'S ORD	-	-	300	31,109	35,019
110122108	BRISTOL MYERS SQUIBB ORD	-	-	3,124	185,918	168,509
11135F101	BROADCOM ORD	-	-	887	95,819	306,990
12008R107	BUILDERS FIRSTSOURCE ORD	-	-	161	24,837	16,565
12504L109	CBRE GROUP CL A ORD	-	-	42	3,326	6,753

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
12514G108	CDW ORD	-	-	36	$ 6,559	$ 4,903
125269100	CF INDUSTRIES HOLDINGS ORD	-	-	444	40,602	34,339
12541W209	CH ROBINSON WORLDWIDE ORD	-	-	228	20,854	36,653
125523100	CIGNA ORD	-	-	301	84,654	82,844
12572Q105	CME GROUP CL A ORD	-	-	87	16,806	23,758
125896100	CMS ENERGY ORD	-	-	56	3,417	3,916
126117100	CNA FINANCIAL ORD	-	-	17	779	812
126408103	CSX ORD	-	-	1,423	44,292	51,584
126650100	CVS HEALTH ORD	-	-	2,433	196,374	193,083
127097103	COTERRA ENERGY ORD	-	-	175	4,441	4,606
127387108	CADENCE DESIGN SYSTEMS ORD	-	-	10	1,773	3,126
128246105	CALAVO GROWERS ORD	-	-	1,340	29,923	29,145
130788102	CALIFORNIA WATER SERVICE GROUP ORD	-	-	4,604	207,564	199,491
134429109	THE CAMPBELL S COMPANY ORD	-	-	831	37,981	23,160
14040H105	CAPITAL ONE FINANCIAL ORD	-	-	775	82,973	187,829
14149Y108	CARDINAL HEALTH ORD	-	-	126	8,774	25,893
142339100	CARLISLE COMPANIES ORD	-	-	19	5,716	6,077
143130102	CARMAX ORD	-	-	44	4,712	1,700
14316J108	CARLYLE GROUP ORD	-	-	25	1,712	1,478
143658300	CARNIVAL ORD	-	-	2,193	36,585	66,974
14448C104	CARRIER GLOBAL ORD	-	-	89	4,108	4,703
149123101	CATERPILLAR ORD	-	-	190	43,895	108,845
150870103	CELANESE ORD	-	-	120	13,453	5,074
15117B202	CELLDEX THERAPEUTICS ORD	-	-	297	7,520	8,067
15135B101	CENTENE ORD	-	-	971	62,340	39,957
15189T107	CENTERPOINT ENERGY ORD	-	-	103	2,333	3,949
156431108	CENTURY ALUMINUM ORD	-	-	532	5,794	20,844
16119P108	CHARTER COMMUNICATIONS CL A ORD	-	-	275	111,571	57,406
16411R208	CHENIERE ENERGY ORD	-	-	108	23,882	20,994
165167735	EXPAND ENERGY ORD	-	-	162	16,787	17,878

(Continued)

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

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166764100	CHEVRON ORD	-	-	551	$ 67,691	$ 83,978
169656105	CHIPOTLE MEXICAN GRILL ORD	-	-	57	2,161	2,109
171340102	CHURCH AND DWIGHT ORD	-	-	172	14,822	14,422
172062101	CINCINNATI FINANCIAL ORD	-	-	29	3,020	4,736
172755100	CIRRUS LOGIC ORD	-	-	341	36,128	40,409
17275R102	CISCO SYSTEMS ORD	-	-	4,897	253,297	377,216
172908105	CINTAS ORD	-	-	116	12,379	21,816
172967424	CITIGROUP ORD	-	-	1,538	87,042	179,469
174610105	CITIZENS FINANCIAL GROUP ORD	-	-	737	32,674	43,048
185899101	CLEVELAND CLIFFS ORD	-	-	1,520	10,380	20,186
189054109	CLOROX ORD	-	-	1,919	231,752	193,493
191216100	COCA-COLA ORD	-	-	1,943	107,125	135,835
192446102	COGNIZANT TECHNOLOGY SOLUTN CL A ORD	-	-	134	10,168	11,122
194162103	COLGATE PALMOLIVE ORD	-	-	537	42,164	42,434
197236102	COLUMBIA BANKING SYSTEM ORD	-	-	817	24,125	22,835
20030N101	COMCAST CL A ORD	-	-	7,702	321,216	230,213
200340107	COMERICA ORD	-	-	49	3,238	4,260
205887102	CONAGRA BRANDS ORD	-	-	1,180	38,908	20,426
20825C104	CONOCOPHILLIPS ORD	-	-	2,553	249,662	238,986
209115104	CONSOLIDATED EDISON ORD	-	-	235	21,678	23,340
21037T109	CONSTELLATION ENERGY ORD	-	-	16	1,637	5,652
21867A105	CORE LABORATORIES ORD	-	-	913	18,275	14,635
21870U874	CORENERGY INFRASTRUCTURE ORD	-	-	619	1,906	1,455
21871X109	COREBRIDGE FINANCIAL ORD	-	-	1,273	39,441	38,406
219350105	CORNING ORD	-	-	687	31,607	60,154
219948106	CORPAY ORD	-	-	22	4,084	6,620
22052L104	CORTEVA ORD	-	-	339	16,934	22,723
22160K105	COSTCO WHOLESALE ORD	-	-	92	41,373	79,335
222795502	COUSINS PROPERTIES REIT ORD	-	-	530	15,926	13,663
224441105	CRANE NXT ORD	-	-	260	5,140	12,238

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
22663K107	CRINETICS PHARMACEUTICALS ORD	-	-	220	$ 9,637	$ 10,241
22822V101	CROWN CASTLE ORD	-	-	60	8,952	5,332
231021106	CUMMINS ORD	-	-	121	26,372	61,764
23128Q101	CURBLINE PROPERTIES ORD	-	-	426	9,628	9,887
23282W605	CYTOKINETICS ORD	-	-	181	6,613	11,501
23331A109	D R HORTON ORD	-	-	75	7,687	10,802
233331107	DTE ENERGY ORD	-	-	35	3,962	4,514
23355L106	DXC TECHNOLOGY ORD	-	-	162	5,985	2,373
23381B106	DAIKIN INDS 10 ADR REP ORD	-	-	603	7,558	7,725
235851102	DANAHER ORD	-	-	66	13,767	15,109
237194105	DARDEN RESTAURANTS ORD	-	-	97	14,907	17,850
23918K108	DAVITA ORD	-	-	271	26,530	30,788
244199105	DEERE ORD	-	-	37	14,133	17,226
24665A103	DELEK US HOLDINGS ORD	-	-	579	14,650	17,173
24703L202	DELL TECHNOLOGIES CL C ORD	-	-	554	27,727	69,738
247361702	DELTA AIR LINES ORD	-	-	330	16,422	22,902
24823R105	DENALI THERAPEUTICS ORD	-	-	413	7,747	6,819
25179M103	DEVON ENERGY ORD	-	-	448	22,308	16,410
25278X109	DIAMONDBACK ENERGY ORD	-	-	29	4,251	4,360
253393102	DICKS SPORTING ORD	-	-	52	13,002	10,294
253868103	DIGITAL REALTY REIT ORD	-	-	31	4,009	4,796
254687106	WALT DISNEY ORD	-	-	256	38,853	29,125
256677105	DOLLAR GENERAL ORD	-	-	270	46,882	35,848
256746108	DOLLAR TREE ORD	-	-	134	12,613	16,483
25746U109	DOMINION ENERGY ORD	-	-	195	12,888	11,425
260003108	DOVER ORD	-	-	19	2,621	3,710
260557103	DOW ORD	-	-	578	23,268	13,514
26210C104	DROPBOX CL A ORD	-	-	1,196	35,221	33,249
26441C204	DUKE ENERGY ORD	-	-	156	15,119	18,285
26614N102	DUPONT DE NEMOURS ORD	-	-	169	5,517	6,794

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
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268158201	DYNAVAX TECHNOLOGIES ORD	-	-	466	$ 5,543	$ 7,167
26818M108	DYNE THERAPEUTICS ORD	-	-	368	7,190	7,198
26875P101	EOG RESOURCES ORD	-	-	139	13,488	14,596
26884L109	EQT ORD	-	-	76	4,178	4,074
27579R104	EAST WEST BANCORP ORD	-	-	292	10,204	32,818
277432100	EASTMAN CHEMICAL ORD	-	-	218	16,428	13,915
278642103	EBAY ORD	-	-	1,490	77,568	129,779
278768106	ECHOSTAR CL A ORD	-	-	39	2,814	4,239
278865100	ECOLAB ORD	-	-	17	3,545	4,463
281020107	EDISON INTERNATIONAL ORD	-	-	106	6,137	6,362
28176E108	EDWARDS LIFESCIENCES ORD	-	-	59	5,559	5,030
285512109	ELECTRONIC ARTS ORD	-	-	121	15,827	24,724
291011104	EMERSON ELECTRIC ORD	-	-	83	7,971	11,016
29275Y102	ENERSYS ORD	-	-	234	22,767	34,340
29364G103	ENTERGY ORD	-	-	71	3,567	6,563
293712105	ENTERPRISE FINANCIAL SERVICES ORD	-	-	156	9,464	8,424
29444U700	EQUINIX REIT ORD	-	-	5	3,357	3,831
29476L107	EQUITY RESIDENTIAL REIT ORD	-	-	52	3,771	3,278
29670G102	ESSENTIAL UTILITIES ORD	-	-	393	15,728	15,075
29977A105	EVERCORE CL A ORD	-	-	75	8,646	25,519
30034W106	EVERGY ORD	-	-	63	3,776	4,567
30040W108	EVERSOURCE ENERGY ORD	-	-	89	6,999	5,992
30063P105	EXACT SCIENCES ORD	-	-	154	15,593	15,640
30161N101	EXELON ORD	-	-	215	7,055	9,372
30161Q104	EXELIXIS ORD	-	-	1,000	35,553	43,830
30190A104	F&G ANNUITIES AND LIFE ORD	-	-	3	136	93
30212P303	EXPEDIA GROUP ORD	-	-	280	53,322	79,327
302130109	EXPEDITORS INTNL OF WASHTN CL A ORD	-	-	223	26,764	33,229
30225T102	EXTRA SPACE STORAGE REIT ORD	-	-	10	1,488	1,302
30231G102	EXXON MOBIL ORD	-	-	1,530	118,263	184,120

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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302491303	FMC ORD	-	-	33	$ 1,429	$ 458
30303M102	META PLATFORMS CL A ORD	-	-	355	77,359	234,332
303075105	FACTSET RESEARCH SYSTEMS ORD	-	-	26	7,765	7,545
311900104	FASTENAL ORD	-	-	532	14,832	21,349
31428X106	FEDEX ORD	-	-	214	38,878	61,816
31488V107	FERGUSON ENTERPRISES ORD	-	-	95	21,001	21,150
31620M106	FIDELITY NATIONAL INFORMATN SVCS ORD	-	-	109	9,617	7,244
31620R303	FIDELITY NATIONAL FINANCIAL ORD	-	-	59	2,436	3,221
316773100	FIFTH THIRD BANCORP ORD	-	-	634	16,582	29,678
31847R102	FIRST AMERICAN FINANCIAL ORD	-	-	268	11,699	16,466
31946M103	FIRST CITIZENS BANCSHARES CL A ORD	-	-	1	2,071	2,146
320517105	FIRST HORIZON ORD	-	-	2,709	33,262	64,745
320817109	FIRST MERCHANTS ORD	-	-	412	15,206	15,442
337738108	FISERV ORD	-	-	73	6,881	4,903
337932107	FIRSTENERGY ORD	-	-	106	3,637	4,746
343412102	FLUOR ORD	-	-	357	14,065	14,148
345370860	FORD MOTOR ORD	-	-	6,655	80,788	87,314
346375108	FORMFACTOR ORD	-	-	156	8,019	8,702
34959E109	FORTINET ORD	-	-	97	9,039	7,703
34959J108	FORTIVE ORD	-	-	35	1,871	1,932
35137L105	FOX CL A ORD	-	-	1,143	40,955	83,519
354613101	FRANKLIN RESOURCES ORD	-	-	154	4,645	3,679
35671D857	FREEPORT MCMORAN ORD	-	-	201	7,672	10,209
360271100	FULTON FINANCIAL ORD	-	-	1,211	19,802	23,409
36266G107	GE HEALTHCARE TECHNOLOGIES ORD	-	-	240	20,486	19,685
363576109	ARTHUR J GALLAGHER ORD	-	-	32	4,539	8,281
364760108	GAP ORD	-	-	206	4,696	5,274
36828A101	GE VERNOVA ORD	-	-	7	1,637	4,575
369550108	GENERAL DYNAMICS ORD	-	-	101	25,433	34,003
369604301	GE AEROSPACE ORD	-	-	41	2,598	12,629

(Continued)

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163
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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
370334104	GENERAL MILLS ORD	-	-	1,141	$ 59,788	$ 53,056
37045V100	GENERAL MOTORS ORD	-	-	1,870	73,450	152,068
372460105	GENUINE PARTS ORD	-	-	48	5,946	5,902
375558103	GILEAD SCIENCES ORD	-	-	2,645	195,309	324,647
37637Q105	GLACIER BANCORP ORD	-	-	459	18,478	20,219
37940X102	GLOBAL PAYMENTS ORD	-	-	99	11,677	7,663
37959E102	GLOBE LIFE ORD	-	-	602	69,216	84,196
38141G104	GOLDMAN SACHS GROUP ORD	-	-	89	28,146	78,231
382550101	GOODYEAR TIRE AND RUBBER ORD	-	-	913	11,510	7,998
384109104	GRACO ORD	-	-	94	7,780	7,705
384802104	WW GRAINGER ORD	-	-	21	11,001	21,190
387328107	GRANITE CONSTRUCTION ORD	-	-	301	15,507	34,720
387432107	GRANITE RIDGE RESOURCES ORD	-	-	3,667	15,614	17,235
388689101	GRAPHIC PACKAGING HOLDING ORD	-	-	1,204	29,830	18,132
393657101	GREENBRIER ORD	-	-	396	16,866	18,509
403949100	HF SINCLAIR ORD	-	-	422	15,107	19,446
40412C101	HCA HEALTHCARE ORD	-	-	283	56,294	132,121
40434L105	HP ORD	-	-	3,344	91,690	74,504
406216101	HALLIBURTON ORD	-	-	1,323	36,881	37,388
412822108	HARLEY DAVIDSON ORD	-	-	900	30,114	18,441
416515104	THE HARTFORD INSURANCE GROUP ORD	-	-	647	29,968	89,157
42250P103	HEALTHPEAK PROPERTIES ORD	-	-	601	11,607	9,664
422806109	HEICO ORD	-	-	56	1,536	18,121
423452101	HELMERICH AND PAYNE ORD	-	-	571	22,295	16,376
42550U109	HENKEL AND ORD	-	-	7,342	135,311	140,121
42704L104	HERC HOLDINGS ORD	-	-	176	22,657	26,115
427866108	HERSHEY FOODS ORD	-	-	84	14,777	15,286
42806J700	HERTZ GLOBAL HLDGS ORD	-	-	239	1,696	1,228
42824C109	HEWLETT PACKARD ENTERPRISE ORD	-	-	1,275	16,619	30,626
43300A203	HILTON WORLDWIDE HOLDINGS ORD	-	-	182	22,964	52,280

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163
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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
436440101	HOLOGIC ORD	-	-	993	$ 60,698	$ 73,969
436893200	HOME BANCSHARES ORD	-	-	669	16,371	18,585
437076102	HOME DEPOT ORD	-	-	500	165,550	172,050
438516106	HONEYWELL INTERNATIONAL ORD	-	-	98	19,582	19,119
440452100	HORMEL FOODS ORD	-	-	124	5,403	2,939
44107P104	HOST HOTELS & RESORTS REIT ORD	-	-	2,640	47,427	46,807
443201108	HOWMET AEROSPACE ORD	-	-	343	20,848	70,322
443320106	HUB GROUP CL A ORD	-	-	548	15,385	23,350
444859102	HUMANA ORD	-	-	375	111,807	96,049
445658107	JB HUNT TRANSPORT SERVICES ORD	-	-	49	8,329	9,523
446150104	HUNTINGTON BANCSHARES ORD	-	-	276	4,072	4,789
446413106	HUNTINGTON INGALLS INDUSTRIES ORD	-	-	118	24,964	40,128
447011107	HUNTSMAN ORD	-	-	89	2,034	890
45166A102	IDEAYA BIOSCIENCES ORD	-	-	246	9,751	8,504
45167R104	IDEX ORD	-	-	326	55,059	58,008
452308109	ILLINOIS TOOL ORD	-	-	156	34,276	38,423
452327109	ILLUMINA ORD	-	-	21	4,426	2,754
45337C102	INCYTE ORD	-	-	593	33,931	58,571
45378A106	INDEPENDENCE REALTY ORD	-	-	637	11,492	11,135
45687V106	INGERSOLL RAND ORD	-	-	37	3,039	2,931
457187102	INGREDION ORD	-	-	200	18,279	22,052
458140100	INTEL ORD	-	-	2,458	99,727	90,700
45866F104	INTERCONTINENTAL EXCHANGE ORD	-	-	138	16,196	22,350
459200101	INTERNATIONAL BUSINESS MACHINES ORD	-	-	761	111,136	225,416
459506101	INTERNATIONAL FLAVORS & FRAGRANS ORD	-	-	60	5,434	4,043
460146103	INTERNATIONAL PAPER ORD	-	-	137	6,296	5,396
461202103	INTUIT ORD	-	-	66	37,048	43,720
46120E602	INTUITIVE SURGICAL ORD	-	-	10	2,367	5,664
46187W107	INVITATION HOMES ORD	-	-	56	1,657	1,556
46266C105	IQVIA HOLDINGS ORD	-	-	21	4,159	4,734

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
46284V101	IRON MOUNTAIN ORD	-	-	132	$ 6,560	$ 10,949
46625H100	JPMORGAN CHASE ORD	-	-	373	54,297	120,188
466313103	JABIL ORD	-	-	18	953	4,104
46982L108	JACOBS SOLUTIONS ORD	-	-	25	2,628	3,312
47233W109	JEFFERIES FINANCIAL GROUP ORD	-	-	38	1,105	2,355
478160104	JOHNSON & JOHNSON ORD	-	-	2,440	409,299	504,958
48020Q107	JONES LANG LASALLE ORD	-	-	11	2,022	3,701
482480100	KLA ORD	-	-	53	24,963	64,399
48251W104	KKR AND CO ORD	-	-	33	1,871	4,207
48666K109	KB HOME ORD	-	-	500	34,643	28,205
489170100	KENNAMETAL ORD	-	-	1,039	25,918	29,518
49177J102	KENVUE ORD	-	-	7,306	122,787	126,029
493267108	KEYCORP ORD	-	-	275	4,482	5,676
49338L103	KEYSIGHT TECHNOLOGIES ORD	-	-	21	3,441	4,267
494368103	KIMBERLY CLARK ORD	-	-	567	71,672	57,205
49446R109	KIMCO REALTY REIT ORD	-	-	71	1,333	1,439
49456B101	KINDER MORGAN CL P ORD	-	-	425	7,217	11,683
499049104	KNIGHT SWIFT TRANSPRTATN CL A ORD	-	-	574	27,101	30,009
500255104	KOHL'S ORD	-	-	313	10,333	6,388
500754106	KRAFT HEINZ ORD	-	-	2,123	72,994	51,483
501044101	KROGER ORD	-	-	1,395	57,008	87,160
50127T109	KURA ONCOLOGY ORD	-	-	695	7,356	7,221
50155Q100	KYNDRYL HOLDINGS ORD	-	-	89	1,417	2,364
501889208	LKQ ORD	-	-	83	3,360	2,507
502431109	L3HARRIS TECHNOLOGIES ORD	-	-	123	26,592	36,109
504922105	LABCORP HOLDINGS ORD	-	-	47	11,365	11,791
518439104	ESTEE LAUDER CL A ORD	-	-	902	68,319	94,457
52110M109	LAZARD ORD	-	-	673	23,196	32,681
521865204	LEAR ORD	-	-	97	8,041	11,116
525327102	LEIDOS HOLDINGS ORD	-	-	52	4,962	9,381

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
526057104	LENNAR CL A ORD	-	-	1,148	$ 136,763	$ 118,014
529043408	LXP INDUSTRIAL ORD	-	-	217	11,508	10,759
530307305	LIBERTY BROADBAND SRS C ORD	-	-	734	99,883	35,672
53190C102	LIFE TIME GROUP HOLDINGS ORD	-	-	1,039	29,979	27,617
532457108	ELI LILLY ORD	-	-	171	53,090	183,770
533900106	LINCOLN ELECTRIC HOLDINGS ORD	-	-	152	11,554	36,425
534187109	LINCOLN NATIONAL ORD	-	-	374	24,803	16,654
535555106	LINDSAY ORD	-	-	464	53,638	54,692
536797103	LITHIA MOTORS ORD	-	-	11	3,475	3,656
539830109	LOCKHEED MARTIN ORD	-	-	381	156,177	184,278
540424108	LOEWS ORD	-	-	35	1,829	3,686
548661107	LOWE'S COMPANIES ORD	-	-	521	112,367	125,644
550241103	LUMEN TECHNOLOGIES ORD	-	-	2,969	21,124	23,069
55024U109	LUMENTUM HOLDINGS ORD	-	-	147	13,941	54,183
55261F104	M&T BANK ORD	-	-	231	42,103	46,542
552848103	MGIC INVESTMENT ORD	-	-	1,700	36,487	49,674
554382101	MACERICH REIT ORD	-	-	934	10,939	17,242
55616P104	MACYS ORD	-	-	203	3,191	4,476
56418H100	MANPOWERGROUP ORD	-	-	31	3,140	922
56585A102	MARATHON PETROLEUM ORD	-	-	709	78,520	115,305
570535104	MARKEL GROUP ORD	-	-	2	2,314	4,299
571748102	MARSH ORD	-	-	183	29,098	33,950
571903202	MARRIOTT INTERNATIONAL CL A ORD	-	-	56	10,310	17,373
573075108	MARTEN TRANSPORT ORD	-	-	16,544	215,111	188,271
573284106	MARTIN MARIETTA MATERIALS ORD	-	-	38	17,573	23,661
573874104	MARVELL TECHNOLOGY ORD	-	-	58	2,669	4,929
574599106	MASCO ORD	-	-	178	10,155	11,296
57636Q104	MASTERCARD CL A ORD	-	-	145	53,169	82,778
576485205	MATADOR RESOURCES ORD	-	-	783	44,722	33,231
579780206	MCCORMICK ORD	-	-	145	10,320	9,876

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

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580135101	MCDONALD'S ORD	-	-	372	$ 91,161	$ 113,694
58155Q103	MCKESSON ORD	-	-	45	15,011	36,913
58733R102	MERCADOLIBRE ORD	-	-	43	86,581	86,613
58933Y105	MERCK & CO ORD	-	-	2,539	199,593	267,255
589378108	MERCURY SYSTEMS ORD	-	-	520	21,786	37,965
59156R108	METLIFE ORD	-	-	467	28,916	36,865
594918104	MICROSOFT ORD	-	-	746	219,934	360,781
595017104	MICROCHIP TECHNOLOGY ORD	-	-	98	7,257	6,245
595112103	MICRON TECHNOLOGY ORD	-	-	168	13,702	47,949
59522J103	MID AMERICA APT COMMUNITI REIT ORD	-	-	13	1,906	1,806
601137102	MILLROSE PROPERTIES CL A ORD	-	-	150	3,269	4,481
60510V108	MISSION PRODUCE ORD	-	-	1,193	14,059	13,839
60770K107	MODERNA ORD	-	-	278	12,468	8,198
608190104	MOHAWK INDUSTRIES ORD	-	-	23	3,741	2,514
60855R100	MOLINA HEALTHCARE ORD	-	-	19	4,521	3,297
609207105	MONDELEZ INTERNATIONAL CL A ORD	-	-	622	38,093	33,482
61174X109	MONSTER BEVERAGE ORD	-	-	306	15,683	23,461
615369105	MOODYS ORD	-	-	20	7,083	10,217
617446448	MORGAN STANLEY ORD	-	-	178	14,649	31,600
61945C103	MOSAIC ORD	-	-	171	5,055	4,119
620076307	MOTOROLA SOLUTIONS ORD	-	-	49	12,017	18,783
626717102	MURPHY OIL ORD	-	-	658	28,272	20,563
62855J104	MYRIAD GENETICS ORD	-	-	1,753	7,321	10,781
629377508	NRG ENERGY ORD	-	-	116	7,398	18,472
62944T105	NVR ORD	-	-	3	20,645	21,878
631103108	NASDAQ ORD	-	-	40	2,445	3,885
636180101	NATL FUEL GAS ORD	-	-	400	29,768	32,024
64110D104	NETAPP ORD	-	-	148	12,678	15,849
64110L106	NETFLIX ORD	-	-	698	68,005	65,444
651229106	NEWELL BRANDS ORD	-	-	85	2,300	316

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

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651639106	NEWMONT ORD	-	-	1,064	$ 60,655	$ 106,240
65249B109	NEWS CL A ORD	-	-	122	3,179	3,187
65336K103	NEXSTAR MEDIA GROUP ORD	-	-	170	18,297	34,519
65339F101	NEXTERA ENERGY ORD	-	-	226	16,406	18,143
654106103	NIKE CL B ORD	-	-	1,070	93,222	68,170
65473P105	NISOURCE ORD	-	-	79	1,902	3,299
655844108	NORFOLK SOUTHERN ORD	-	-	42	11,159	12,126
665859104	NORTHERN TRUST ORD	-	-	152	15,302	20,762
666807102	NORTHROP GRUMMAN ORD	-	-	112	45,822	63,864
668771108	GEN DIGITAL ORD	-	-	456	11,195	12,399
670346105	NUCOR ORD	-	-	260	34,365	42,409
67066G104	NVIDIA ORD	-	-	180	6,351	33,570
67103H107	O REILLY AUTOMOTIVE ORD	-	-	486	22,702	44,328
674599105	OCCIDENTAL PETROLEUM ORD	-	-	170	6,584	6,990
679580100	OLD DOMINION FREIGHT LINE ORD	-	-	67	11,603	10,506
680033107	OLD NATIONAL BANCORP ORD	-	-	1,132	18,588	25,255
680223104	OLD REPUBLIC INTERNATIONAL ORD	-	-	1,088	40,224	49,656
680665205	OLIN ORD	-	-	84	2,053	1,750
681919106	OMNICOM GROUP ORD	-	-	264	19,719	21,318
682189105	ON SEMICONDUCTOR ORD	-	-	67	3,729	3,628
682680103	ONEOK ORD	-	-	96	5,530	7,056
68268W103	ONEMAIN HOLDINGS ORD	-	-	56	2,616	3,783
683344105	ONTO INNOVATION ORD	-	-	226	9,682	35,676
68389X105	ORACLE ORD	-	-	1,370	137,409	267,027
68622V106	ORGANON ORD	-	-	1,900	43,755	13,623
688239201	OSHKOSH ORD	-	-	300	28,187	37,689
68902V107	OTIS WORLDWIDE ORD	-	-	190	15,480	16,596
69047Q102	OVINTIV ORD	-	-	627	29,173	24,572
690742101	OWENS CORNIING ORD	-	-	170	28,002	19,025
69318G106	PBF ENERGY CL A ORD	-	-	120	2,508	3,254

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

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69331C108	PG&E ORD	-	-	413	$ 5,812	$ 6,637
693475105	PNC FINANCIAL SERVICES GROUP ORD	-	-	82	13,665	17,116
693506107	PPG INDUSTRIES ORD	-	-	174	23,928	17,828
69351T106	PPL ORD	-	-	150	4,325	5,253
693656100	PVH ORD	-	-	388	43,082	26,004
69370C100	PTC ORD	-	-	237	37,974	41,288
693718108	PACCAR ORD	-	-	93	6,652	10,184
695156109	PACKAGING CORP OF AMERICA ORD	-	-	43	7,174	8,868
697435105	PALO ALTO NETWORKS ORD	-	-	6	1,201	1,105
69932A204	PARAMOUNT SKYDANCE CL B ORD	-	-	277	3,824	3,712
701094104	PARKER HANNIFIN ORD	-	-	8	2,530	7,032
703481101	PATTERSON UTI ENERGY ORD	-	-	1,806	22,548	11,035
704326107	PAYCHEX ORD	-	-	123	13,558	13,798
70450Y103	PAYPAL HOLDINGS ORD	-	-	692	53,138	40,399
708326202	PENNON GROUP ADR	-	-	3,331	46,220	47,268
70959W103	PENSKE AUTOMOTIVE GROUP VTG ORD	-	-	106	5,319	16,779
713448108	PEPSICO ORD	-	-	1,127	172,452	161,747
71377A103	PERFORMANCE FOOD GROUP ORD	-	-	32	2,476	2,877
717081103	PFIZER ORD	-	-	8,021	272,766	199,723
718546104	PHILLIPS 66 ORD	-	-	278	22,503	35,873
723484101	PINNACLE WEST ORD	-	-	37	3,027	3,282
736508847	PORTLAND GENERAL ELECTRIC ORD	-	-	821	35,899	39,400
74112D101	PRESTIGE CONSUMER HEALTHCARE ORD	-	-	92	4,731	5,675
74144T108	T ROWE PRICE GROUP ORD	-	-	331	51,953	33,888
741511109	PRICESMART ORD	-	-	67	7,871	8,219
74251V102	PRINCIPAL FINANCIAL GROUP ORD	-	-	71	4,694	6,263
742718109	PROCTER & GAMBLE ORD	-	-	1,127	162,452	161,510
743315103	PROGRESSIVE ORD	-	-	163	17,556	37,118
74340W103	PROLOGIS REIT	-	-	99	11,036	12,638
743606105	PROSPERITY BANCSHARES ORD	-	-	279	19,285	19,282

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744320102	PRUDENTIAL FINANCIAL ORD	-	-	103	$ 9,841	$ 11,627
744573106	PUBLIC SERVICE ENTERPRISE GROUP ORD	-	-	73	4,356	5,862
74460D109	PUBLIC STORAGE REIT ORD	-	-	32	9,657	8,304
745867101	PULTEGROUP ORD	-	-	449	13,321	52,650
74736K101	QORVO ORD	-	-	41	5,271	3,465
74743L100	QNITY ELECTRONICS ORD	-	-	65	5,903	5,307
747525103	QUALCOMM ORD	-	-	1,085	148,155	185,589
74762E102	QUANTA SERVICES ORD	-	-	11	981	4,643
74834L100	QUEST DIAGNOSTICS ORD	-	-	243	40,918	42,168
74915M605	QVC GROUP SRS A ORD	-	-	5	2,955	52
74965L101	RLJ LODGING REIT ORD	-	-	605	15,874	4,507
750236101	RADIAN GROUP ORD	-	-	988	26,137	35,558
750940108	RALLIANT ORD	-	-	11	575	560
751212101	RALPH LAUREN CL A ORD	-	-	7	840	2,475
75281A109	RANGE RESOURCES ORD	-	-	600	10,829	21,156
754730109	RAYMOND JAMES ORD	-	-	122	4,915	19,592
75513E101	RTX ORD	-	-	192	15,526	35,213
756109104	REALTY INCOME REIT ORD	-	-	91	5,523	5,130
758750103	REGAL REXNORD ORD	-	-	147	17,317	20,627
75886F107	REGENERON PHARMACEUTICALS ORD	-	-	79	54,688	60,978
7591EP100	REGIONS FINANCIAL ORD	-	-	1,401	28,797	37,967
759351604	REINSURANCE GROUP OF AMER ORD	-	-	135	23,383	27,467
759509102	RELIANCE ORD	-	-	18	2,802	5,200
760759100	REPUBLIC SERVICES ORD	-	-	51	5,886	10,808
76118Y104	RESIDEO TECHNOLOGIES ORD	-	-	632	13,834	22,196
76954A103	RIVIAN AUTOMOTIVE CL A ORD	-	-	84	2,016	1,656
770323103	ROBERT HALF ORD	-	-	134	12,922	3,639
773903109	ROCKWELL AUTOMAT ORD	-	-	11	2,898	4,280
776696106	ROPER TECHNOLOGIES ORD	-	-	20	9,066	8,903
778296103	ROSS STORES ORD	-	-	28	3,198	5,044

(Continued)

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163
Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
780259305	SHELL ADR EACH REP 2 ORD	-	-	869	$ 53,645	$ 63,854
783549108	RYDER SYSTEM ORD	-	-	311	27,393	59,522
78409V104	S&P GLOBAL ORD	-	-	47	20,355	24,562
784305104	H2O AMERICA ORD	-	-	2,349	119,489	115,078
78467J100	SS AND C TECHNOLOGIES HOLDINGS ORD	-	-	15	1,248	1,311
79466L302	SALESFORCE ORD	-	-	70	14,952	18,544
79546E104	SALLY BEAUTY HOLDINGS ORD	-	-	2,313	27,195	32,983
80004C200	SANDISK ORD	-	-	9	393	2,136
801056102	SANMINA ORD	-	-	91	12,798	13,656
803054204	SAP ADR REP 1 ORD	-	-	429	74,536	104,208
806407102	HENRY SCHEIN ORD	-	-	817	56,509	61,749
806857108	SLB ORD	-	-	314	10,048	12,051
80706P103	SCHOLAR ROCK HOLDING ORD	-	-	227	7,098	9,999
808513105	CHARLES SCHWAB ORD	-	-	326	24,003	32,571
808625107	SCIENCE APPLICATIONS INTERNATIAL ORD	-	-	260	31,553	26,172
816851109	SEMPRA ORD	-	-	100	6,674	8,829
81686C104	SEMRUSH HOLDINGS CL A ORD	-	-	1,313	15,567	15,612
81762P102	SERVICENOW ORD	-	-	10	2,068	1,532
81768T108	SERVISFIRST BANCSHARES ORD	-	-	106	9,423	7,610
81814P209	SEVERN TRENT ADR	-	-	220	6,864	8,253
824348106	SHERWIN WILLIAMS ORD	-	-	52	13,771	16,850
828806109	SIMON PROP GRP REIT ORD	-	-	126	16,279	23,324
82981J851	SITE CENTERS ORD	-	-	213	11,555	1,367
829933100	SIRIUSXM HOLDINGS ORD	-	-	320	7,558	6,398
83088M102	SKYWORKS SOLUTIONS ORD	-	-	47	5,370	2,980
833034101	SNAP ON ORD	-	-	130	23,268	44,798
83443Q103	SOLSTICE ADVANCED MATERIALS ORD	-	-	24	1,178	1,166
83444M101	SOLVENTUM ORD	-	-	1,713	123,223	135,738
842587107	SOUTHERN ORD	-	-	164	10,562	14,301
84265V105	SOUTHERN COPPER ORD	-	-	41	4,267	5,882

(Continued)

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163
Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
84472E102	SOUTHSTATE BANK ORD	-	-	265	$ 20,840	$ 24,939
844741108	SOUTHWEST AIRLINES ORD	-	-	45	2,759	1,860
84790A105	SPECTRUM BRANDS HOLDINGS ORD	-	-	300	23,848	17,724
84857N107	SPIRAX GROUP ADR	-	-	640	26,015	29,354
852234103	BLOCK CL A ORD	-	-	65	4,897	4,231
854502101	STANLEY BLACK AND DECKER ORD	-	-	56	7,335	4,160
857477103	STATE STREET ORD	-	-	679	43,654	87,598
858119100	STEEL DYNAMICS ORD	-	-	44	2,923	7,456
860630102	STIFEL FINANCIAL ORD	-	-	210	10,192	26,296
863667101	STRYKER ORD	-	-	20	4,888	7,029
871607107	SYNOPSYS ORD	-	-	6	1,996	2,818
87162W100	TD SYNNEX ORD	-	-	293	35,282	44,017
87165B103	SYNCHRONY FINANCIAL ORD	-	-	1,403	56,492	117,052
871829107	SYSCO ORD	-	-	346	26,849	25,497
872540109	TJX ORD	-	-	454	37,896	69,739
872590104	T MOBILE US ORD	-	-	158	22,786	32,080
874039100	TAIWAN SEMICONDUCTOR MNFTG ADR 5 ORD	-	-	516	56,843	156,807
876030107	TAPESTRY ORD	-	-	254	15,964	32,454
87612E106	TARGET ORD	-	-	872	150,205	85,238
87612G101	TARGA RESOURCES ORD	-	-	18	578	3,321
879360105	TELEDYNE TECH ORD	-	-	3	1,689	1,532
88076W103	TERADATA ORD	-	-	748	22,585	22,769
880770102	TERADYNE ORD	-	-	136	16,197	26,324
880779103	TEREX CORP	-	-	545	16,422	29,092
88160R101	TESLA ORD	-	-	57	14,132	25,634
882508104	TEXAS INSTRUMENTS ORD	-	-	584	109,367	101,318
883203101	TEXTRON ORD	-	-	547	31,680	47,682
883556102	THERMO FISHER SCIENTIFIC ORD	-	-	95	42,576	55,048
885160101	THOR INDUSTRIES ORD	-	-	19	1,954	1,951
88579Y101	3M ORD	-	-	838	107,923	134,164

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163
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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
889478103	TOLL BROTHERS ORD	-	-	18	$ 835	$ 2,434
891092108	TORO ORD	-	-	218	15,485	17,161
892356106	TRACTOR SUPPLY ORD	-	-	283	12,325	14,153
893641100	TRANSDIGM GROUP ORD	-	-	2	1,208	2,660
89417E109	TRAVELERS COMPANIES ORD	-	-	44	6,627	12,763
89832Q109	TRUIST FINANCIAL ORD	-	-	633	29,621	31,150
898402102	TRUSTMARK ORD	-	-	531	16,910	20,682
90138F102	TWILIO CL A ORD	-	-	14	1,505	1,991
902494103	TYSON FOODS CL A ORD	-	-	426	29,279	24,972
902681105	UGI ORD	-	-	1,309	50,085	48,996
902788108	UMB FINANCIAL ORD	-	-	208	17,469	23,928
902973304	US BANCORP ORD	-	-	363	18,112	19,370
90353T100	UBER TECHNOLOGIES ORD	-	-	74	2,956	6,047
907818108	UNION PACIFIC ORD	-	-	450	92,950	104,094
90984P303	UNITED COMMUNITY BANKS ORD	-	-	729	21,807	22,759
909907107	UNITED BANKSHARES ORD	-	-	400	13,953	15,360
910047109	UNITED AIRLINES HOLDINGS ORD	-	-	317	13,591	35,447
911312106	UNITED PARCEL SERVICE CL B ORD	-	-	606	96,867	60,109
911363109	UNITED RENTAL ORD	-	-	7	2,322	5,665
912008109	US FOODS ORD	-	-	53	2,006	3,992
91311E102	UNITED UTILITIES GROUP ADR	-	-	1,752	47,102	56,274
91324P102	UNITEDHEALTH GRP ORD	-	-	775	284,006	255,835
913903100	UNIVERSAL HEALTH SERVICES CL B ORD	-	-	199	43,149	43,386
91529Y106	UNUM ORD	-	-	541	14,874	41,928
91704F104	URBAN EDGE PROPERTIES ORD	-	-	746	11,254	14,316
918204108	VF ORD	-	-	458	24,899	8,281
91913Y100	VALERO ENERGY ORD	-	-	333	32,047	54,209
922417100	VEECO INSTRUMENTS ORD	-	-	794	22,982	22,693
92242T101	V2X ORD	-	-	200	10,232	10,910
92276F100	VENTAS REIT ORD	-	-	66	3,590	5,107

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163
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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
92337F107	VERACYTE ORD	-	-	259	$ 6,009	$ 10,904
92343V104	VERIZON COMMUNICATIONS ORD	-	-	5,033	243,465	204,994
92532F100	VERTEX PHARMACEUTICALS ORD	-	-	43	16,393	19,494
92556V106	VIATRIS ORD	-	-	1,884	20,357	23,456
925652109	VICI PPTYS ORD	-	-	116	3,301	3,262
92790C104	VIRIDIAN THERAPEUTICS ORD	-	-	306	5,666	9,523
92826C839	VISA CL A ORD	-	-	355	84,604	124,502
92840M102	VISTRA ORD	-	-	105	13,719	16,940
929089100	VOYA FINANCIAL ORD	-	-	300	17,902	22,347
929160109	VULCAN MATERIALS ORD	-	-	80	17,285	22,818
92939U106	WEC ENERGY GROUP ORD	-	-	50	4,678	5,273
929740108	WABTEC ORD	-	-	19	1,657	4,056
931142103	WALMART ORD	-	-	1,638	76,880	182,490
934423104	WARNER BROS. DISCOVERY SRS A ORD	-	-	1,034	20,259	29,800
94106L109	WASTE MANAGEMENT ORD	-	-	86	12,374	18,895
941848103	WATERS ORD	-	-	7	2,375	2,659
947890109	WEBSTER FINANCIAL ORD	-	-	395	17,798	24,861
949746101	WELLS FARGO ORD	-	-	1,962	80,149	182,858
95040Q104	WELLTOWER ORD	-	-	46	3,370	8,538
950755108	WERNER ENTERPRISES ORD	-	-	4,991	167,278	149,780
95082P105	WESCO INTL ORD	-	-	13	2,816	3,180
958102105	WESTERN DIGITAL ORD	-	-	68	3,017	11,714
959802109	WESTERN UNION ORD	-	-	42	837	391
960413102	WESTLAKE ORD	-	-	12	1,099	887
962166104	WEYERHAEUSER REIT	-	-	189	6,861	4,477
963320106	WHIRLPOOL ORD	-	-	145	21,299	10,460
969457100	WILLIAMS ORD	-	-	138	3,298	8,295
974250102	WINMARK ORD	-	-	64	24,934	25,916
97650W108	WINTRUST FINANCIAL ORD	-	-	180	10,600	25,168
980745103	WOODWARD ORD	-	-	421	58,437	127,277

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163
Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

		(c) Description of Investment, Including:				
(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
98138H101	WORKDAY CL A ORD	-	-	777	$ 179,374	$ 166,884
981475106	WORLD KINECT ORD	-	-	48	1,758	1,125
98389B100	XCEL ENERGY ORD	-	-	94	6,046	6,943
98419M100	XYLEM ORD	-	-	11	1,440	1,498
98421M106	XEROX HOLDINGS ORD	-	-	118	2,902	280
985817105	YELP ORD	-	-	700	24,244	21,273
988498101	YUM BRANDS ORD	-	-	159	19,494	24,054
98956P102	ZIMMER BIOMET HOLDINGS ORD	-	-	57	7,373	5,125
989701107	ZIONS BANCORPORATION ORD	-	-	53	2,785	3,103
98978V103	ZOETIS CL A ORD	-	-	135	23,826	16,986
98980F104	ZOOMINFO TECHNOLOGIES ORD	-	-	3,700	34,437	37,629
98980L101	ZOOM COMMUNICATIONS CL A ORD	-	-	19	1,611	1,640
CH1300646267	BUNGE GLOBAL ORD	-	-	442	42,761	39,373
G0250X107	AMCOR ORD	-	-	1,486	16,832	12,393
G02602103	AMDOCS ORD	-	-	596	53,004	47,984
G0403H108	AON CL A ORD	-	-	355	106,514	125,272
G05384501	ASPEN INSURANCE HOLDINGS CL A ORD	-	-	4,009	147,229	148,734
G1151C101	ACCENTURE CL A ORD	-	-	328	101,574	88,002
G1890L107	CAPRI HOLDINGS LTD.	-	-	1,286	23,098	31,378
G25508105	CRH PUBLIC LIMITED ORD	-	-	102	9,536	12,730
G29183103	EATON ORD	-	-	29	4,045	9,237
G3198U102	ESSENT GROUP ORD	-	-	500	18,215	32,505
G3223R108	EVEREST GROUP ORD	-	-	228	59,603	77,372
G36738105	FRESH DEL MONTE PRODUCE ORD	-	-	1,140	41,527	40,618
G4474Y214	JANUS HENDERSON GROUP ORD	-	-	639	16,827	30,397
G491BT108	INVESCO ORD	-	-	167	4,300	4,387
G50871105	JAZZ PHARMACEUTICALS ORD	-	-	253	35,820	43,010
G51502105	JOHNSON CONTROLS INTERNATIONAL ORD	-	-	79	4,810	9,460
G61188127	LIBERTY GLOBAL CL C ORD	-	-	236	2,914	2,605
G7997R103	SEAGATE TECHNOLOGY HOLDINGS ORD	-	-	195	20,064	53,701

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

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G8473T100	STERIS ORD	-	-	8	$ 1,998	$ 2,028
G87052109	TE CONNECTIVITY ORD	-	-	42	4,950	9,555
G96629103	WILLIS TOWERS WATSON ORD	-	-	31	7,120	10,187
H1467J104	CHUBB ORD	-	-	56	9,108	17,479
IE000S9YS762USD	LINDE ORD	-	-	48	16,426	20,467
N00985106	AERCAP HOLDINGS ORD	-	-	999	66,925	143,616
N07059210	ASML HOLDING ADR REP ORD	-	-	84	62,653	89,868
N20944109	CNH INDUSTRIAL ORD	-	-	2,525	27,986	23,281
N53745100	LYONDELLBASELL INDUSTRIES CL A ORD	-	-	585	40,770	25,331
N72482206	QIAGEN N.V.	-	-	2,098	90,327	94,356
US5128073062	LAM RESEARCH ORD	-	-	799	54,960	136,773
US54211Y1073	LONDON STK EXCHANGE GROUP UNSPON ADR	-	-	7,925	259,457	242,267
US8713321029	SYLVAMO ORD	-	-	200	8,062	9,630
Y2573F102	FLEX ORD	-	-	558	11,332	33,714
Y7542C130	SCORPIO TANKERS ORD	-	-	500	35,740	25,415
COMMON STOCK:				384,902	21,111,974	26,640,074
COLLECTIVE TRUSTS:						
999508583DMBA	CF DAILY VALUED OPEN END FUND	-	-	2,004	3,887,450	5,679,398
COLLECTIVE TRUSTS:				2,004	3,887,450	5,679,398
REGISTERED INVESTMENT COMPANIES:						
04314H402	ARTISAN:INTERNATL INST	-	-	134,010	3,917,935	4,028,354
091936153	BLACKROCK:IS TUS SM K	-	-	4,100	57,173	127,310
233203819	DFA US SMALL CAP VAL I	-	-	34,431	1,116,113	1,778,001
23320G471	DFA WLD EX US VAL I	-	-	184,447	2,041,308	3,183,558
317609352	GRANDEUR PEAK GLOBAL TRUST - GRANDEUR PEAK GLOBAL	-	-	601,599	2,355,599	1,997,309

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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362008260	GMO:QUALITY III	-	-	220,169	$ 5,656,031	$ 7,705,912
46138J619	INVESCO RUSSEL 1000 DM	-	-	29,050	1,493,196	1,775,827
464288513	ISHARES:IBOXX $HY CORP	-	-	6,205	499,983	500,309
46641Q837	JPMORGAN:ULTRA-SHORT INC	-	-	195	9,873	9,865
54401E432	LORD ABBETT UL SHT BD R6	-	-	2,610,431	26,209,726	26,234,834
54401E622	LORD ABBETT SH DUR R6	-	-	9,451,455	36,705,950	36,766,158
552746356	MFS INTL GROWTH R6	-	-	49,189	1,899,346	2,335,506
92189F437	VANECK:FA HIGH YLD BOND	-	-	7,383	208,704	216,802
92189F486	VANECK:IG FLOATING RATE	-	-	337,995	8,586,634	8,612,113
92189H748	VANECK:CLO	-	-	277,556	14,687,168	14,657,732
921909818	VANGUARD TOT I S ADM	-	-	2,854	96,039	115,668
921939203	VANGUARD INTL VAL INV	-	-	87,356	3,314,723	3,600,807
922031810	VANGUARD INT-TM INV ADM	-	-	79,064	802,222	706,044
922031877	VANGUARD SH-TM INV INST	-	-	138,492	1,510,652	1,456,938
922040209	VANGUARD INSTL INDX INSP	-	-	2,339	697,024	1,291,567
922908819	VANGUARD SC G ID INS	-	-	11,673	748,606	991,932
922908868	VANGUARD GRO IDX INST	-	-	40,296	5,399,459	10,120,358
92646A815	VICTORY:SM CO OPP I	-	-	39,169	1,960,622	1,779,837
92913L569	VOYA:INTMDT BD R6	-	-	848,539	7,502,609	7,518,051
REGISTERED INVESTMENT COMPANIES:				15,197,997	127,476,694	137,510,792
REAL ESTATE:						
HARRICRED	HARRISON STREET CORE PROPERTY FUND	-	-	3,743	4,664,083	5,320,154
LIONITRED	LION INDUSTRIAL TRUST PROPERTIES	-	-	2,569	4,608,063	9,606,205
MORGSPRED	MORGAN STANLEY PRIME PROPERTY FUND	-	-	350	5,085,569	6,661,873
PRISLPRED	PRISA LP DHC	-	-	780	687,787	1,652,923
RREEF2RED	RREEF AMERICA REIT II	-	-	26,158	3,341,080	3,311,283

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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AS OF DECEMBER 31, 2025

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TARESIRED	TA REALTY RESIDENTIAL REAL ESTATE FUND (DC), L.P.	-	-	2,661	$ 1,564,627	$ 1,575,604
UBSTRURED	UBS TRUMBULL PROPERTY FUND DHC	-	-	89	728,001	797,151
USAAEARED	USAA EAGLE PRM/DHC RE	-	-	713,150	713,150	1,405,667
REAL ESTATE:				749,501	21,392,360	30,330,860
POOLED SEPARATE ACCOUNTS:						
SENHO5RED	SENIOR HOUSING PARTNERS V	-	-	905,603	905,603	722,933
POOLED SEPARATE ACCOUNTS:		-	-	905,603	905,603	722,933
LIMITED PARTNERSHIPS:						
ANGEL4NGD	ANGELO GORDON IV LP	-	-	1,935,848	1,935,848	1,377,034
CERLIVDAD	Cerberus	-	-	546,579	546,579	805,050
CERLL2DAD	CERBERUS OFFSHORE LEVERAGED LOAN FD II	-	-	1	1	180,903
CERLL3DAD	CERBERUS OFFSHORE LEVERAGE LOAN FD III	-	-	249,470	249,470	386,414
CHRBK2NID	CHARLESBK OPP II	-	-	1,500,223	1,500,223	1,911,002
GOLDP4NID	GOLDPOINT IV NIGD	-	-	1,189,002	1,189,002	904,015
HERZFENGD	HCM Cayman Feeder Ltd	-	-	7,000,000	7,000,000	8,694,863
KOPERNHFD	KOPERNIK	-	-	1,913,866	1,913,866	3,400,070
LEVNE4FID	LEVINE LEICHTMAN CAPITAL PARTNERS IV FI	-	-	879,666	879,666	-
LEVNE5FID	LEVINE LEICHTMAN CAPITAL PARTNERS V	-	-	76,364	76,364	58,206
MONCAPNID	MONROE CAPITAL FEEDER FD IV	-	-	1,703,198	1,703,198	1,622,257
PAPE3CFID	PA PRIVATE EQUITY FUND III, CLASS C	-	-	68,332	68,332	9,995
SEVARKEMD	Seven Canyons	-	-	1,419,543	1,419,543	1,764,339
SHENKTNID	SHENKMAN TACTICAL CF	-	-	27,424	27,424	394,498
VISCR3PED	VISTA CREDIT PARTNERS III	-	-	1,432,023	1,432,023	1,686,504
LIMITED PARTNERSHIPS:				19,941,539	19,941,539	23,195,148

(Continued)

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163
Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
103-12 INVESTMENT ENTITIES:						
ACADIANEM	ACADIAN EMERGING MARKETS	-	-	469	$ 3,505,252	$ 4,710,894
FIERA0LPD	FIERA INTL EQUITY LONG LP	-	-	1,479,111	1,592,019	2,362,851
MONDRILPD	MONDRIAN INTERNATIONAL EQUITY FOCUSED FUND, LP	-	-	238,630	2,386,301	4,012,174
PACIBLCMD	PACIFIC BANK LOAN CO-MINGLED FUND	-	-	1,026,423	1,258,320	1,843,434
103-12 INVESTMENT ENTITIES:				2,744,633	8,741,893	12,929,353
OTHER:						
03945R110	ARCHER AVIATION EQY WARRANT	-	-	3,710	4,956	4,248
3EF6C-7100-INDEX	CME MINIS&PW3 OPTION	-	-	2	8,844	380
3EG6C-7050-DMBA	CALL FEB 26 CME MINIS&PW3 OPTION 7050 EURO STYLE	-	-	2	5,971	5,500
427098116	HERCULES TRUST II	-	-	85	-	89
64107A113	RICE ACQUISITION CORP. II	-	-	4,920	13,165	2,460
68386H111	OPPFI EQY WARRANT	-	-	4,445	5,935	6,801
74623V111	PURECYCLE TECHNOLOGIES EQY WARRANT	-	-	1,320	3,387	1,017
78137L113	RUMBLE EQY WARRANT	-	09/16/2027	210	411	407
931CVR013	WALGREEN BOOTS ALLIANCE ORD	-	-	2,099	-	-
EURUSD1926-A-EUR	EUR for USD on 1/9/2026 at 0.8674 EUR/USD	-	01/09/2026	(144,900)	(168,652)	(170,263)
EURUSD1926-A-USD	EUR for USD on 1/9/2026 at 0.8674 EUR/USD	-	01/09/2026	168,652	168,652	168,652
EURUSD33126-A-EUR	Forward to exchange EUR for USD on 3/31/2026 at 0.	-	03/31/2026	(20,000)	(23,619)	(23,591)
EURUSD33126-A-USD	Forward to exchange EUR for USD on 3/31/2026 at 0.	-	03/31/2026	23,619	23,619	23,619
USDEUR1926-A-EUR	USD for EUR on 1/9/2026 at 1.1522 USD/EUR	-	01/09/2026	32,000	36,948	37,601
USDEUR1926-A-USD	USD for EUR on 1/9/2026 at 1.1522 USD/EUR	-	01/09/2026	(36,948)	(36,948)	(36,948)
00830YAD3	AFRICA FINANCE CORP	2.875	04/28/2028	20,000	18,524	19,200
00831TAC5	AFRICAN EXPORT IMPORT BANK	3.798	05/17/2031	50,000	44,821	44,615
168863CE6	CHILE, REPUBLIC OF (GOVERNMENT)	3.860	06/21/2047	24,000	18,411	19,172
168863CF3	CHILE, REPUBLIC OF (GOVERNMENT)	3.240	02/06/2028	13,000	12,479	12,758
168863DL9	CHILE, REPUBLIC OF (GOVERNMENT)	3.500	01/25/2050	41,000	29,753	29,992

(Continued)

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163
Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
168863DN5	CHILE, REPUBLIC OF (GOVERNMENT)	2.550	01/27/2032	71,000	$ 61,565	$ 63,620
168863DP0	CHILE, REPUBLIC OF (GOVERNMENT)	2.450	01/31/2031	23,000	20,300	21,066
168863DS4	CHILE, REPUBLIC OF (GOVERNMENT)	3.100	05/07/2041	42,000	30,771	32,317
168863DU9	CHILE, REPUBLIC OF (GOVERNMENT)	3.250	09/21/2071	97,000	56,413	59,917
168863DZ8	CHILE, REPUBLIC OF (GOVERNMENT)	4.950	01/05/2036	77,000	76,980	77,635
168863EE4	CHILE, REPUBLIC OF (GOVERNMENT)	5.650	01/13/2037	13,000	13,703	13,735
29135LAR1	EMIRATE OF ABU DHABI	3.000	09/15/2051	8,000	5,235	5,446
30216KAC6	EXPORT IMPORT BANK OF INDIA	3.875	02/01/2028	25,000	24,179	24,841
30216KAG7	EXPORT IMPORT BANK OF INDIA	5.500	01/18/2033	17,000	16,934	17,806
31424EAE2	UNITED ARAB EMIRATES (GOVERNMENT)	4.951	07/07/2052	51,000	46,806	48,876
401494BB4	GUATEMALA, REPUBLIC OF (GOVERNMENT)	6.875	08/15/2055	52,000	51,191	55,510
445545AM8	HUNGARY (GOVERNMENT)	2.125	09/22/2031	24,000	19,630	20,671
445545AQ9	HUNGARY (GOVERNMENT)	5.500	06/16/2034	20,000	20,249	20,318
445545AS5	HUNGARY (GOVERNMENT)	6.250	09/22/2032	23,000	23,858	24,530
445545AT3	HUNGARY (GOVERNMENT)	6.750	09/25/2052	43,000	45,707	45,655
445545AU0	HUNGARY (GOVERNMENT)	5.500	03/26/2036	134,000	129,875	133,904
445545AW6	HUNGARY (GOVERNMENT)	6.000	09/26/2035	52,000	52,580	54,185
455780CF1	INDONESIA, REPUBLIC OF (GOVERNMENT)	4.100	04/24/2028	10,000	9,746	10,026
455780CY0	INDONESIA, REPUBLIC OF (GOVERNMENT)	2.150	07/28/2031	9,000	7,732	7,976
455780DG8	INDONESIA, REPUBLIC OF (GOVERNMENT)	3.200	09/23/2061	52,000	32,647	33,441
455780DN3	INDONESIA, REPUBLIC OF (GOVERNMENT)	4.650	09/20/2032	34,000	32,865	34,185
455780DQ6	INDONESIA, REPUBLIC OF (GOVERNMENT)	4.550	01/11/2028	22,000	21,714	22,209
455780DR4	INDONESIA, REPUBLIC OF (GOVERNMENT)	4.850	01/11/2033	28,000	27,119	28,236
455780DX1	INDONESIA, REPUBLIC OF (GOVERNMENT)	4.750	09/10/2034	41,000	40,436	40,881
455780EA0	INDONESIA, REPUBLIC OF (GOVERNMENT)	5.600	01/15/2035	1,000	1,067	1,057
48266XAB1	KSA SUKUK LTD	3.628	04/20/2027	21,000	20,590	20,899
486661BP5	KAZAKHSTAN, REPUBLIC OF (GOVERNMENT)	5.500	07/01/2037	137,000	138,835	141,194
682051AF4	OMAN, SULTANATE OF (GOVERNMENT)	6.500	03/08/2047	198,000	212,503	212,444
682051AJ6	OMAN, SULTANATE OF (GOVERNMENT)	6.750	01/17/2048	48,000	53,418	52,789
69370RAA5	PERTAMINA (PERSERO) PT	6.450	05/30/2044	49,000	49,874	52,202

(Continued)

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163
Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
698299AK0	PANAMA, REPUBLIC OF (GOVERNMENT)	9.375	04/01/2029	63,000	$ 67,313	$ 71,710
698299BF0	PANAMA, REPUBLIC OF (GOVERNMENT)	3.875	03/17/2028	26,000	24,531	25,514
698299BL7	PANAMA, REPUBLIC OF (GOVERNMENT)	3.870	07/23/2060	55,000	35,568	36,361
698299BM5	PANAMA, REPUBLIC OF (GOVERNMENT)	4.500	04/01/2056	7,000	4,549	5,244
698299BS2	PANAMA, REPUBLIC OF (GOVERNMENT)	4.500	01/19/2063	98,000	64,781	72,981
715638DA7	PERU, REPUBLIC OF (GOVERNMENT)	2.844	06/20/2030	50,000	45,707	47,025
715638DF6	PERU, REPUBLIC OF (GOVERNMENT)	2.783	01/23/2031	169,000	152,566	155,810
715638DT6	PERU, REPUBLIC OF (GOVERNMENT)	3.550	03/10/2051	40,000	27,772	27,978
715638DW9	PERU, REPUBLIC OF (GOVERNMENT)	3.600	01/15/2072	84,000	53,910	53,159
715638EC2	PERU, REPUBLIC OF (GOVERNMENT)	5.875	08/08/2054	31,000	31,182	30,676
718286BD8	PHILIPPINES, REPUBLIC OF THE (GOVERNMENT)	6.375	01/15/2032	12,000	12,579	13,233
718286CH8	PHILIPPINES, REPUBLIC OF THE (GOVERNMENT)	2.950	05/05/2045	105,000	72,734	73,515
718286CJ4	PHILIPPINES, REPUBLIC OF THE (GOVERNMENT)	2.457	05/05/2030	66,000	58,529	61,400
718286CN5	PHILIPPINES, REPUBLIC OF THE (GOVERNMENT)	1.950	01/06/2032	26,000	21,461	22,609
718286CU9	PHILIPPINES, REPUBLIC OF THE (GOVERNMENT)	5.950	10/13/2047	12,000	12,300	12,641
718286CW5	PHILIPPINES, REPUBLIC OF THE (GOVERNMENT)	5.000	07/17/2033	94,000	91,659	96,385
718286DC8	PHILIPPINES, REPUBLIC OF THE (GOVERNMENT)	4.750	03/05/2035	40,000	38,669	40,111
731011AV4	POLAND, REPUBLIC OF (GOVERNMENT)	4.875	10/04/2033	22,000	21,252	22,363
731011AY8	POLAND, REPUBLIC OF (GOVERNMENT)	5.125	09/18/2034	232,000	228,784	237,482
74969WAA1	ROP SUKUK TRUST	5.045	06/06/2029	12,000	11,901	12,285
760942BA9	URUGUAY, ORIENTAL REPUBLIC OF (GOVERNMENT)	5.100	06/18/2050	70,000	64,147	65,989
760942BD3	URUGUAY, ORIENTAL REPUBLIC OF (GOVERNMENT)	4.975	04/20/2055	24,000	22,063	21,858
77586RAH3	ROMANIA (GOVERNMENT)	3.000	02/14/2031	14,000	12,070	12,695
77586RAV2	ROMANIA (GOVERNMENT)	5.750	03/24/2035	33,000	29,760	32,740
77586RAX8	ROMANIA (GOVERNMENT)	6.625	05/16/2036	46,000	45,689	47,937
80413TAB5	SAUDI ARABIA, KINGDOM OF (GOVERNMENT)	3.250	10/26/2026	44,000	43,309	43,769
80413TAC3	SAUDI ARABIA, KINGDOM OF (GOVERNMENT)	4.500	10/26/2046	28,000	23,045	23,929
80413TAE9	SAUDI ARABIA, KINGDOM OF (GOVERNMENT)	3.625	03/04/2028	83,000	80,326	82,283
80413TAF6	SAUDI ARABIA, KINGDOM OF (GOVERNMENT)	4.625	10/04/2047	13,000	10,821	11,262
80413TAH2	SAUDI ARABIA, KINGDOM OF (GOVERNMENT)	4.500	04/17/2030	27,000	26,201	27,276

(Continued)

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163
Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
80413TAT6	SAUDI ARABIA, KINGDOM OF (GOVERNMENT)	3.250	10/22/2030	32,000	$ 29,270	$ 30,529
80413TAV1	SAUDI ARABIA, KINGDOM OF (GOVERNMENT)	2.250	02/02/2033	118,000	97,152	101,574
80413TBG3	SAUDI ARABIA, KINGDOM OF (GOVERNMENT)	5.000	01/16/2034	36,000	34,936	36,820
80413TBK4	SAUDI ARABIA, KINGDOM OF (GOVERNMENT)	5.375	01/13/2031	50,000	49,859	52,386
80413TBL2	SAUDI ARABIA, KINGDOM OF (GOVERNMENT)	5.625	01/13/2035	39,000	40,356	41,390
857524AE2	POLAND, REPUBLIC OF (GOVERNMENT)	5.750	11/16/2032	10,000	10,475	10,723
91086QBB3	MEXICO (UNITED MEXICAN STATES) (GOVERNMENT)	4.750	03/08/2044	34,000	27,667	28,016
91087BAN0	MEXICO (UNITED MEXICAN STATES) (GOVERNMENT)	3.771	05/24/2061	74,000	47,327	45,547
91087BAR1	MEXICO (UNITED MEXICAN STATES) (GOVERNMENT)	3.500	02/12/2034	71,000	59,662	61,380
91087BAT7	MEXICO (UNITED MEXICAN STATES) (GOVERNMENT)	4.875	05/19/2033	58,000	55,521	55,680
91087BAZ3	MEXICO (UNITED MEXICAN STATES) (GOVERNMENT)	6.000	05/07/2036	45,000	43,766	45,585
91087BBC3	MEXICO (UNITED MEXICAN STATES) (GOVERNMENT)	6.875	05/13/2037	69,000	71,450	73,623
91087BBE9	MEXICO (UNITED MEXICAN STATES) (GOVERNMENT)	5.850	07/02/2032	10,000	10,286	10,274
91087BBK5	MEXICO (UNITED MEXICAN STATES) (GOVERNMENT)	5.375	03/22/2033	69,000	69,150	68,379
917288BK7	URUGUAY, ORIENTAL REPUBLIC OF (GOVERNMENT)	4.375	01/23/2031	150,000	151,841	151,905
US50065XAP96	KOREA NATIONAL OIL CORP	4.875	04/03/2028	69,000	69,507	70,337
US77586RAQ39	ROMANIA (GOVERNMENT)	6.625	02/17/2028	11,000	11,105	11,471
US77586RAR12	ROMANIA (GOVERNMENT)	7.125	01/17/2033	77,000	77,820	83,694
US77586RAT77	ROMANIA (GOVERNMENT)	5.875	01/30/2029	26,000	26,551	26,836
USY57542AB15	MALAYSIA WAKALA SUKUK BHD	3.075	04/28/2051	34,000	25,948	24,322
X0R483BH4	BULGARIA, REPUBLIC OF (GOVERNMENT)	4.125	07/18/2045	68,000	76,196	76,781
X7360WCG5	ROMANIA (GOVERNMENT)	6.000	05/25/2034	12,000	11,928	12,192
XS2434895988	ROMANIA (GOVERNMENT)	3.000	02/27/2027	10,000	9,700	9,845
XS2571923007	ROMANIA (GOVERNMENT)	7.125	01/17/2033	62,000	64,379	67,390
XS2999552909	ROMANIA (GOVERNMENT)	6.250	09/10/2034	43,000	51,078	53,056
Y20721BB4	INDONESIA, REPUBLIC OF (GOVERNMENT)	5.250	01/17/2042	23,000	22,285	23,091
Y4907LAD4	KOREA ELECTRIC POWER CORP	4.000	06/14/2027	23,000	22,567	23,021
Y7138AAD2	PERTAMINA (PERSERO) PT	6.000	05/03/2042	13,000	12,662	13,187
OTHER:				4,571,216	$ 4,226,800	$ 4,320,528

(Concluded)

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-0440163
Plan No: 501

FORM 5500, SCHEDULE H, PART IV LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
AS OF DECEMBER 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity In Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	Number of Transactions	(f) Expense Incurred With Transaction*	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
SINGLE TRANSACTIONS									
X9USDDGCM	Dreyfus Government Cash Management Fund	$ 34,000,000	$ -	$ -	$ 1	$ -	$ 34,000,000	$ 34,000,000	$ -
X9USDDGCM	Dreyfus Government Cash Management Fund	-	33,965,603	-	1	-	33,965,603	33,965,603	-
SERIES IN SAME SECURITY									
25160K207	DWS Government Money Market Series Institutional	-	178,143,562	-	56	-	178,143,562	178,143,562	-
25160K207	DWS Government Money Market Series Institutional	176,888,313	-	-	63	-	176,888,313	176,888,313	-
54401E432	Lord Abbett Ultra Short Bond Fund	-	48,000,000	-	15	-	47,583,699	48,000,000	416,301
46641Q837	JPMorgan Ultra-Short Income ETF	-	45,140,176	-	16	-	45,083,142	45,140,176	57,035
X9USDDGCM	Dreyfus Government Cash Management Fund	44,270,169	-	-	1,186	-	44,270,169	44,270,169	-
X9USDDGCM	Dreyfus Government Cash Management Fund	-	44,201,061	-	402	-	44,201,061	44,201,061	-
54401E622	Lord Abbett Short Duration Income Fund	-	43,000,000	-	13	-	43,430,237	43,000,000	(430,237)
46641Q837	JPMorgan Ultra-Short Income ETF	39,009,918	-	-	10	-	39,009,918	39,009,918	-
54401E622	Lord Abbett Short Duration Income Fund	36,205,741	-	-	24	-	36,205,741	36,205,741	-
54401E432	Lord Abbett Ultra Short Bond Fund	35,605,344	-	-	23	-	35,605,344	35,605,344	-
922031877	Vanguard Short Term	-	21,048,000	-	13	-	21,028,468	21,048,000	19,532

* The commissions and fees related to purchases and sales of investments are included in the cost of the investment or the proceeds from the sale and are not separately defined by the Trustee.

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163
Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
U.S. GOVERNMENT SECURITIES:						
912797RL3	UNITED STATES TREASURY	-	02/05/2026	200,000	$ 199,226	$ 199,330
3130B7SJ4	FEDERAL HOME LOAN BANKS	5.510	09/29/2045	2,000,000	2,000,000	2,011,619
3133ENZH6	FEDERAL FARM CREDIT BANKS FUNDING CORP	5.480	06/27/2042	2,000,000	2,000,000	1,977,804
38374D8E2	GNR 2013-058 C	2.500	04/20/2043	230,549	228,705	198,970
U.S. GOVERNMENT SECURITIES:				4,430,549	4,427,931	4,387,723
CORPORATE DEBT INSTRUMENTS:						
647908AA0	NMC 6 A	5.669	10/20/2037	500,000	500,000	500,750
00131MAK9	AIA GROUP LTD	3.200	09/16/2040	50,000	38,348	39,751
00193BAA0	ATP TOWER HOLDINGS LLC	7.875	02/03/2030	25,000	24,949	25,737
00206RES7	AT&T INC	4.300	02/15/2030	50,000	47,282	50,104
00388WAM3	ABU DHABI NATIONAL ENERGY COMPANY PJSC	4.696	04/24/2033	11,000	10,610	11,111
00401MAB2	ABU DHABI CRUDE OIL PIPELINE LLC	4.600	11/02/2047	40,000	35,280	37,190
00434G2B5	ACCESS BANK PLC	6.125	09/21/2026	20,000	19,901	19,910
005117AA4	ACWA POWER MANAGEMENT AND INVESTMENTS ONE LTD	5.950	12/15/2039	75,189	73,534	77,216
00654AAC0	ADANI GREEN ENERGY (UP) LTD	6.700	03/12/2042	11,894	11,256	11,537
00654GAA1	ADANI ELECTRICITY MUMBAI LTD	3.949	02/12/2030	50,000	43,850	46,602
00654GAB9	ADANI ELECTRICITY MUMBAI LTD	3.867	07/22/2031	20,000	17,437	17,977
008073AA6	AEROVIRONMENT INC	-	07/15/2030	35,000	38,617	37,975
01166VAA7	ALASKA AIR PASS THROUGH TRUST 2020-1A	4.800	08/15/2027	364,835	363,123	366,964
01609WAX0	ALIBABA GROUP HOLDING LTD	2.125	02/09/2031	20,000	17,746	18,174
02043QAC1	ALNYLAM PHARMACEUTICALS INC	-	09/15/2028	30,000	28,985	28,913
02315JAA2	AMAZON CONSERVATION DAC	6.034	01/16/2042	73,000	73,346	75,504
023770AA8	AMERICAN AIRLINES 2015-1 PASS THROUGH TRUSTS	3.375	05/01/2027	189,160	183,937	186,723
025537AU5	AMERICAN ELECTRIC POWER COMPANY INC	3.875	02/15/2062	170,000	140,476	167,174
03217KAB4	SITIOS LATINOAMERICA SAB DE CV	5.375	04/04/2032	32,000	29,874	32,147
034863AX8	ANGLO AMERICAN CAPITAL PLC	2.625	09/10/2030	11,000	9,626	10,149

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163
Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
03512TAB7	ANGLOGOLD ASHANTI HOLDINGS PLC	6.500	04/15/2040	17,000	$ 17,302	$ 18,076
04271TAB6	ARRAY TECHNOLOGIES INC	1.000	12/01/2028	40,000	31,910	36,220
054644AB5	AYDEM YENILENEBILIR ENERJI AS	9.875	09/30/2030	10,000	9,834	9,842
05580M793	BRC GROUP HOLDINGS INC	5.000	12/31/2026	7,232	180,800	143,447
05605HAD2	BWX TECHNOLOGIES INC	-	11/01/2030	45,000	45,433	42,885
05890PZA7	BANCO DE CREDITO E INVERSIONES	3.500	10/12/2027	20,000	19,334	19,762
05968DAC4	BANCO INTERNACIONAL DEL PERU SAA	3.250	10/04/2026	29,000	28,820	28,762
05969BAF0	BANCO SANTDR MX SA INSTITUCIN DE BANCA MULTIPLE GR	5.621	12/10/2029	42,000	42,347	43,638
05970FAD3	BANCO SANTANDER CHILE	3.177	10/26/2031	21,000	18,648	19,678
05971PAD0	BANCO MERCANTIL DEL NORTE SA (CAYMAN ISLANDS BRANC	8.375	12/29/2049	90,000	90,420	94,500
05971U2E6	BANCO DE CREDITO DEL PERU	5.850	01/11/2029	13,000	12,978	13,544
05988JAD5	BANDWIDTH INC	0.500	04/01/2028	42,000	36,867	36,477
059895AT9	BANGKOK BANK PUBLIC CO LTD (HONG KONG BRANCH)	3.733	09/25/2034	24,000	21,758	22,792
059895AY8	BANGKOK BANK PUBLIC CO LTD (HONG KONG BRANCH)	4.507	11/26/2030	26,000	26,000	26,058
06055JJY6	BANK OF AMERICA CORP	6.000	02/27/2045	1,000,000	1,000,000	994,668
06055JLE7	BANK OF AMERICA CORP	6.000	05/01/2040	400,000	400,000	398,537
067383AA7	C R BARD INC	6.700	12/01/2026	475,000	480,216	481,247
06744EDH7	BARCLAYS BANK PLC	1.000	02/16/2029	85,000	89,262	93,209
07336UAC7	BBVA MEXICO SA	5.250	09/10/2029	26,000	25,677	26,621
09257WAE0	BLACKSTONE MORTGAGE TRUST INC	5.500	03/15/2027	31,000	30,589	30,551
09681MAS7	BOC AVIATION LTD	2.625	09/17/2030	24,000	21,152	22,374
09709UV70	BOFA FINANCE LLC	0.600	05/25/2027	80,000	82,930	86,840
10112RBM5	BOSTON PROPERTIES LP	2.000	10/01/2030	10,000	10,000	9,655
10482BAB7	BRAEMAR HOTELS & RESORTS INC	4.500	06/01/2026	82,000	81,323	80,237
112463AC8	BROOKDALE SENIOR LIVING INC	2.000	10/15/2026	30,000	29,823	40,969
11777QAC4	B2GOLD CORP	2.750	02/01/2030	35,000	39,002	55,913
11952AAA0	BUFFALO ENERGY MEXICO HOLDINGS SA DE CV	7.875	02/15/2039	3,980	4,178	4,352
12570FAA9	CK HUTCHISON INTERNATIONAL (23) LTD	4.750	04/21/2028	28,000	28,044	28,440
125896BX7	CMS ENERGY CORP	3.375	05/01/2028	10,000	10,000	10,695
12644VAD0	CSN RESOURCES SA	4.625	06/10/2031	16,000	12,816	12,306

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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
12656VAD5DMBA	C3NANO INC.	10.000	08/15/2026	90,000	$ 90,000	$ 54,000
126650AQ3	CVS HEALTH CORP	5.789	01/10/2026	36,187	36,190	36,193
12685JAE5	CABLE ONE INC	-	03/15/2026	27,000	26,526	26,595
12685JAG0	CABLE ONE INC	1.125	03/15/2028	25,000	21,435	20,345
13469VAC2	CAMTEK LTD	-	09/15/2030	30,000	33,657	34,574
14115DAA2	CARBON REVOLUTION LIMITED	8.500	05/15/2027	875,798	876,119	867,040
151290BZ5	CEMEX SAB DE CV	3.875	07/11/2031	46,000	40,863	44,048
15132HAH4	CENCOSUD SA	4.375	07/17/2027	79,000	78,478	78,956
162775AA8	CHECK POINT SOFTWARE TECHNOLOGIES LTD	-	12/15/2030	10,000	10,000	9,975
163072AB7	CHEESECAKE FACTORY INC	2.000	03/15/2030	30,000	30,509	29,385
192714AD5	COLBUN SA	3.150	03/06/2030	27,000	24,333	25,472
194014AB2	ENOVIS CORP	3.875	10/15/2028	10,000	10,356	9,755
200300606V2	Comcast Corporation 2.0% Debentures	2.000	11/15/2029	700	57,112	49,875
200447AP5	COMISION FEDERAL DE ELECTRICIDAD	6.450	01/24/2035	16,000	15,946	16,475
210314AB6	CONSORCIO TRANSMANTARO SA	4.700	04/16/2034	29,000	28,704	28,846
21870TERM-DMBA	CORENERGY INFASTRUCTURE TRUST 12.00 04APR29	12.000	04/04/2029	17,439	17,439	12,905
218ESCAA9-DMBA	ESC CB CORENERGY INFR 5.875 15AUG25	-	08/15/2025	38,000	-	-
21987BBG2	CORPORACION NACIONAL DEL COBRE DE CHILE	5.950	01/08/2034	25,000	25,314	26,140
21987BBL1	CORPORACION NACIONAL DEL COBRE DE CHILE	6.330	01/13/2035	33,000	35,143	35,211
22410JAB2	CRACKER BARREL OLD COUNTRY STORE INC	0.625	06/15/2026	32,000	31,336	31,002
229050AC3	CRYOPORT INC	0.750	12/01/2026	34,000	31,757	32,215
23248VAC9	CYBERARK SOFTWARE LTD	-	06/15/2030	40,000	40,044	42,740
23330JAA9	DP WORLD LTD	6.850	07/02/2037	75,000	79,436	84,838
248356AA5	DENISON MINES CORP	4.250	09/15/2031	5,000	5,000	6,460
25389JAX4	DIGITAL REALTY TRUST LP	1.875	11/15/2029	65,000	67,249	65,910
25809KAA3	DOORDASH INC	-	05/15/2030	40,000	40,000	41,780
26054MHR5	DOW CHEMICAL CO	6.500	05/15/2055	500,000	500,000	489,011
26441CBY0	DUKE ENERGY CORP	4.125	04/15/2026	90,000	92,086	92,700
29258YAA1	ENDEAVOUR SILVER CORP	0.250	01/15/2031	15,000	16,451	16,275
292671AC8	ENERGY FUELS INC	0.750	11/01/2031	10,000	10,534	10,330

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
29290BAA1	ENCELADUS DEVELOPMENT VENTURE III LLC	10.000	11/15/2023	464,444	$ 464,444	$ 46,444
29355AAH0	ENPHASE ENERGY INC	-	03/01/2026	32,000	31,664	31,600
29355AAK3	ENPHASE ENERGY INC	-	03/01/2028	24,000	20,993	20,880
293594AC1	ENOVIX CORP	3.000	05/01/2028	5,000	4,529	4,573
293594AF4	ENOVIX CORP	4.750	09/15/2030	10,000	10,130	9,620
29364N108	ENTERGY MISSISSIPPI LLC	4.900	10/01/2066	101,562	2,539,050	2,081,005
29364W108	ENTERGY LOUISIANA LLC	4.875	09/01/2066	60,000	1,500,000	1,221,000
29364WAT5	ENTERGY LOUISIANA LLC	5.000	07/15/2044	600,000	600,000	544,295
29441WAC9	MEGLOBAL BV	4.250	11/03/2026	28,000	27,754	27,939
298736AM1	EURONET WORLDWIDE INC	0.625	10/01/2030	25,000	25,382	22,797
30034WAD8	EVERGY INC	4.500	12/15/2027	30,000	31,156	36,510
30212PBE4	EXPEDIA GROUP INC	-	02/15/2026	15,000	15,566	16,733
30260LAA3	TIERRA MOJADA LUXEMBOURG II SARL	5.750	12/01/2040	38,797	35,292	38,090
32076VAE3	FIRST MAJESTIC SILVER CORP	0.125	01/15/2031	70,000	70,894	77,140
343412AJ1	FLUOR CORP	1.125	08/15/2029	65,000	74,771	74,048
346845AC4	FORT BENNING FAMILY COMMUNITIES LLC	4.215	01/15/2036	273,140	243,560	250,622
347508AB9	FORT KNOX MILITARY HOUSING PRIVATIZATION PROJECT	4.205	02/15/2052	891,367	727,955	678,080
36321PAD2	GALAXY PIPELINE ASSETS BIDCO LTD	2.160	03/31/2034	16,781	14,484	15,198
36830DAB7	GC TREASURY CENTER CO LTD	2.980	03/18/2031	200,000	173,839	181,662
36830DAF8	GC TREASURY CENTER CO LTD	5.200	03/30/2052	24,000	21,011	22,386
37940XAU6	GLOBAL PAYMENTS INC	1.500	03/01/2031	25,000	24,674	22,425
38046YAC5	GOLAR LNG LTD	2.750	12/15/2030	35,000	35,249	33,705
38500TAC5	GRAN TIERRA ENERGY INC	9.500	10/15/2029	44,000	42,290	30,950
387328AF4	GRANITE CONSTRUCTION INC	3.250	06/15/2030	15,000	17,007	23,925
400131AH1	GRUMA SAB DE CV	5.390	12/09/2034	28,000	28,700	28,784
40049JAZ0	GRUPO TELEVISA SAB	6.625	01/15/2040	43,000	42,390	37,191
40171VAC4	GUIDEWIRE SOFTWARE INC	1.250	11/01/2029	40,000	44,231	43,980
405024AB6	HAEMONETICS CORP	-	03/01/2026	22,000	21,837	21,725
41135UAC9	HANWHA LIFE INSURANCE CO LTD	6.300	06/24/2055	41,000	41,000	42,574
44962LAJ6	IHS MARKIT LTD	4.250	05/01/2029	481,000	464,464	467,263

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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AS OF DECEMBER 31, 2025

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44963HAC9	IHS HOLDING LTD	7.875	05/29/2030	33,000	32,704	33,985
44963LAC0	IHS MAURITIUS NG HOLDCO LTD	8.000	09/18/2027	54,998	55,008	54,952
453204AE9	IMPINJ INC	- .000	09/15/2029	30,000	31,512	30,795
456866AK8	TRANE TECHNOLOGIES CO LLC	6.391	11/15/2027	400,000	400,000	410,833
45826HAB5	INTEGER HOLDINGS CORP	2.125	02/15/2028	38,000	40,464	42,769
46128MAJ0	INVERSIONES CMPC SA	4.375	04/04/2027	22,000	21,900	21,998
46128MAN1	INVERSIONES CMPC SA	3.850	01/13/2030	22,000	20,412	20,881
46128MAU5	INVERSIONES CMPC SA	6.700	12/09/2057	34,000	34,000	34,104
46270CAJ8	IREN LTD	1.000	06/01/2033	15,000	15,000	13,988
46333XAH1	IRONWOOD PHARMACEUTICALS INC	1.500	06/15/2026	44,000	42,395	41,360
465741AQ9	ITRON INC	1.375	07/15/2030	55,000	57,023	55,585
46590XAN6	JBS USA HOLDING LUX SARL	3.000	02/02/2029	45,000	43,219	43,341
46653YAA6	JSW HYDRO ENERGY LTD	4.125	05/18/2031	55,600	50,633	51,695
472145AH4	JAZZ INVESTMENTS I LTD	3.125	09/15/2030	35,000	36,155	46,585
47233WJQ3	JEFFERIES FINANCIAL GROUP INC	7.000	04/30/2045	500,000	500,000	506,297
477143AP6	JETBLUE AIRWAYS CORP	0.500	04/01/2026	35,000	34,538	34,248
48123VAH5	ZIFF DAVIS INC	3.625	03/01/2028	33,000	31,707	32,241
48126PAA0	NK KAZMUNAYGAZ AO	3.500	04/14/2033	61,000	52,811	55,105
48133DL24	JPMORGAN CHASE FINANCIAL COMPANY LLC	0.500	06/15/2027	105,000	110,331	121,341
48268KAH4	KT CORP	4.125	02/02/2028	25,000	24,833	25,040
48344FAB6	KALLPA GENERACION SA	5.875	01/30/2032	54,000	56,561	56,176
48667QAS4	NK KAZMUNAYGAZ AO	6.375	10/24/2048	103,000	93,545	103,912
48668NAA9	NC QAZAQGAZ JSC	4.375	09/26/2027	72,000	69,785	71,768
500688AH9	KOSMOS ENERGY LTD	3.125	03/15/2030	65,000	50,829	27,463
50116FAB8	KSA IJARAH SUKUK LTD	4.875	09/09/2035	59,000	58,328	59,296
525ESC8C6	LEHMAN BROTHERS HOLDINGS	6.000	01/01/2049	440,000	-	330
530715AL5	LIBERTY INTERACTIVE LLC	3.750	02/15/2030	25,983	22,406	1,559
53220KAG3	LIGAND PHARMACEUTICALS INC	0.750	10/01/2030	30,000	34,356	35,127
53636CAA2	LIQUIGLIDE LLC	5.500	02/22/2026	230,000	230,000	229,195
53680QAA6	LITHIUM ARGENTINA AG	1.750	01/15/2027	40,000	37,107	36,140

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538034BC2	LIVE NATION ENTERTAINMENT INC	2.875	01/15/2030	15,000	$ 15,928	$ 15,758
549498AA1	LUCID GROUP INC	1.250	12/15/2026	54,000	50,660	50,085
55285GAE4	MDGH GMTN RSC LTD	5.875	05/01/2034	67,000	69,059	72,771
55292WAA8	MC BRAZIL DOWNSTREAM TRADING SARL	7.250	06/30/2031	33,528	29,310	29,403
55306NAB0	MKS INC	1.250	06/01/2030	65,000	64,008	82,908
55388RAA4	MV24 CAPITAL BV	6.748	06/01/2034	25,679	23,938	25,463
55977YAA6	MAGYAR EXPORT IMPORT BANK ZRT	6.125	12/04/2027	62,000	62,132	63,756
56087FAC8	MAKEMYTRIP LTD	-	07/01/2030	35,000	35,464	34,265
57164YAD9	MARRIOTT VACATIONS WORLDWIDE CORP	-	01/15/2026	21,000	20,949	20,922
59001ABF8	MERITAGE HOMES CORP	1.750	05/15/2028	5,000	4,869	4,918
592838AA4	MEXICO GENERADORA DE ENERGIA S DE RL DE CV	5.500	12/06/2032	28,579	27,937	29,047
602736AA8	MINEJESA CAPITAL BV	4.625	08/10/2030	23,014	21,907	22,890
602736AB6	MINEJESA CAPITAL BV	5.625	08/10/2037	164,000	144,616	162,362
60284MAC6	MINERA MEXICO SA DE CV	5.625	02/12/2032	46,000	47,476	47,541
60471AAC5	MIRION TECHNOLOGIES INC	-	10/01/2031	15,000	16,642	16,200
61761J6L8	MORGAN STANLEY	5.131	06/20/2034	500,000	500,000	499,428
62459LAC3	MOVIDA EUROPE SA	7.850	04/11/2029	32,000	30,163	30,240
62877P2A1	NBK SPC LTD	5.500	06/06/2030	102,000	105,105	105,584
63305MCW9	NATIONAL BANK OF CANADA	5.300	03/06/2030	500,000	500,000	501,380
65341BAG1	XPLR INFRASTRUCTURE LP	2.500	06/15/2026	27,000	26,284	26,495
665531AJ8	NORTHERN OIL AND GAS INC	3.625	04/15/2029	15,000	15,707	14,453
665531AK5	NORTHERN OIL AND GAS INC	3.625	04/15/2029	5,000	5,197	4,818
66980Q2C0	BOC AVIATION (USA) CORP	4.875	05/03/2033	59,000	60,118	60,177
66980Q2F3	BOC AVIATION (USA) CORP	4.625	09/04/2031	50,000	50,861	50,770
67059NAH1	NUTANIX INC	0.250	10/01/2027	50,000	54,134	56,150
67077MAE8	NUTRIEN LTD	4.000	12/15/2026	1,000,000	998,949	999,700
67091TAG0	OCP SA	7.500	05/02/2054	79,000	84,907	87,499
678026AK1	OIL STATES INTERNATIONAL INC	4.750	04/01/2026	30,000	29,897	29,955
679295AF2	OKTA INC	0.375	06/15/2026	29,000	28,224	28,304
68341PAB5	OOREDOO INTERNATIONAL FINANCE LTD	4.625	10/10/2034	110,000	107,639	110,176

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68375NAG8	OPKO HEALTH INC	3.750	01/15/2029	15,000	$ 14,667	$ 19,320
68666UAA3	ORLEN SA	6.000	01/30/2035	66,000	66,611	69,548
69352PAS2	PPL CAPITAL FUNDING INC	2.875	03/15/2028	65,000	65,000	71,338
69369EAD1	PERTAMINA (PERSERO) PT	6.000	05/03/2042	36,000	35,064	36,517
69370PAL5	PERTAMINA (PERSERO) PT	2.300	02/09/2031	33,000	28,105	29,269
70202LAD4	PARSONS CORP	2.625	03/01/2029	85,000	89,619	87,380
70932AAF0	PENNYMAC CORP	5.500	03/15/2026	15,000	15,000	14,948
71568QAP2	PERUSAHAAN LISTRIK NEGARA (PERSERO) PT	4.000	06/30/2050	71,000	50,338	52,464
716743AV1	PETRONAS CAPITAL LTD	4.950	01/03/2031	14,000	13,979	14,470
718549AF5	PHILLIPS 66 PARTNERS LP	3.750	03/01/2028	500,000	481,116	488,801
733245AC8	PORCH GROUP INC	6.750	10/01/2028	23,000	20,461	22,929
74365PAE8	PROSUS NV	3.832	02/08/2051	90,000	63,448	60,155
74365PAF5	PROSUS NV	3.061	07/13/2031	85,000	72,154	77,348
74445PAF9	INDONESIA ASAHAN ALUMINIUM (PERSERO) PT	5.450	05/15/2030	38,000	37,180	39,223
74445PAG7	INDONESIA ASAHAN ALUMINIUM (PERSERO) PT	5.800	05/15/2050	18,000	17,821	17,555
74448QAA5	CIKARANG LISTRINDO TBK PT	5.650	03/12/2035	63,000	62,820	64,038
74751*AK2DMBA	QTS STRUCK FLOATING RATE 2030	-	12/16/2030	500,000	498,765	500,000
75102XAA4	RAIZEN FUELS FINANCE SA	5.300	01/20/2027	81,000	80,694	78,142
75737FAE8	REDFIN CORP	0.500	04/01/2027	34,000	31,732	31,824
759916AD1	REPLIGEN CORP	1.000	12/15/2028	45,000	46,622	49,163
76029LAA8	REPAY HOLDINGS CORP	-	02/01/2026	32,000	31,829	31,600
76680RAH0	RINGCENTRAL INC	-	03/15/2026	34,000	33,443	33,592
784730AB9	SSR MINING INC	2.500	04/01/2039	5,000	5,604	6,515
78518PAA3	SAAVI ENERGIA LUXEMBOURG SARL	8.875	02/10/2035	19,000	18,854	20,606
796050AE2	SAMSUNG ELECTRONICS CO LTD	7.700	10/01/2027	471,000	485,311	489,032
80386WAB1	SASOL FINANCING USA LLC	6.500	09/27/2028	25,000	24,562	24,619
80414L2D6	SAUDI ARABIAN OIL CO	3.500	04/16/2029	24,000	22,899	23,415
80414L2L8	SAUDI ARABIAN OIL CO	3.250	11/24/2050	60,000	40,499	40,067
808513BZ7	CHARLES SCHWAB CORP	4.792	03/03/2027	1,000,000	997,176	1,006,751
80928HAB9	SCOTIABANK PERU SAA	6.100	10/01/2035	40,000	40,258	41,360

(Continued)

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163
Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
816851BM0	SEMPRA	4.125	04/01/2052	550,000	$ 485,652	$ 538,724
82460EAJ9	SHINHAN BANK	3.875	03/24/2026	58,000	57,739	57,944
83304AAH9	SNAP INC	0.125	03/01/2028	40,000	34,566	36,252
833636AP8	SOCIEDAD QUIMICA Y MINERA DE CHILE SA	5.500	09/10/2034	31,000	30,819	31,404
842587DZ7	SOUTHERN CO	4.500	06/15/2027	40,000	42,661	42,680
84861TAH1	SPIRIT REALTY LP	2.100	03/15/2028	412,000	386,302	395,692
84921RAB6	SPOTIFY USA INC	-	03/15/2026	60,000	67,406	68,100
852234AJ2	BLOCK INC	-	05/01/2026	15,000	14,632	14,720
853254CC2	STANDARD CHARTERED PLC	2.678	06/29/2032	15,000	12,638	13,580
853254CS7	STANDARD CHARTERED PLC	6.301	01/09/2029	33,000	33,745	34,295
853254CZ1	STANDARD CHARTERED PLC	6.097	01/11/2035	43,000	45,024	46,151
86964WAJ1	SUZANO AUSTRIA GMBH	3.750	01/15/2031	77,000	68,773	72,656
86964WAL6	SUZANO AUSTRIA GMBH	2.500	09/15/2028	29,000	26,907	27,449
872241AB0	COX COMMUNICATIONS INC	6.530	02/01/2028	500,000	510,193	517,973
88032XAN4	TENCENT HOLDINGS LTD	3.975	04/11/2029	14,000	13,394	13,993
88032XAV6	TENCENT HOLDINGS LTD	3.240	06/03/2050	88,000	57,669	63,085
88162GAB9	TETRA TECH INC	2.250	08/15/2028	85,000	92,407	92,115
88323AAB8	THAIOIL TREASURY CENTER CO LTD	4.875	01/23/2043	51,000	43,787	45,451
88331LAA6	BEAUTY HEALTH CO	1.250	10/01/2026	29,000	27,289	27,333
902252AB1	TYLER TECHNOLOGIES INC	0.250	03/15/2026	95,000	98,430	96,045
90365EAA7	UIRC-GSA HOLDINGS III LLC	3.500	04/30/2026	1,000,000	1,000,000	997,140
91127KAE2	UNITED OVERSEAS BANK LTD	2.000	10/14/2031	117,000	115,088	114,883
91879QAN9	VAIL RESORTS INC	-	01/01/2026	21,000	21,000	20,958
922280AD4	VARONIS SYSTEMS INC	1.000	09/15/2029	50,000	51,812	46,425
92277GAZ0	VENTAS REALTY LP	3.750	06/01/2026	75,000	76,934	105,900
92538JAB2	VERTEX INC	0.750	05/01/2029	20,000	23,101	18,936
95041AAD0	WELLTOWER OP LLC	3.125	07/15/2029	25,000	27,557	37,750
98978VAY9	ZOETIS INC	0.250	06/15/2029	40,000	40,253	41,100
EC4529235	PRINCIPAL FINANCIAL GLOBAL FUNDING LLC	4.709	01/10/2031	1,200,000	1,133,311	1,080,000
F54833CS9	CLARIANE SE	0.875	03/06/2027	22,151	532,097	24,241

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163
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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
G01913AA3	ALDAR INVESTMENT PROPERTIES SUKUK LTD	5.500	05/16/2034	200,000	$ 201,726	$ 207,370
G0446NAS3	ANGLO AMERICAN CAPITAL PLC	2.625	09/10/2030	8,000	7,001	7,381
G2181LAA1	CK HUTCHISON INTERNATIONAL (20) LTD	2.500	05/08/2030	230,000	206,241	214,119
G2182GAC7	CK HUTCHISON INTERNATIONAL (21) LTD	3.125	04/15/2041	25,000	18,675	19,271
G3066LAF8	ENN ENERGY HOLDINGS LTD	2.625	09/17/2030	53,000	46,596	48,986
G3R82SAP2	FOXCONN (FAR EAST) LTD	2.500	10/28/2030	236,000	205,238	216,998
G4124CAA7	GRAB HOLDINGS LTD	-	06/15/2030	10,000	11,079	10,575
G87602AA9	TENGIZCHEVROIL FINANCE COMPANY INTERNATIONAL LTD	4.000	08/15/2026	20,000	19,944	19,911
G91139AF5	TSMC GLOBAL LTD	1.250	04/23/2026	11,000	10,890	10,908
G91139AH1	TSMC GLOBAL LTD	2.250	04/23/2031	25,000	21,655	22,706
L2848UAA0	EIG PEARL HOLDINGS SARL	4.387	11/30/2046	200,000	152,280	168,920
M6746GAD8	LEVIATHAN BOND LTD	6.750	06/30/2030	85,000	76,865	86,498
M8222MAA0	QATARENERGY LNG S3	5.838	09/30/2027	102,982	103,410	104,432
N7163RAA1	PROSUS NV	3.680	01/21/2030	24,000	21,838	23,054
N7163RAD5	PROSUS NV	4.027	08/03/2050	16,000	10,587	11,127
N7163RAW3	PROSUS NV	3.257	01/19/2027	33,000	32,062	32,530
P01703AD2	ALPEK SAB DE CV	3.250	02/25/2031	38,000	33,315	32,325
P09376DD6	BANCO DE CHILE	2.990	12/09/2031	75,000	65,799	68,409
P7922TAA7	PROMIGAS SA ESP	3.750	10/16/2029	42,000	38,141	39,459
US40435WAC47	HTA GROUP LTD	7.500	06/04/2029	20,000	20,693	20,640
US50050GAW87	KOOKMIN BANK	5.375	05/08/2027	100,000	99,956	101,935
USG0446NAR55	ANGLO AMERICAN CAPITAL PLC	5.625	04/01/2030	34,000	35,254	35,528
USG7150PAA87	POINSETTIA FINANCE LIMITED SARL	6.625	06/17/2031	108,188	95,243	105,863
Y00130RP4	ADANI PORTS AND SPECIAL ECONOMIC ZONE LTD	4.375	07/03/2029	200,000	180,244	194,036
Y6886MAE0	PETRONAS CAPITAL LTD	2.480	01/28/2032	233,000	201,253	209,111
Y7141BAB9	PT FREEPORT INDONESIA	5.315	04/14/2032	12,000	11,511	12,235
Y7141BAC7	PT FREEPORT INDONESIA	6.200	04/14/2052	19,000	18,074	19,322

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
Y7150MAF4	PTTEP TREASURY CENTER CO LTD	2.993	01/15/2030	16,000	$ 14,530	$ 15,229
Y72570AU1	RELIANCE INDUSTRIES LTD	3.625	01/12/2052	20,000	13,879	14,682
Y8190DAA5	SUMMIT DIGITEL INFRASTRUCTURE LTD	2.875	08/12/2031	40,000	34,634	36,359
CORPORATE DEBT INSTRUMENTS:				27,307,206	30,593,046	29,122,495
PREFERRED STOCK:						
10482B200	BRAEMAR HOTELS & RESORTS INC	5.500	01/00/1900	1,328	21,313	19,668
26884U307	EPR PROPERTIES	9.000	-	241	7,495	7,211
283678209	EL PASO ENERGY CAPITAL TRUST I	4.750	03/31/2028	234	9,683	11,501
29364D100PRFD	ENTERGY ARKANSAS LLC	4.875	09/01/2066	25,000	625,000	515,575
55261F864	M&T BANK CORP	7.500	-	286	7,719	7,616
808513600	CHARLES SCHWAB CORP	5.950	-	3,681	92,337	92,219
808513865	CHARLES SCHWAB CORP	4.450	-	1,651	32,002	30,920
949746804	WELLS FARGO & CO	7.500	-	18	20,880	21,816
US74965L2007	RLJ LODGING TRUST	7.800	-	957	26,030	23,829
PREFERRED STOCK:				33,396	842,459	730,355
COMMON STOCK:						
00090Q103	ADT ORD	-	-	4,800	40,888	38,736
001055102	AFLAC ORD	-	-	407	30,765	44,880
001084102	AGCO ORD	-	-	355	30,992	37,034
00130H105	THE AES CORPORATION	-	-	126	3,411	1,807
00206R102	AT&T ORD	-	-	10,122	221,620	251,430
002824100	ABBOTT LABORATORIES ORD	-	-	183	21,030	22,928
00287Y109	ABBVIE ORD	-	-	1,235	202,363	282,185
002896207	ABERCROMBIE AND FITCH CL A ORD	-	-	178	11,693	22,405
00724F101	ADOBE ORD	-	-	171	66,690	59,848

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
00737L103	ADTALEM GLOBAL EDUCATION ORD	-	-	223	$ 27,502	$ 23,074
00751Y106	ADVANCE AUTO PARTS ORD	-	-	65	5,996	2,555
00766T100	AECOM ORD	-	-	99	7,426	9,438
007903107	ADVANCED MICRO DEVICES ORD	-	-	107	12,163	22,915
00846U101	AGILENT TECHNOLOGIES ORD	-	-	28	3,700	3,810
009066101	AIRBNB CL A ORD	-	-	11	1,485	1,493
009158106	AIR PRODUCTS AND CHEMICALS ORD	-	-	26	7,126	6,423
00971T101	AKAMAI TECHNOLOGIES ORD	-	-	60	6,462	5,235
012653101	ALBEMARLE ORD	-	-	28	2,299	3,960
013091103	ALBERTSONS COMPANIES CL A ORD	-	-	1,803	39,437	30,958
013872106	ALCOA ORD	-	-	1,609	60,449	85,502
015271109	ALEXANDRIA REAL ESTATE EQ REIT ORD	-	-	546	36,959	26,721
016255101	ALIGN TECHNOLOGY ORD	-	-	15	2,388	2,342
01741R102	ATI ORD	-	-	330	6,473	37,871
018802108	ALLIANT ENERGY ORD	-	-	49	2,664	3,185
020002101	ALLSTATE ORD	-	-	56	6,637	11,656
02005N100	ALLY FINANCIAL ORD	-	-	143	5,940	6,476
02079K107	ALPHABET CL C ORD	-	-	528	74,980	165,686
02079K305	ALPHABET CL A ORD	-	-	1,307	190,221	409,091
02156K103	OPTIMUM COMMUNICATIONS CL A ORD	-	-	145	2,710	239
023135106	AMAZON COM ORD	-	-	1,728	237,911	398,857
023608102	AMEREN ORD	-	-	41	3,322	4,094
025537101	AMERICAN ELECTRIC POWER ORD	-	-	88	7,521	10,147
02553E106	AMERICAN EAGLE OUTFITTERS ORD	-	-	854	14,108	22,520
025816109	AMERICAN EXPRESS ORD	-	-	48	6,939	17,758
025932104	AMERICAN FINANCIAL GROUP ORD	-	-	14	1,764	1,914
026874784	AMERICAN INTERNATIONAL GROUP ORD	-	-	819	41,798	70,065
03027X100	AMERICAN TOWER REIT	-	-	98	20,523	17,206
030420103	AMERICAN WATER WORKS ORD	-	-	128	17,647	16,704
03073E105	CENCORA ORD	-	-	85	17,086	28,709

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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03076C106	AMERIPRISE FINANCE ORD	-	-	94	$ 34,069	$ 46,092
031100100	AMETEK ORD	-	-	19	2,445	3,901
031162100	AMGEN ORD	-	-	385	93,139	126,014
031652100	AMKOR TECHNOLOGY ORD	-	-	390	13,378	15,397
032095101	AMPHENOL CL A ORD	-	-	47	1,576	6,352
032654105	ANALOG DEVICES ORD	-	-	60	10,428	16,272
035710839	ANNALY CAPITAL MANAGEMENT REIT ORD	-	-	683	13,004	15,272
03674X106	ANTERO RESOURCES ORD	-	-	64	2,177	2,205
036752103	ELEVANCE HEALTH ORD	-	-	230	95,017	80,627
03743Q108	APA ORD	-	-	606	17,412	14,823
03769M106	APOLLO GLOBAL MANAGEMENT ORD	-	-	13	1,879	1,882
037833100	APPLE ORD	-	-	2,252	316,770	612,229
038222105	APPLIED MATERIAL ORD	-	-	663	80,551	170,384
038336103	APTARGROUP ORD	-	-	661	81,598	80,616
039483102	ARCHER DANIELS MIDLAND ORD	-	-	819	54,266	47,084
039653100	ARCOSA ORD	-	-	159	13,689	16,905
03969F109	ARCUS BIOSCIENCES ORD	-	-	329	7,166	7,840
040413205	ARISTA NETWORKS ORD	-	-	20	1,930	2,621
042735100	ARROW ELECTRONICS ORD	-	-	285	27,605	31,401
04316A108	ARTISAN PARTNERS ASSET MGMT CL A ORD	-	-	341	11,845	13,892
049560105	ATMOS ENERGY ORD	-	-	17	2,326	2,850
052769106	AUTODESK ORD	-	-	10	3,074	2,960
052800109	AUTOLIV ORD	-	-	350	33,131	41,545
053015103	AUTOMATIC DATA PROCESSING ORD	-	-	148	31,675	38,070
05329W102	AUTONATION ORD	-	-	75	10,322	15,486
053484101	AVALONBAY COMMUNITIES REIT ORD	-	-	17	3,177	3,082
05368V106	AVIENT ORD	-	-	291	10,130	9,091
053774105	AVIS BUDGET GROUP ORD	-	-	18	3,265	2,310
05379B107	AVISTA ORD	-	-	995	37,884	38,347
053807103	AVNET ORD	-	-	59	2,479	2,837

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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05722G100	BAKER HUGHES CL A ORD	-	-	198	$ 4,835	$ 9,017
058498106	BALL ORD	-	-	150	8,697	7,946
060505104	BANK OF AMERICA ORD	-	-	2,414	81,060	132,770
064058100	BANK OF NEW YORK MELLON ORD	-	-	738	41,220	85,674
06652K103	BANKUNITED ORD	-	-	504	18,960	22,463
071813109	BAXTER INTERNATIONAL ORD	-	-	407	22,599	7,778
072730302	BAYER AKTIENGESELLSCHAFT EACH RE ADR	-	-	8,992	67,556	97,712
075887109	BECTON DICKINSON ORD	-	-	433	82,324	84,032
07724U103	BEIERSDORF A G UNSPONSORED GERMA ADR	-	-	4,291	101,139	94,422
077347300	BEL FUSE CL B ORD	-	-	144	22,115	24,427
077454106	BELDEN ORD	-	-	118	13,872	13,753
084423102	WR BERKLEY ORD	-	-	31	1,054	2,174
084670702	BERKSHIRE HATHAWAY CL B ORD	-	-	506	172,127	254,341
086516101	BEST BUY ORD	-	-	696	59,833	46,583
090572207	BIO RAD LABORATORIES CL A ORD	-	-	52	16,191	15,755
09058V103	BIOCRYST PHARMACEUTICALS ORD	-	-	1,430	12,587	11,154
09062X103	BIOGEN ORD	-	-	58	12,447	10,207
09260D107	BLACKSTONE ORD	-	-	210	25,869	32,369
09290D101	BLACKROCK ORD	-	-	15	11,073	16,055
094235108	BLOOMIN BRANDS ORD	-	-	300	6,746	1,851
097023105	BOEING ORD	-	-	25	6,076	5,428
09857L108	BOOKING HOLDINGS ORD	-	-	22	60,462	117,817
099724106	BORGWARNER ORD	-	-	995	30,310	44,835
101121101	BXP ORD	-	-	23	2,398	1,552
101137107	BOSTON SCIENTIFIC ORD	-	-	124	7,898	11,823
109696104	BRINK'S ORD	-	-	300	31,109	35,019
110122108	BRISTOL MYERS SQUIBB ORD	-	-	3,124	185,918	168,509
11135F101	BROADCOM ORD	-	-	887	95,819	306,990
12008R107	BUILDERS FIRSTSOURCE ORD	-	-	161	24,837	16,565
12504L109	CBRE GROUP CL A ORD	-	-	42	3,326	6,753

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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12514G108	CDW ORD	-	-	36	$ 6,559	$ 4,903
125269100	CF INDUSTRIES HOLDINGS ORD	-	-	444	40,602	34,339
12541W209	CH ROBINSON WORLDWIDE ORD	-	-	228	20,854	36,653
125523100	CIGNA ORD	-	-	301	84,654	82,844
12572Q105	CME GROUP CL A ORD	-	-	87	16,806	23,758
125896100	CMS ENERGY ORD	-	-	56	3,417	3,916
126117100	CNA FINANCIAL ORD	-	-	17	779	812
126408103	CSX ORD	-	-	1,423	44,292	51,584
126650100	CVS HEALTH ORD	-	-	2,433	196,374	193,083
127097103	COTERRA ENERGY ORD	-	-	175	4,441	4,606
127387108	CADENCE DESIGN SYSTEMS ORD	-	-	10	1,773	3,126
128246105	CALAVO GROWERS ORD	-	-	1,340	29,923	29,145
130788102	CALIFORNIA WATER SERVICE GROUP ORD	-	-	4,604	207,564	199,491
134429109	THE CAMPBELL S COMPANY ORD	-	-	831	37,981	23,160
14040H105	CAPITAL ONE FINANCIAL ORD	-	-	775	82,973	187,829
14149Y108	CARDINAL HEALTH ORD	-	-	126	8,774	25,893
142339100	CARLISLE COMPANIES ORD	-	-	19	5,716	6,077
143130102	CARMAX ORD	-	-	44	4,712	1,700
14316J108	CARLYLE GROUP ORD	-	-	25	1,712	1,478
143658300	CARNIVAL ORD	-	-	2,193	36,585	66,974
14448C104	CARRIER GLOBAL ORD	-	-	89	4,108	4,703
149123101	CATERPILLAR ORD	-	-	190	43,895	108,845
150870103	CELANESE ORD	-	-	120	13,453	5,074
15117B202	CELLDEX THERAPEUTICS ORD	-	-	297	7,520	8,067
15135B101	CENTENE ORD	-	-	971	62,340	39,957
15189T107	CENTERPOINT ENERGY ORD	-	-	103	2,333	3,949
156431108	CENTURY ALUMINUM ORD	-	-	532	5,794	20,844
16119P108	CHARTER COMMUNICATIONS CL A ORD	-	-	275	111,571	57,406
16411R208	CHENIERE ENERGY ORD	-	-	108	23,882	20,994
165167735	EXPAND ENERGY ORD	-	-	162	16,787	17,878

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166764100	CHEVRON ORD	-	-	551	$ 67,691	$ 83,978
169656105	CHIPOTLE MEXICAN GRILL ORD	-	-	57	2,161	2,109
171340102	CHURCH AND DWIGHT ORD	-	-	172	14,822	14,422
172062101	CINCINNATI FINANCIAL ORD	-	-	29	3,020	4,736
172755100	CIRRUS LOGIC ORD	-	-	341	36,128	40,409
17275R102	CISCO SYSTEMS ORD	-	-	4,897	253,297	377,216
172908105	CINTAS ORD	-	-	116	12,379	21,816
172967424	CITIGROUP ORD	-	-	1,538	87,042	179,469
174610105	CITIZENS FINANCIAL GROUP ORD	-	-	737	32,674	43,048
185899101	CLEVELAND CLIFFS ORD	-	-	1,520	10,380	20,186
189054109	CLOROX ORD	-	-	1,919	231,752	193,493
191216100	COCA-COLA ORD	-	-	1,943	107,125	135,835
192446102	COGNIZANT TECHNOLOGY SOLUTN CL A ORD	-	-	134	10,168	11,122
194162103	COLGATE PALMOLIVE ORD	-	-	537	42,164	42,434
197236102	COLUMBIA BANKING SYSTEM ORD	-	-	817	24,125	22,835
20030N101	COMCAST CL A ORD	-	-	7,702	321,216	230,213
200340107	COMERICA ORD	-	-	49	3,238	4,260
205887102	CONAGRA BRANDS ORD	-	-	1,180	38,908	20,426
20825C104	CONOCOPHILLIPS ORD	-	-	2,553	249,662	238,986
209115104	CONSOLIDATED EDISON ORD	-	-	235	21,678	23,340
21037T109	CONSTELLATION ENERGY ORD	-	-	16	1,637	5,652
21867A105	CORE LABORATORIES ORD	-	-	913	18,275	14,635
21870U874	CORENERGY INFRASTRUCTURE ORD	-	-	619	1,906	1,455
21871X109	COREBRIDGE FINANCIAL ORD	-	-	1,273	39,441	38,406
219350105	CORNING ORD	-	-	687	31,607	60,154
219948106	CORPAY ORD	-	-	22	4,084	6,620
22052L104	CORTEVA ORD	-	-	339	16,934	22,723
22160K105	COSTCO WHOLESALE ORD	-	-	92	41,373	79,335
222795502	COUSINS PROPERTIES REIT ORD	-	-	530	15,926	13,663
224441105	CRANE NXT ORD	-	-	260	5,140	12,238

(Continued)

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
22663K107	CRINETICS PHARMACEUTICALS ORD	-	-	220	$ 9,637	$ 10,241
22822V101	CROWN CASTLE ORD	-	-	60	8,952	5,332
231021106	CUMMINS ORD	-	-	121	26,372	61,764
23128Q101	CURBLINE PROPERTIES ORD	-	-	426	9,628	9,887
23282W605	CYTOKINETICS ORD	-	-	181	6,613	11,501
23331A109	D R HORTON ORD	-	-	75	7,687	10,802
233331107	DTE ENERGY ORD	-	-	35	3,962	4,514
23355L106	DXC TECHNOLOGY ORD	-	-	162	5,985	2,373
23381B106	DAIKIN INDS 10 ADR REP ORD	-	-	603	7,558	7,725
235851102	DANAHER ORD	-	-	66	13,767	15,109
237194105	DARDEN RESTAURANTS ORD	-	-	97	14,907	17,850
23918K108	DAVITA ORD	-	-	271	26,530	30,788
244199105	DEERE ORD	-	-	37	14,133	17,226
24665A103	DELEK US HOLDINGS ORD	-	-	579	14,650	17,173
24703L202	DELL TECHNOLOGIES CL C ORD	-	-	554	27,727	69,738
247361702	DELTA AIR LINES ORD	-	-	330	16,422	22,902
24823R105	DENALI THERAPEUTICS ORD	-	-	413	7,747	6,819
25179M103	DEVON ENERGY ORD	-	-	448	22,308	16,410
25278X109	DIAMONDBACK ENERGY ORD	-	-	29	4,251	4,360
253393102	DICKS SPORTING ORD	-	-	52	13,002	10,294
253868103	DIGITAL REALTY REIT ORD	-	-	31	4,009	4,796
254687106	WALT DISNEY ORD	-	-	256	38,853	29,125
256677105	DOLLAR GENERAL ORD	-	-	270	46,882	35,848
256746108	DOLLAR TREE ORD	-	-	134	12,613	16,483
25746U109	DOMINION ENERGY ORD	-	-	195	12,888	11,425
260003108	DOVER ORD	-	-	19	2,621	3,710
260557103	DOW ORD	-	-	578	23,268	13,514
26210C104	DROPBOX CL A ORD	-	-	1,196	35,221	33,249
26441C204	DUKE ENERGY ORD	-	-	156	15,119	18,285
26614N102	DUPONT DE NEMOURS ORD	-	-	169	5,517	6,794

(Continued)

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
268158201	DYNAVAX TECHNOLOGIES ORD	-	-	466	$ 5,543	$ 7,167
26818M108	DYNE THERAPEUTICS ORD	-	-	368	7,190	7,198
26875P101	EOG RESOURCES ORD	-	-	139	13,488	14,596
26884L109	EQT ORD	-	-	76	4,178	4,074
27579R104	EAST WEST BANCORP ORD	-	-	292	10,204	32,818
277432100	EASTMAN CHEMICAL ORD	-	-	218	16,428	13,915
278642103	EBAY ORD	-	-	1,490	77,568	129,779
278768106	ECHOSTAR CL A ORD	-	-	39	2,814	4,239
278865100	ECOLAB ORD	-	-	17	3,545	4,463
281020107	EDISON INTERNATIONAL ORD	-	-	106	6,137	6,362
28176E108	EDWARDS LIFESCIENCES ORD	-	-	59	5,559	5,030
285512109	ELECTRONIC ARTS ORD	-	-	121	15,827	24,724
291011104	EMERSON ELECTRIC ORD	-	-	83	7,971	11,016
29275Y102	ENERSYS ORD	-	-	234	22,767	34,340
29364G103	ENTERGY ORD	-	-	71	3,567	6,563
293712105	ENTERPRISE FINANCIAL SERVICES ORD	-	-	156	9,464	8,424
29444U700	EQUINIX REIT ORD	-	-	5	3,357	3,831
29476L107	EQUITY RESIDENTIAL REIT ORD	-	-	52	3,771	3,278
29670G102	ESSENTIAL UTILITIES ORD	-	-	393	15,728	15,075
29977A105	EVERCORE CL A ORD	-	-	75	8,646	25,519
30034W106	EVERGY ORD	-	-	63	3,776	4,567
30040W108	EVERSOURCE ENERGY ORD	-	-	89	6,999	5,992
30063P105	EXACT SCIENCES ORD	-	-	154	15,593	15,640
30161N101	EXELON ORD	-	-	215	7,055	9,372
30161Q104	EXELIXIS ORD	-	-	1,000	35,553	43,830
30190A104	F&G ANNUITIES AND LIFE ORD	-	-	3	136	93
30212P303	EXPEDIA GROUP ORD	-	-	280	53,322	79,327
302130109	EXPEDITORS INTNL OF WASHTN CL A ORD	-	-	223	26,764	33,229
30225T102	EXTRA SPACE STORAGE REIT ORD	-	-	10	1,488	1,302
30231G102	EXXON MOBIL ORD	-	-	1,530	118,263	184,120

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
302491303	FMC ORD	-	-	33	$ 1,429	$ 458
30303M102	META PLATFORMS CL A ORD	-	-	355	77,359	234,332
303075105	FACTSET RESEARCH SYSTEMS ORD	-	-	26	7,765	7,545
311900104	FASTENAL ORD	-	-	532	14,832	21,349
31428X106	FEDEX ORD	-	-	214	38,878	61,816
31488V107	FERGUSON ENTERPRISES ORD	-	-	95	21,001	21,150
31620M106	FIDELITY NATIONAL INFORMATN SVCS ORD	-	-	109	9,617	7,244
31620R303	FIDELITY NATIONAL FINANCIAL ORD	-	-	59	2,436	3,221
316773100	FIFTH THIRD BANCORP ORD	-	-	634	16,582	29,678
31847R102	FIRST AMERICAN FINANCIAL ORD	-	-	268	11,699	16,466
31946M103	FIRST CITIZENS BANCSHARES CL A ORD	-	-	1	2,071	2,146
320517105	FIRST HORIZON ORD	-	-	2,709	33,262	64,745
320817109	FIRST MERCHANTS ORD	-	-	412	15,206	15,442
337738108	FISERV ORD	-	-	73	6,881	4,903
337932107	FIRSTENERGY ORD	-	-	106	3,637	4,746
343412102	FLUOR ORD	-	-	357	14,065	14,148
345370860	FORD MOTOR ORD	-	-	6,655	80,788	87,314
346375108	FORMFACTOR ORD	-	-	156	8,019	8,702
34959E109	FORTINET ORD	-	-	97	9,039	7,703
34959J108	FORTIVE ORD	-	-	35	1,871	1,932
35137L105	FOX CL A ORD	-	-	1,143	40,955	83,519
354613101	FRANKLIN RESOURCES ORD	-	-	154	4,645	3,679
35671D857	FREEPORT MCMORAN ORD	-	-	201	7,672	10,209
360271100	FULTON FINANCIAL ORD	-	-	1,211	19,802	23,409
36266G107	GE HEALTHCARE TECHNOLOGIES ORD	-	-	240	20,486	19,685
363576109	ARTHUR J GALLAGHER ORD	-	-	32	4,539	8,281
364760108	GAP ORD	-	-	206	4,696	5,274
36828A101	GE VERNOVA ORD	-	-	7	1,637	4,575
369550108	GENERAL DYNAMICS ORD	-	-	101	25,433	34,003
369604301	GE AEROSPACE ORD	-	-	41	2,598	12,629

(Continued)

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
370334104	GENERAL MILLS ORD	-	-	1,141	$ 59,788	$ 53,056
37045V100	GENERAL MOTORS ORD	-	-	1,870	73,450	152,068
372460105	GENUINE PARTS ORD	-	-	48	5,946	5,902
375558103	GILEAD SCIENCES ORD	-	-	2,645	195,309	324,647
37637Q105	GLACIER BANCORP ORD	-	-	459	18,478	20,219
37940X102	GLOBAL PAYMENTS ORD	-	-	99	11,677	7,663
37959E102	GLOBE LIFE ORD	-	-	602	69,216	84,196
38141G104	GOLDMAN SACHS GROUP ORD	-	-	89	28,146	78,231
382550101	GOODYEAR TIRE AND RUBBER ORD	-	-	913	11,510	7,998
384109104	GRACO ORD	-	-	94	7,780	7,705
384802104	WW GRAINGER ORD	-	-	21	11,001	21,190
387328107	GRANITE CONSTRUCTION ORD	-	-	301	15,507	34,720
387432107	GRANITE RIDGE RESOURCES ORD	-	-	3,667	15,614	17,235
388689101	GRAPHIC PACKAGING HOLDING ORD	-	-	1,204	29,830	18,132
393657101	GREENBRIER ORD	-	-	396	16,866	18,509
403949100	HF SINCLAIR ORD	-	-	422	15,107	19,446
40412C101	HCA HEALTHCARE ORD	-	-	283	56,294	132,121
40434L105	HP ORD	-	-	3,344	91,690	74,504
406216101	HALLIBURTON ORD	-	-	1,323	36,881	37,388
412822108	HARLEY DAVIDSON ORD	-	-	900	30,114	18,441
416515104	THE HARTFORD INSURANCE GROUP ORD	-	-	647	29,968	89,157
42250P103	HEALTHPEAK PROPERTIES ORD	-	-	601	11,607	9,664
422806109	HEICO ORD	-	-	56	1,536	18,121
423452101	HELMERICH AND PAYNE ORD	-	-	571	22,295	16,376
42550U109	HENKEL AND ORD	-	-	7,342	135,311	140,121
42704L104	HERC HOLDINGS ORD	-	-	176	22,657	26,115
427866108	HERSHEY FOODS ORD	-	-	84	14,777	15,286
42806J700	HERTZ GLOBAL HLDGS ORD	-	-	239	1,696	1,228
42824C109	HEWLETT PACKARD ENTERPRISE ORD	-	-	1,275	16,619	30,626
43300A203	HILTON WORLDWIDE HOLDINGS ORD	-	-	182	22,964	52,280

(Continued)

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
436440101	HOLOGIC ORD	-	-	993	$ 60,698	$ 73,969
436893200	HOME BANCSHARES ORD	-	-	669	16,371	18,585
437076102	HOME DEPOT ORD	-	-	500	165,550	172,050
438516106	HONEYWELL INTERNATIONAL ORD	-	-	98	19,582	19,119
440452100	HORMEL FOODS ORD	-	-	124	5,403	2,939
44107P104	HOST HOTELS & RESORTS REIT ORD	-	-	2,640	47,427	46,807
443201108	HOWMET AEROSPACE ORD	-	-	343	20,848	70,322
443320106	HUB GROUP CL A ORD	-	-	548	15,385	23,350
444859102	HUMANA ORD	-	-	375	111,807	96,049
445658107	JB HUNT TRANSPORT SERVICES ORD	-	-	49	8,329	9,523
446150104	HUNTINGTON BANCSHARES ORD	-	-	276	4,072	4,789
446413106	HUNTINGTON INGALLS INDUSTRIES ORD	-	-	118	24,964	40,128
447011107	HUNTSMAN ORD	-	-	89	2,034	890
45166A102	IDEAYA BIOSCIENCES ORD	-	-	246	9,751	8,504
45167R104	IDEX ORD	-	-	326	55,059	58,008
452308109	ILLINOIS TOOL ORD	-	-	156	34,276	38,423
452327109	ILLUMINA ORD	-	-	21	4,426	2,754
45337C102	INCYTE ORD	-	-	593	33,931	58,571
45378A106	INDEPENDENCE REALTY ORD	-	-	637	11,492	11,135
45687V106	INGERSOLL RAND ORD	-	-	37	3,039	2,931
457187102	INGREDION ORD	-	-	200	18,279	22,052
458140100	INTEL ORD	-	-	2,458	99,727	90,700
45866F104	INTERCONTINENTAL EXCHANGE ORD	-	-	138	16,196	22,350
459200101	INTERNATIONAL BUSINESS MACHINES ORD	-	-	761	111,136	225,416
459506101	INTERNATIONAL FLAVORS & FRAGRANS ORD	-	-	60	5,434	4,043
460146103	INTERNATIONAL PAPER ORD	-	-	137	6,296	5,396
461202103	INTUIT ORD	-	-	66	37,048	43,720
46120E602	INTUITIVE SURGICAL ORD	-	-	10	2,367	5,664
46187W107	INVITATION HOMES ORD	-	-	56	1,657	1,556
46266C105	IQVIA HOLDINGS ORD	-	-	21	4,159	4,734

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

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46284V101	IRON MOUNTAIN ORD	-	-	132	$ 6,560	$ 10,949
46625H100	JPMORGAN CHASE ORD	-	-	373	54,297	120,188
466313103	JABIL ORD	-	-	18	953	4,104
46982L108	JACOBS SOLUTIONS ORD	-	-	25	2,628	3,312
47233W109	JEFFERIES FINANCIAL GROUP ORD	-	-	38	1,105	2,355
478160104	JOHNSON & JOHNSON ORD	-	-	2,440	409,299	504,958
48020Q107	JONES LANG LASALLE ORD	-	-	11	2,022	3,701
482480100	KLA ORD	-	-	53	24,963	64,399
48251W104	KKR AND CO ORD	-	-	33	1,871	4,207
48666K109	KB HOME ORD	-	-	500	34,643	28,205
489170100	KENNAMETAL ORD	-	-	1,039	25,918	29,518
49177J102	KENVUE ORD	-	-	7,306	122,787	126,029
493267108	KEYCORP ORD	-	-	275	4,482	5,676
49338L103	KEYSIGHT TECHNOLOGIES ORD	-	-	21	3,441	4,267
494368103	KIMBERLY CLARK ORD	-	-	567	71,672	57,205
49446R109	KIMCO REALTY REIT ORD	-	-	71	1,333	1,439
49456B101	KINDER MORGAN CL P ORD	-	-	425	7,217	11,683
499049104	KNIGHT SWIFT TRANSPRTATN CL A ORD	-	-	574	27,101	30,009
500255104	KOHL'S ORD	-	-	313	10,333	6,388
500754106	KRAFT HEINZ ORD	-	-	2,123	72,994	51,483
501044101	KROGER ORD	-	-	1,395	57,008	87,160
50127T109	KURA ONCOLOGY ORD	-	-	695	7,356	7,221
50155Q100	KYNDRYL HOLDINGS ORD	-	-	89	1,417	2,364
501889208	LKQ ORD	-	-	83	3,360	2,507
502431109	L3HARRIS TECHNOLOGIES ORD	-	-	123	26,592	36,109
504922105	LABCORP HOLDINGS ORD	-	-	47	11,365	11,791
518439104	ESTEE LAUDER CL A ORD	-	-	902	68,319	94,457
52110M109	LAZARD ORD	-	-	673	23,196	32,681
521865204	LEAR ORD	-	-	97	8,041	11,116
525327102	LEIDOS HOLDINGS ORD	-	-	52	4,962	9,381

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526057104	LENNAR CL A ORD	-	-	1,148	$ 136,763	$ 118,014
529043408	LXP INDUSTRIAL ORD	-	-	217	11,508	10,759
530307305	LIBERTY BROADBAND SRS C ORD	-	-	734	99,883	35,672
53190C102	LIFE TIME GROUP HOLDINGS ORD	-	-	1,039	29,979	27,617
532457108	ELI LILLY ORD	-	-	171	53,090	183,770
533900106	LINCOLN ELECTRIC HOLDINGS ORD	-	-	152	11,554	36,425
534187109	LINCOLN NATIONAL ORD	-	-	374	24,803	16,654
535555106	LINDSAY ORD	-	-	464	53,638	54,692
536797103	LITHIA MOTORS ORD	-	-	11	3,475	3,656
539830109	LOCKHEED MARTIN ORD	-	-	381	156,177	184,278
540424108	LOEWS ORD	-	-	35	1,829	3,686
548661107	LOWE'S COMPANIES ORD	-	-	521	112,367	125,644
550241103	LUMEN TECHNOLOGIES ORD	-	-	2,969	21,124	23,069
55024U109	LUMENTUM HOLDINGS ORD	-	-	147	13,941	54,183
55261F104	M&T BANK ORD	-	-	231	42,103	46,542
552848103	MGIC INVESTMENT ORD	-	-	1,700	36,487	49,674
554382101	MACERICH REIT ORD	-	-	934	10,939	17,242
55616P104	MACYS ORD	-	-	203	3,191	4,476
56418H100	MANPOWERGROUP ORD	-	-	31	3,140	922
56585A102	MARATHON PETROLEUM ORD	-	-	709	78,520	115,305
570535104	MARKEL GROUP ORD	-	-	2	2,314	4,299
571748102	MARSH ORD	-	-	183	29,098	33,950
571903202	MARRIOTT INTERNATIONAL CL A ORD	-	-	56	10,310	17,373
573075108	MARTEN TRANSPORT ORD	-	-	16,544	215,111	188,271
573284106	MARTIN MARIETTA MATERIALS ORD	-	-	38	17,573	23,661
573874104	MARVELL TECHNOLOGY ORD	-	-	58	2,669	4,929
574599106	MASCO ORD	-	-	178	10,155	11,296
57636Q104	MASTERCARD CL A ORD	-	-	145	53,169	82,778
576485205	MATADOR RESOURCES ORD	-	-	783	44,722	33,231
579780206	MCCORMICK ORD	-	-	145	10,320	9,876

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580135101	MCDONALD'S ORD	-	-	372	$ 91,161	$ 113,694
58155Q103	MCKESSON ORD	-	-	45	15,011	36,913
58733R102	MERCADOLIBRE ORD	-	-	43	86,581	86,613
58933Y105	MERCK & CO ORD	-	-	2,539	199,593	267,255
589378108	MERCURY SYSTEMS ORD	-	-	520	21,786	37,965
59156R108	METLIFE ORD	-	-	467	28,916	36,865
594918104	MICROSOFT ORD	-	-	746	219,934	360,781
595017104	MICROCHIP TECHNOLOGY ORD	-	-	98	7,257	6,245
595112103	MICRON TECHNOLOGY ORD	-	-	168	13,702	47,949
59522J103	MID AMERICA APT COMMUNITI REIT ORD	-	-	13	1,906	1,806
601137102	MILLROSE PROPERTIES CL A ORD	-	-	150	3,269	4,481
60510V108	MISSION PRODUCE ORD	-	-	1,193	14,059	13,839
60770K107	MODERNA ORD	-	-	278	12,468	8,198
608190104	MOHAWK INDUSTRIES ORD	-	-	23	3,741	2,514
60855R100	MOLINA HEALTHCARE ORD	-	-	19	4,521	3,297
609207105	MONDELEZ INTERNATIONAL CL A ORD	-	-	622	38,093	33,482
61174X109	MONSTER BEVERAGE ORD	-	-	306	15,683	23,461
615369105	MOODYS ORD	-	-	20	7,083	10,217
617446448	MORGAN STANLEY ORD	-	-	178	14,649	31,600
61945C103	MOSAIC ORD	-	-	171	5,055	4,119
620076307	MOTOROLA SOLUTIONS ORD	-	-	49	12,017	18,783
626717102	MURPHY OIL ORD	-	-	658	28,272	20,563
62855J104	MYRIAD GENETICS ORD	-	-	1,753	7,321	10,781
629377508	NRG ENERGY ORD	-	-	116	7,398	18,472
62944T105	NVR ORD	-	-	3	20,645	21,878
631103108	NASDAQ ORD	-	-	40	2,445	3,885
636180101	NATL FUEL GAS ORD	-	-	400	29,768	32,024
64110D104	NETAPP ORD	-	-	148	12,678	15,849
64110L106	NETFLIX ORD	-	-	698	68,005	65,444
651229106	NEWELL BRANDS ORD	-	-	85	2,300	316

(Continued)

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163
Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
651639106	NEWMONT ORD	-	-	1,064	$ 60,655	$ 106,240
65249B109	NEWS CL A ORD	-	-	122	3,179	3,187
65336K103	NEXSTAR MEDIA GROUP ORD	-	-	170	18,297	34,519
65339F101	NEXTERA ENERGY ORD	-	-	226	16,406	18,143
654106103	NIKE CL B ORD	-	-	1,070	93,222	68,170
65473P105	NISOURCE ORD	-	-	79	1,902	3,299
655844108	NORFOLK SOUTHERN ORD	-	-	42	11,159	12,126
665859104	NORTHERN TRUST ORD	-	-	152	15,302	20,762
666807102	NORTHROP GRUMMAN ORD	-	-	112	45,822	63,864
668771108	GEN DIGITAL ORD	-	-	456	11,195	12,399
670346105	NUCOR ORD	-	-	260	34,365	42,409
67066G104	NVIDIA ORD	-	-	180	6,351	33,570
67103H107	O REILLY AUTOMOTIVE ORD	-	-	486	22,702	44,328
674599105	OCCIDENTAL PETROLEUM ORD	-	-	170	6,584	6,990
679580100	OLD DOMINION FREIGHT LINE ORD	-	-	67	11,603	10,506
680033107	OLD NATIONAL BANCORP ORD	-	-	1,132	18,588	25,255
680223104	OLD REPUBLIC INTERNATIONAL ORD	-	-	1,088	40,224	49,656
680665205	OLIN ORD	-	-	84	2,053	1,750
681919106	OMNICOM GROUP ORD	-	-	264	19,719	21,318
682189105	ON SEMICONDUCTOR ORD	-	-	67	3,729	3,628
682680103	ONEOK ORD	-	-	96	5,530	7,056
68268W103	ONEMAIN HOLDINGS ORD	-	-	56	2,616	3,783
683344105	ONTO INNOVATION ORD	-	-	226	9,682	35,676
68389X105	ORACLE ORD	-	-	1,370	137,409	267,027
68622V106	ORGANON ORD	-	-	1,900	43,755	13,623
688239201	OSHKOSH ORD	-	-	300	28,187	37,689
68902V107	OTIS WORLDWIDE ORD	-	-	190	15,480	16,596
69047Q102	OVINTIV ORD	-	-	627	29,173	24,572
690742101	OWENS CORNIING ORD	-	-	170	28,002	19,025
69318G106	PBF ENERGY CL A ORD	-	-	120	2,508	3,254

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163
Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
69331C108	PG&E ORD	-	-	413	$ 5,812	$ 6,637
693475105	PNC FINANCIAL SERVICES GROUP ORD	-	-	82	13,665	17,116
693506107	PPG INDUSTRIES ORD	-	-	174	23,928	17,828
69351T106	PPL ORD	-	-	150	4,325	5,253
693656100	PVH ORD	-	-	388	43,082	26,004
69370C100	PTC ORD	-	-	237	37,974	41,288
693718108	PACCAR ORD	-	-	93	6,652	10,184
695156109	PACKAGING CORP OF AMERICA ORD	-	-	43	7,174	8,868
697435105	PALO ALTO NETWORKS ORD	-	-	6	1,201	1,105
69932A204	PARAMOUNT SKYDANCE CL B ORD	-	-	277	3,824	3,712
701094104	PARKER HANNIFIN ORD	-	-	8	2,530	7,032
703481101	PATTERSON UTI ENERGY ORD	-	-	1,806	22,548	11,035
704326107	PAYCHEX ORD	-	-	123	13,558	13,798
70450Y103	PAYPAL HOLDINGS ORD	-	-	692	53,138	40,399
708326202	PENNON GROUP ADR	-	-	3,331	46,220	47,268
70959W103	PENSKE AUTOMOTIVE GROUP VTG ORD	-	-	106	5,319	16,779
713448108	PEPSICO ORD	-	-	1,127	172,452	161,747
71377A103	PERFORMANCE FOOD GROUP ORD	-	-	32	2,476	2,877
717081103	PFIZER ORD	-	-	8,021	272,766	199,723
718546104	PHILLIPS 66 ORD	-	-	278	22,503	35,873
723484101	PINNACLE WEST ORD	-	-	37	3,027	3,282
736508847	PORTLAND GENERAL ELECTRIC ORD	-	-	821	35,899	39,400
74112D101	PRESTIGE CONSUMER HEALTHCARE ORD	-	-	92	4,731	5,675
74144T108	T ROWE PRICE GROUP ORD	-	-	331	51,953	33,888
741511109	PRICESMART ORD	-	-	67	7,871	8,219
74251V102	PRINCIPAL FINANCIAL GROUP ORD	-	-	71	4,694	6,263
742718109	PROCTER & GAMBLE ORD	-	-	1,127	162,452	161,510
743315103	PROGRESSIVE ORD	-	-	163	17,556	37,118
74340W103	PROLOGIS REIT	-	-	99	11,036	12,638
743606105	PROSPERITY BANCSHARES ORD	-	-	279	19,285	19,282

(Continued)

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163
Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
744320102	PRUDENTIAL FINANCIAL ORD	-	-	103	$ 9,841	$ 11,627
744573106	PUBLIC SERVICE ENTERPRISE GROUP ORD	-	-	73	4,356	5,862
74460D109	PUBLIC STORAGE REIT ORD	-	-	32	9,657	8,304
745867101	PULTEGROUP ORD	-	-	449	13,321	52,650
74736K101	QORVO ORD	-	-	41	5,271	3,465
74743L100	QNITY ELECTRONICS ORD	-	-	65	5,903	5,307
747525103	QUALCOMM ORD	-	-	1,085	148,155	185,589
74762E102	QUANTA SERVICES ORD	-	-	11	981	4,643
74834L100	QUEST DIAGNOSTICS ORD	-	-	243	40,918	42,168
74915M605	QVC GROUP SRS A ORD	-	-	5	2,955	52
74965L101	RLJ LODGING REIT ORD	-	-	605	15,874	4,507
750236101	RADIAN GROUP ORD	-	-	988	26,137	35,558
750940108	RALLIANT ORD	-	-	11	575	560
751212101	RALPH LAUREN CL A ORD	-	-	7	840	2,475
75281A109	RANGE RESOURCES ORD	-	-	600	10,829	21,156
754730109	RAYMOND JAMES ORD	-	-	122	4,915	19,592
75513E101	RTX ORD	-	-	192	15,526	35,213
756109104	REALTY INCOME REIT ORD	-	-	91	5,523	5,130
758750103	REGAL REXNORD ORD	-	-	147	17,317	20,627
75886F107	REGENERON PHARMACEUTICALS ORD	-	-	79	54,688	60,978
7591EP100	REGIONS FINANCIAL ORD	-	-	1,401	28,797	37,967
759351604	REINSURANCE GROUP OF AMER ORD	-	-	135	23,383	27,467
759509102	RELIANCE ORD	-	-	18	2,802	5,200
760759100	REPUBLIC SERVICES ORD	-	-	51	5,886	10,808
76118Y104	RESIDEO TECHNOLOGIES ORD	-	-	632	13,834	22,196
76954A103	RIVIAN AUTOMOTIVE CL A ORD	-	-	84	2,016	1,656
770323103	ROBERT HALF ORD	-	-	134	12,922	3,639
773903109	ROCKWELL AUTOMAT ORD	-	-	11	2,898	4,280
776696106	ROPER TECHNOLOGIES ORD	-	-	20	9,066	8,903
778296103	ROSS STORES ORD	-	-	28	3,198	5,044

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163
Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
780259305	SHELL ADR EACH REP 2 ORD	-	-	869	$ 53,645	$ 63,854
783549108	RYDER SYSTEM ORD	-	-	311	27,393	59,522
78409V104	S&P GLOBAL ORD	-	-	47	20,355	24,562
784305104	H2O AMERICA ORD	-	-	2,349	119,489	115,078
78467J100	SS AND C TECHNOLOGIES HOLDINGS ORD	-	-	15	1,248	1,311
79466L302	SALESFORCE ORD	-	-	70	14,952	18,544
79546E104	SALLY BEAUTY HOLDINGS ORD	-	-	2,313	27,195	32,983
80004C200	SANDISK ORD	-	-	9	393	2,136
801056102	SANMINA ORD	-	-	91	12,798	13,656
803054204	SAP ADR REP 1 ORD	-	-	429	74,536	104,208
806407102	HENRY SCHEIN ORD	-	-	817	56,509	61,749
806857108	SLB ORD	-	-	314	10,048	12,051
80706P103	SCHOLAR ROCK HOLDING ORD	-	-	227	7,098	9,999
808513105	CHARLES SCHWAB ORD	-	-	326	24,003	32,571
808625107	SCIENCE APPLICATIONS INTERNATIAL ORD	-	-	260	31,553	26,172
816851109	SEMPRA ORD	-	-	100	6,674	8,829
81686C104	SEMRUSH HOLDINGS CL A ORD	-	-	1,313	15,567	15,612
81762P102	SERVICENOW ORD	-	-	10	2,068	1,532
81768T108	SERVISFIRST BANCSHARES ORD	-	-	106	9,423	7,610
81814P209	SEVERN TRENT ADR	-	-	220	6,864	8,253
824348106	SHERWIN WILLIAMS ORD	-	-	52	13,771	16,850
828806109	SIMON PROP GRP REIT ORD	-	-	126	16,279	23,324
82981J851	SITE CENTERS ORD	-	-	213	11,555	1,367
829933100	SIRIUSXM HOLDINGS ORD	-	-	320	7,558	6,398
83088M102	SKYWORKS SOLUTIONS ORD	-	-	47	5,370	2,980
833034101	SNAP ON ORD	-	-	130	23,268	44,798
83443Q103	SOLSTICE ADVANCED MATERIALS ORD	-	-	24	1,178	1,166
83444M101	SOLVENTUM ORD	-	-	1,713	123,223	135,738
842587107	SOUTHERN ORD	-	-	164	10,562	14,301
84265V105	SOUTHERN COPPER ORD	-	-	41	4,267	5,882

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
84472E102	SOUTHSTATE BANK ORD	-	-	265	$ 20,840	$ 24,939
844741108	SOUTHWEST AIRLINES ORD	-	-	45	2,759	1,860
84790A105	SPECTRUM BRANDS HOLDINGS ORD	-	-	300	23,848	17,724
84857N107	SPIRAX GROUP ADR	-	-	640	26,015	29,354
852234103	BLOCK CL A ORD	-	-	65	4,897	4,231
854502101	STANLEY BLACK AND DECKER ORD	-	-	56	7,335	4,160
857477103	STATE STREET ORD	-	-	679	43,654	87,598
858119100	STEEL DYNAMICS ORD	-	-	44	2,923	7,456
860630102	STIFEL FINANCIAL ORD	-	-	210	10,192	26,296
863667101	STRYKER ORD	-	-	20	4,888	7,029
871607107	SYNOPSYS ORD	-	-	6	1,996	2,818
87162W100	TD SYNNEX ORD	-	-	293	35,282	44,017
87165B103	SYNCHRONY FINANCIAL ORD	-	-	1,403	56,492	117,052
871829107	SYSCO ORD	-	-	346	26,849	25,497
872540109	TJX ORD	-	-	454	37,896	69,739
872590104	T MOBILE US ORD	-	-	158	22,786	32,080
874039100	TAIWAN SEMICONDUCTOR MNFTG ADR 5 ORD	-	-	516	56,843	156,807
876030107	TAPESTRY ORD	-	-	254	15,964	32,454
87612E106	TARGET ORD	-	-	872	150,205	85,238
87612G101	TARGA RESOURCES ORD	-	-	18	578	3,321
879360105	TELEDYNE TECH ORD	-	-	3	1,689	1,532
88076W103	TERADATA ORD	-	-	748	22,585	22,769
880770102	TERADYNE ORD	-	-	136	16,197	26,324
880779103	TEREX CORP	-	-	545	16,422	29,092
88160R101	TESLA ORD	-	-	57	14,132	25,634
882508104	TEXAS INSTRUMENTS ORD	-	-	584	109,367	101,318
883203101	TEXTRON ORD	-	-	547	31,680	47,682
883556102	THERMO FISHER SCIENTIFIC ORD	-	-	95	42,576	55,048
885160101	THOR INDUSTRIES ORD	-	-	19	1,954	1,951
88579Y101	3M ORD	-	-	838	107,923	134,164

(Continued)

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
889478103	TOLL BROTHERS ORD	-	-	18	$ 835	$ 2,434
891092108	TORO ORD	-	-	218	15,485	17,161
892356106	TRACTOR SUPPLY ORD	-	-	283	12,325	14,153
893641100	TRANSDIGM GROUP ORD	-	-	2	1,208	2,660
89417E109	TRAVELERS COMPANIES ORD	-	-	44	6,627	12,763
89832Q109	TRUIST FINANCIAL ORD	-	-	633	29,621	31,150
898402102	TRUSTMARK ORD	-	-	531	16,910	20,682
90138F102	TWILIO CL A ORD	-	-	14	1,505	1,991
902494103	TYSON FOODS CL A ORD	-	-	426	29,279	24,972
902681105	UGI ORD	-	-	1,309	50,085	48,996
902788108	UMB FINANCIAL ORD	-	-	208	17,469	23,928
902973304	US BANCORP ORD	-	-	363	18,112	19,370
90353T100	UBER TECHNOLOGIES ORD	-	-	74	2,956	6,047
907818108	UNION PACIFIC ORD	-	-	450	92,950	104,094
90984P303	UNITED COMMUNITY BANKS ORD	-	-	729	21,807	22,759
909907107	UNITED BANKSHARES ORD	-	-	400	13,953	15,360
910047109	UNITED AIRLINES HOLDINGS ORD	-	-	317	13,591	35,447
911312106	UNITED PARCEL SERVICE CL B ORD	-	-	606	96,867	60,109
911363109	UNITED RENTAL ORD	-	-	7	2,322	5,665
912008109	US FOODS ORD	-	-	53	2,006	3,992
91311E102	UNITED UTILITIES GROUP ADR	-	-	1,752	47,102	56,274
91324P102	UNITEDHEALTH GRP ORD	-	-	775	284,006	255,835
913903100	UNIVERSAL HEALTH SERVICES CL B ORD	-	-	199	43,149	43,386
91529Y106	UNUM ORD	-	-	541	14,874	41,928
91704F104	URBAN EDGE PROPERTIES ORD	-	-	746	11,254	14,316
918204108	VF ORD	-	-	458	24,899	8,281
91913Y100	VALERO ENERGY ORD	-	-	333	32,047	54,209
922417100	VEECO INSTRUMENTS ORD	-	-	794	22,982	22,693
92242T101	V2X ORD	-	-	200	10,232	10,910
92276F100	VENTAS REIT ORD	-	-	66	3,590	5,107

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163
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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
92337F107	VERACYTE ORD	-	-	259	$ 6,009	$ 10,904
92343V104	VERIZON COMMUNICATIONS ORD	-	-	5,033	243,465	204,994
92532F100	VERTEX PHARMACEUTICALS ORD	-	-	43	16,393	19,494
92556V106	VIATRIS ORD	-	-	1,884	20,357	23,456
925652109	VICI PPTYS ORD	-	-	116	3,301	3,262
92790C104	VIRIDIAN THERAPEUTICS ORD	-	-	306	5,666	9,523
92826C839	VISA CL A ORD	-	-	355	84,604	124,502
92840M102	VISTRA ORD	-	-	105	13,719	16,940
929089100	VOYA FINANCIAL ORD	-	-	300	17,902	22,347
929160109	VULCAN MATERIALS ORD	-	-	80	17,285	22,818
92939U106	WEC ENERGY GROUP ORD	-	-	50	4,678	5,273
929740108	WABTEC ORD	-	-	19	1,657	4,056
931142103	WALMART ORD	-	-	1,638	76,880	182,490
934423104	WARNER BROS. DISCOVERY SRS A ORD	-	-	1,034	20,259	29,800
94106L109	WASTE MANAGEMENT ORD	-	-	86	12,374	18,895
941848103	WATERS ORD	-	-	7	2,375	2,659
947890109	WEBSTER FINANCIAL ORD	-	-	395	17,798	24,861
949746101	WELLS FARGO ORD	-	-	1,962	80,149	182,858
95040Q104	WELLTOWER ORD	-	-	46	3,370	8,538
950755108	WERNER ENTERPRISES ORD	-	-	4,991	167,278	149,780
95082P105	WESCO INTL ORD	-	-	13	2,816	3,180
958102105	WESTERN DIGITAL ORD	-	-	68	3,017	11,714
959802109	WESTERN UNION ORD	-	-	42	837	391
960413102	WESTLAKE ORD	-	-	12	1,099	887
962166104	WEYERHAEUSER REIT	-	-	189	6,861	4,477
963320106	WHIRLPOOL ORD	-	-	145	21,299	10,460
969457100	WILLIAMS ORD	-	-	138	3,298	8,295
974250102	WINMARK ORD	-	-	64	24,934	25,916
97650W108	WINTRUST FINANCIAL ORD	-	-	180	10,600	25,168
980745103	WOODWARD ORD	-	-	421	58,437	127,277

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

		(c) Description of Investment, Including:				
(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
98138H101	WORKDAY CL A ORD	-	-	777	$ 179,374	$ 166,884
981475106	WORLD KINECT ORD	-	-	48	1,758	1,125
98389B100	XCEL ENERGY ORD	-	-	94	6,046	6,943
98419M100	XYLEM ORD	-	-	11	1,440	1,498
98421M106	XEROX HOLDINGS ORD	-	-	118	2,902	280
985817105	YELP ORD	-	-	700	24,244	21,273
988498101	YUM BRANDS ORD	-	-	159	19,494	24,054
98956P102	ZIMMER BIOMET HOLDINGS ORD	-	-	57	7,373	5,125
989701107	ZIONS BANCORPORATION ORD	-	-	53	2,785	3,103
98978V103	ZOETIS CL A ORD	-	-	135	23,826	16,986
98980F104	ZOOMINFO TECHNOLOGIES ORD	-	-	3,700	34,437	37,629
98980L101	ZOOM COMMUNICATIONS CL A ORD	-	-	19	1,611	1,640
CH1300646267	BUNGE GLOBAL ORD	-	-	442	42,761	39,373
G0250X107	AMCOR ORD	-	-	1,486	16,832	12,393
G02602103	AMDOCS ORD	-	-	596	53,004	47,984
G0403H108	AON CL A ORD	-	-	355	106,514	125,272
G05384501	ASPEN INSURANCE HOLDINGS CL A ORD	-	-	4,009	147,229	148,734
G1151C101	ACCENTURE CL A ORD	-	-	328	101,574	88,002
G1890L107	CAPRI HOLDINGS LTD.	-	-	1,286	23,098	31,378
G25508105	CRH PUBLIC LIMITED ORD	-	-	102	9,536	12,730
G29183103	EATON ORD	-	-	29	4,045	9,237
G3198U102	ESSENT GROUP ORD	-	-	500	18,215	32,505
G3223R108	EVEREST GROUP ORD	-	-	228	59,603	77,372
G36738105	FRESH DEL MONTE PRODUCE ORD	-	-	1,140	41,527	40,618
G4474Y214	JANUS HENDERSON GROUP ORD	-	-	639	16,827	30,397
G491BT108	INVESCO ORD	-	-	167	4,300	4,387
G50871105	JAZZ PHARMACEUTICALS ORD	-	-	253	35,820	43,010
G51502105	JOHNSON CONTROLS INTERNATIONAL ORD	-	-	79	4,810	9,460
G61188127	LIBERTY GLOBAL CL C ORD	-	-	236	2,914	2,605
G7997R103	SEAGATE TECHNOLOGY HOLDINGS ORD	-	-	195	20,064	53,701

(Continued)

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163
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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
G8473T100	STERIS ORD	-	-	8	$ 1,998	$ 2,028
G87052109	TE CONNECTIVITY ORD	-	-	42	4,950	9,555
G96629103	WILLIS TOWERS WATSON ORD	-	-	31	7,120	10,187
H1467J104	CHUBB ORD	-	-	56	9,108	17,479
IE000S9YS762USD	LINDE ORD	-	-	48	16,426	20,467
N00985106	AERCAP HOLDINGS ORD	-	-	999	66,925	143,616
N07059210	ASML HOLDING ADR REP ORD	-	-	84	62,653	89,868
N20944109	CNH INDUSTRIAL ORD	-	-	2,525	27,986	23,281
N53745100	LYONDELLBASELL INDUSTRIES CL A ORD	-	-	585	40,770	25,331
N72482206	QIAGEN N.V.	-	-	2,098	90,327	94,356
US5128073062	LAM RESEARCH ORD	-	-	799	54,960	136,773
US54211Y1073	LONDON STK EXCHANGE GROUP UNSPON ADR	-	-	7,925	259,457	242,267
US8713321029	SYLVAMO ORD	-	-	200	8,062	9,630
Y2573F102	FLEX ORD	-	-	558	11,332	33,714
Y7542C130	SCORPIO TANKERS ORD	-	-	500	35,740	25,415
COMMON STOCK:				384,902	21,111,974	26,640,074
COLLECTIVE TRUSTS:						
999508583DMBA	CF DAILY VALUED OPEN END FUND	-	-	2,004	3,887,450	5,679,398
COLLECTIVE TRUSTS:				2,004	3,887,450	5,679,398
REGISTERED INVESTMENT COMPANIES:						
04314H402	ARTISAN:INTERNATL INST	-	-	134,010	3,917,935	4,028,354
091936153	BLACKROCK:IS TUS SM K	-	-	4,100	57,173	127,310
233203819	DFA US SMALL CAP VAL I	-	-	34,431	1,116,113	1,778,001
23320G471	DFA WLD EX US VAL I	-	-	184,447	2,041,308	3,183,558
317609352	GRANDEUR PEAK GLOBAL TRUST - GRANDEUR PEAK GLOBAL	-	-	601,599	2,355,599	1,997,309

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

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362008260	GMO:QUALITY III	-	-	220,169	$ 5,656,031	$ 7,705,912
46138J619	INVESCO RUSSEL 1000 DM	-	-	29,050	1,493,196	1,775,827
464288513	ISHARES:IBOXX $HY CORP	-	-	6,205	499,983	500,309
46641Q837	JPMORGAN:ULTRA-SHORT INC	-	-	195	9,873	9,865
54401E432	LORD ABBETT UL SHT BD R6	-	-	2,610,431	26,209,726	26,234,834
54401E622	LORD ABBETT SH DUR R6	-	-	9,451,455	36,705,950	36,766,158
552746356	MFS INTL GROWTH R6	-	-	49,189	1,899,346	2,335,506
92189F437	VANECK:FA HIGH YLD BOND	-	-	7,383	208,704	216,802
92189F486	VANECK:IG FLOATING RATE	-	-	337,995	8,586,634	8,612,113
92189H748	VANECK:CLO	-	-	277,556	14,687,168	14,657,732
921909818	VANGUARD TOT I S ADM	-	-	2,854	96,039	115,668
921939203	VANGUARD INTL VAL INV	-	-	87,356	3,314,723	3,600,807
922031810	VANGUARD INT-TM INV ADM	-	-	79,064	802,222	706,044
922031877	VANGUARD SH-TM INV INST	-	-	138,492	1,510,652	1,456,938
922040209	VANGUARD INSTL INDX INSP	-	-	2,339	697,024	1,291,567
922908819	VANGUARD SC G ID INS	-	-	11,673	748,606	991,932
922908868	VANGUARD GRO IDX INST	-	-	40,296	5,399,459	10,120,358
92646A815	VICTORY:SM CO OPP I	-	-	39,169	1,960,622	1,779,837
92913L569	VOYA:INTMDT BD R6	-	-	848,539	7,502,609	7,518,051
REGISTERED INVESTMENT COMPANIES:				15,197,997	127,476,694	137,510,792
REAL ESTATE:						
HARRICRED	HARRISON STREET CORE PROPERTY FUND	-	-	3,743	4,664,083	5,320,154
LIONITRED	LION INDUSTRIAL TRUST PROPERTIES	-	-	2,569	4,608,063	9,606,205
MORGSPRED	MORGAN STANLEY PRIME PROPERTY FUND	-	-	350	5,085,569	6,661,873
PRISLPRED	PRISA LP DHC	-	-	780	687,787	1,652,923
RREEF2RED	RREEF AMERICA REIT II	-	-	26,158	3,341,080	3,311,283

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163
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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
TARESIRED	TA REALTY RESIDENTIAL REAL ESTATE FUND (DC), L.P.	-	-	2,661	$ 1,564,627	$ 1,575,604
UBSTRURED	UBS TRUMBULL PROPERTY FUND DHC	-	-	89	728,001	797,151
USAAEARED	USAA EAGLE PRM/DHC RE	-	-	713,150	713,150	1,405,667
REAL ESTATE:				749,501	21,392,360	30,330,860
POOLED SEPARATE ACCOUNTS:						
SENHO5RED	SENIOR HOUSING PARTNERS V	-	-	905,603	905,603	722,933
POOLED SEPARATE ACCOUNTS:		-	-	905,603	905,603	722,933
LIMITED PARTNERSHIPS:						
ANGEL4NGD	ANGELO GORDON IV LP	-	-	1,935,848	1,935,848	1,377,034
CERLIVDAD	Cerberus	-	-	546,579	546,579	805,050
CERLL2DAD	CERBERUS OFFSHORE LEVERAGED LOAN FD II	-	-	1	1	180,903
CERLL3DAD	CERBERUS OFFSHORE LEVERAGE LOAN FD III	-	-	249,470	249,470	386,414
CHRBK2NID	CHARLESBK OPP II	-	-	1,500,223	1,500,223	1,911,002
GOLDP4NID	GOLDPOINT IV NIGD	-	-	1,189,002	1,189,002	904,015
HERZFENGD	HCM Cayman Feeder Ltd	-	-	7,000,000	7,000,000	8,694,863
KOPERNHFD	KOPERNIK	-	-	1,913,866	1,913,866	3,400,070
LEVNE4FID	LEVINE LEICHTMAN CAPITAL PARTNERS IV FI	-	-	879,666	879,666	-
LEVNE5FID	LEVINE LEICHTMAN CAPITAL PARTNERS V	-	-	76,364	76,364	58,206
MONCAPNID	MONROE CAPITAL FEEDER FD IV	-	-	1,703,198	1,703,198	1,622,257
PAPE3CFID	PA PRIVATE EQUITY FUND III, CLASS C	-	-	68,332	68,332	9,995
SEVARKEMD	Seven Canyons	-	-	1,419,543	1,419,543	1,764,339
SHENKTNID	SHENKMAN TACTICAL CF	-	-	27,424	27,424	394,498
VISCR3PED	VISTA CREDIT PARTNERS III	-	-	1,432,023	1,432,023	1,686,504
LIMITED PARTNERSHIPS:				19,941,539	19,941,539	23,195,148

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including: Coupon Rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
103-12 INVESTMENT ENTITIES:						
ACADIANEM	ACADIAN EMERGING MARKETS	-	-	469	$ 3,505,252	$ 4,710,894
FIERA0LPD	FIERA INTL EQUITY LONG LP	-	-	1,479,111	1,592,019	2,362,851
MONDRILPD	MONDRIAN INTERNATIONAL EQUITY FOCUSED FUND, LP	-	-	238,630	2,386,301	4,012,174
PACIBLCMD	PACIFIC BANK LOAN CO-MINGLED FUND	-	-	1,026,423	1,258,320	1,843,434
103-12 INVESTMENT ENTITIES:				2,744,633	8,741,893	12,929,353
OTHER:						
03945R110	ARCHER AVIATION EQY WARRANT	-	-	3,710	4,956	4,248
3EF6C-7100-INDEX	CME MINIS&PW3 OPTION	-	-	2	8,844	380
3EG6C-7050-DMBA	CALL FEB 26 CME MINIS&PW3 OPTION 7050 EURO STYLE	-	-	2	5,971	5,500
427098116	HERCULES TRUST II	-	-	85	-	89
64107A113	RICE ACQUISITION CORP. II	-	-	4,920	13,165	2,460
68386H111	OPPFI EQY WARRANT	-	-	4,445	5,935	6,801
74623V111	PURECYCLE TECHNOLOGIES EQY WARRANT	-	-	1,320	3,387	1,017
78137L113	RUMBLE EQY WARRANT	-	09/16/2027	210	411	407
931CVR013	WALGREEN BOOTS ALLIANCE ORD	-	-	2,099	-	-
EURUSD1926-A-EUR	EUR for USD on 1/9/2026 at 0.8674 EUR/USD	-	01/09/2026	(144,900)	(168,652)	(170,263)
EURUSD1926-A-USD	EUR for USD on 1/9/2026 at 0.8674 EUR/USD	-	01/09/2026	168,652	168,652	168,652
EURUSD33126-A-EUR	Forward to exchange EUR for USD on 3/31/2026 at 0.	-	03/31/2026	(20,000)	(23,619)	(23,591)
EURUSD33126-A-USD	Forward to exchange EUR for USD on 3/31/2026 at 0.	-	03/31/2026	23,619	23,619	23,619
USDEUR1926-A-EUR	USD for EUR on 1/9/2026 at 1.1522 USD/EUR	-	01/09/2026	32,000	36,948	37,601
USDEUR1926-A-USD	USD for EUR on 1/9/2026 at 1.1522 USD/EUR	-	01/09/2026	(36,948)	(36,948)	(36,948)
00830YAD3	AFRICA FINANCE CORP	2.875	04/28/2028	20,000	18,524	19,200
00831TAC5	AFRICAN EXPORT IMPORT BANK	3.798	05/17/2031	50,000	44,821	44,615
168863CE6	CHILE, REPUBLIC OF (GOVERNMENT)	3.860	06/21/2047	24,000	18,411	19,172
168863CF3	CHILE, REPUBLIC OF (GOVERNMENT)	3.240	02/06/2028	13,000	12,479	12,758
168863DL9	CHILE, REPUBLIC OF (GOVERNMENT)	3.500	01/25/2050	41,000	29,753	29,992

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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AS OF DECEMBER 31, 2025

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168863DN5	CHILE, REPUBLIC OF (GOVERNMENT)	2.550	01/27/2032	71,000	$ 61,565	$ 63,620
168863DP0	CHILE, REPUBLIC OF (GOVERNMENT)	2.450	01/31/2031	23,000	20,300	21,066
168863DS4	CHILE, REPUBLIC OF (GOVERNMENT)	3.100	05/07/2041	42,000	30,771	32,317
168863DU9	CHILE, REPUBLIC OF (GOVERNMENT)	3.250	09/21/2071	97,000	56,413	59,917
168863DZ8	CHILE, REPUBLIC OF (GOVERNMENT)	4.950	01/05/2036	77,000	76,980	77,635
168863EE4	CHILE, REPUBLIC OF (GOVERNMENT)	5.650	01/13/2037	13,000	13,703	13,735
29135LAR1	EMIRATE OF ABU DHABI	3.000	09/15/2051	8,000	5,235	5,446
30216KAC6	EXPORT IMPORT BANK OF INDIA	3.875	02/01/2028	25,000	24,179	24,841
30216KAG7	EXPORT IMPORT BANK OF INDIA	5.500	01/18/2033	17,000	16,934	17,806
31424EAE2	UNITED ARAB EMIRATES (GOVERNMENT)	4.951	07/07/2052	51,000	46,806	48,876
401494BB4	GUATEMALA, REPUBLIC OF (GOVERNMENT)	6.875	08/15/2055	52,000	51,191	55,510
445545AM8	HUNGARY (GOVERNMENT)	2.125	09/22/2031	24,000	19,630	20,671
445545AQ9	HUNGARY (GOVERNMENT)	5.500	06/16/2034	20,000	20,249	20,318
445545AS5	HUNGARY (GOVERNMENT)	6.250	09/22/2032	23,000	23,858	24,530
445545AT3	HUNGARY (GOVERNMENT)	6.750	09/25/2052	43,000	45,707	45,655
445545AU0	HUNGARY (GOVERNMENT)	5.500	03/26/2036	134,000	129,875	133,904
445545AW6	HUNGARY (GOVERNMENT)	6.000	09/26/2035	52,000	52,580	54,185
455780CF1	INDONESIA, REPUBLIC OF (GOVERNMENT)	4.100	04/24/2028	10,000	9,746	10,026
455780CY0	INDONESIA, REPUBLIC OF (GOVERNMENT)	2.150	07/28/2031	9,000	7,732	7,976
455780DG8	INDONESIA, REPUBLIC OF (GOVERNMENT)	3.200	09/23/2061	52,000	32,647	33,441
455780DN3	INDONESIA, REPUBLIC OF (GOVERNMENT)	4.650	09/20/2032	34,000	32,865	34,185
455780DQ6	INDONESIA, REPUBLIC OF (GOVERNMENT)	4.550	01/11/2028	22,000	21,714	22,209
455780DR4	INDONESIA, REPUBLIC OF (GOVERNMENT)	4.850	01/11/2033	28,000	27,119	28,236
455780DX1	INDONESIA, REPUBLIC OF (GOVERNMENT)	4.750	09/10/2034	41,000	40,436	40,881
455780EA0	INDONESIA, REPUBLIC OF (GOVERNMENT)	5.600	01/15/2035	1,000	1,067	1,057
48266XAB1	KSA SUKUK LTD	3.628	04/20/2027	21,000	20,590	20,899
486661BP5	KAZAKHSTAN, REPUBLIC OF (GOVERNMENT)	5.500	07/01/2037	137,000	138,835	141,194
682051AF4	OMAN, SULTANATE OF (GOVERNMENT)	6.500	03/08/2047	198,000	212,503	212,444
682051AJ6	OMAN, SULTANATE OF (GOVERNMENT)	6.750	01/17/2048	48,000	53,418	52,789
69370RAA5	PERTAMINA (PERSERO) PT	6.450	05/30/2044	49,000	49,874	52,202

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DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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698299AK0	PANAMA, REPUBLIC OF (GOVERNMENT)	9.375	04/01/2029	63,000	$ 67,313	$ 71,710
698299BF0	PANAMA, REPUBLIC OF (GOVERNMENT)	3.875	03/17/2028	26,000	24,531	25,514
698299BL7	PANAMA, REPUBLIC OF (GOVERNMENT)	3.870	07/23/2060	55,000	35,568	36,361
698299BM5	PANAMA, REPUBLIC OF (GOVERNMENT)	4.500	04/01/2056	7,000	4,549	5,244
698299BS2	PANAMA, REPUBLIC OF (GOVERNMENT)	4.500	01/19/2063	98,000	64,781	72,981
715638DA7	PERU, REPUBLIC OF (GOVERNMENT)	2.844	06/20/2030	50,000	45,707	47,025
715638DF6	PERU, REPUBLIC OF (GOVERNMENT)	2.783	01/23/2031	169,000	152,566	155,810
715638DT6	PERU, REPUBLIC OF (GOVERNMENT)	3.550	03/10/2051	40,000	27,772	27,978
715638DW9	PERU, REPUBLIC OF (GOVERNMENT)	3.600	01/15/2072	84,000	53,910	53,159
715638EC2	PERU, REPUBLIC OF (GOVERNMENT)	5.875	08/08/2054	31,000	31,182	30,676
718286BD8	PHILIPPINES, REPUBLIC OF THE (GOVERNMENT)	6.375	01/15/2032	12,000	12,579	13,233
718286CH8	PHILIPPINES, REPUBLIC OF THE (GOVERNMENT)	2.950	05/05/2045	105,000	72,734	73,515
718286CJ4	PHILIPPINES, REPUBLIC OF THE (GOVERNMENT)	2.457	05/05/2030	66,000	58,529	61,400
718286CN5	PHILIPPINES, REPUBLIC OF THE (GOVERNMENT)	1.950	01/06/2032	26,000	21,461	22,609
718286CU9	PHILIPPINES, REPUBLIC OF THE (GOVERNMENT)	5.950	10/13/2047	12,000	12,300	12,641
718286CW5	PHILIPPINES, REPUBLIC OF THE (GOVERNMENT)	5.000	07/17/2033	94,000	91,659	96,385
718286DC8	PHILIPPINES, REPUBLIC OF THE (GOVERNMENT)	4.750	03/05/2035	40,000	38,669	40,111
731011AV4	POLAND, REPUBLIC OF (GOVERNMENT)	4.875	10/04/2033	22,000	21,252	22,363
731011AY8	POLAND, REPUBLIC OF (GOVERNMENT)	5.125	09/18/2034	232,000	228,784	237,482
74969WAA1	ROP SUKUK TRUST	5.045	06/06/2029	12,000	11,901	12,285
760942BA9	URUGUAY, ORIENTAL REPUBLIC OF (GOVERNMENT)	5.100	06/18/2050	70,000	64,147	65,989
760942BD3	URUGUAY, ORIENTAL REPUBLIC OF (GOVERNMENT)	4.975	04/20/2055	24,000	22,063	21,858
77586RAH3	ROMANIA (GOVERNMENT)	3.000	02/14/2031	14,000	12,070	12,695
77586RAV2	ROMANIA (GOVERNMENT)	5.750	03/24/2035	33,000	29,760	32,740
77586RAX8	ROMANIA (GOVERNMENT)	6.625	05/16/2036	46,000	45,689	47,937
80413TAB5	SAUDI ARABIA, KINGDOM OF (GOVERNMENT)	3.250	10/26/2026	44,000	43,309	43,769
80413TAC3	SAUDI ARABIA, KINGDOM OF (GOVERNMENT)	4.500	10/26/2046	28,000	23,045	23,929
80413TAE9	SAUDI ARABIA, KINGDOM OF (GOVERNMENT)	3.625	03/04/2028	83,000	80,326	82,283
80413TAF6	SAUDI ARABIA, KINGDOM OF (GOVERNMENT)	4.625	10/04/2047	13,000	10,821	11,262
80413TAH2	SAUDI ARABIA, KINGDOM OF (GOVERNMENT)	4.500	04/17/2030	27,000	26,201	27,276

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80413TAT6	SAUDI ARABIA, KINGDOM OF (GOVERNMENT)	3.250	10/22/2030	32,000	$ 29,270	$ 30,529
80413TAV1	SAUDI ARABIA, KINGDOM OF (GOVERNMENT)	2.250	02/02/2033	118,000	97,152	101,574
80413TBG3	SAUDI ARABIA, KINGDOM OF (GOVERNMENT)	5.000	01/16/2034	36,000	34,936	36,820
80413TBK4	SAUDI ARABIA, KINGDOM OF (GOVERNMENT)	5.375	01/13/2031	50,000	49,859	52,386
80413TBL2	SAUDI ARABIA, KINGDOM OF (GOVERNMENT)	5.625	01/13/2035	39,000	40,356	41,390
857524AE2	POLAND, REPUBLIC OF (GOVERNMENT)	5.750	11/16/2032	10,000	10,475	10,723
91086QBB3	MEXICO (UNITED MEXICAN STATES) (GOVERNMENT)	4.750	03/08/2044	34,000	27,667	28,016
91087BAN0	MEXICO (UNITED MEXICAN STATES) (GOVERNMENT)	3.771	05/24/2061	74,000	47,327	45,547
91087BAR1	MEXICO (UNITED MEXICAN STATES) (GOVERNMENT)	3.500	02/12/2034	71,000	59,662	61,380
91087BAT7	MEXICO (UNITED MEXICAN STATES) (GOVERNMENT)	4.875	05/19/2033	58,000	55,521	55,680
91087BAZ3	MEXICO (UNITED MEXICAN STATES) (GOVERNMENT)	6.000	05/07/2036	45,000	43,766	45,585
91087BBC3	MEXICO (UNITED MEXICAN STATES) (GOVERNMENT)	6.875	05/13/2037	69,000	71,450	73,623
91087BBE9	MEXICO (UNITED MEXICAN STATES) (GOVERNMENT)	5.850	07/02/2032	10,000	10,286	10,274
91087BBK5	MEXICO (UNITED MEXICAN STATES) (GOVERNMENT)	5.375	03/22/2033	69,000	69,150	68,379
917288BK7	URUGUAY, ORIENTAL REPUBLIC OF (GOVERNMENT)	4.375	01/23/2031	150,000	151,841	151,905
US50065XAP96	KOREA NATIONAL OIL CORP	4.875	04/03/2028	69,000	69,507	70,337
US77586RAQ39	ROMANIA (GOVERNMENT)	6.625	02/17/2028	11,000	11,105	11,471
US77586RAR12	ROMANIA (GOVERNMENT)	7.125	01/17/2033	77,000	77,820	83,694
US77586RAT77	ROMANIA (GOVERNMENT)	5.875	01/30/2029	26,000	26,551	26,836
USY57542AB15	MALAYSIA WAKALA SUKUK BHD	3.075	04/28/2051	34,000	25,948	24,322
X0R483BH4	BULGARIA, REPUBLIC OF (GOVERNMENT)	4.125	07/18/2045	68,000	76,196	76,781
X7360WCG5	ROMANIA (GOVERNMENT)	6.000	05/25/2034	12,000	11,928	12,192
XS2434895988	ROMANIA (GOVERNMENT)	3.000	02/27/2027	10,000	9,700	9,845
XS2571923007	ROMANIA (GOVERNMENT)	7.125	01/17/2033	62,000	64,379	67,390
XS2999552909	ROMANIA (GOVERNMENT)	6.250	09/10/2034	43,000	51,078	53,056
Y20721BB4	INDONESIA, REPUBLIC OF (GOVERNMENT)	5.250	01/17/2042	23,000	22,285	23,091
Y4907LAD4	KOREA ELECTRIC POWER CORP	4.000	06/14/2027	23,000	22,567	23,021
Y7138AAD2	PERTAMINA (PERSERO) PT	6.000	05/03/2042	13,000	12,662	13,187
OTHER:				4,571,216	$ 4,226,800	$ 4,320,528

(Concluded)

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-0440163
Plan No: 501

FORM 5500, SCHEDULE H, PART IV LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
AS OF DECEMBER 31, 2025

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity In Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	Number of Transactions	(f) Expense Incurred With Transaction*	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
SINGLE TRANSACTIONS									
X9USDDGCM	Dreyfus Government Cash Management Fund	$ 34,000,000	$ -	$ -	$ 1	$ -	$ 34,000,000	$ 34,000,000	$ -
X9USDDGCM	Dreyfus Government Cash Management Fund	-	33,965,603	-	1	-	33,965,603	33,965,603	-
SERIES IN SAME SECURITY									
25160K207	DWS Government Money Market Series Institutional	-	178,143,562	-	56	-	178,143,562	178,143,562	-
25160K207	DWS Government Money Market Series Institutional	176,888,313	-	-	63	-	176,888,313	176,888,313	-
54401E432	Lord Abbett Ultra Short Bond Fund	-	48,000,000	-	15	-	47,583,699	48,000,000	416,301
46641Q837	JPMorgan Ultra-Short Income ETF	-	45,140,176	-	16	-	45,083,142	45,140,176	57,035
X9USDDGCM	Dreyfus Government Cash Management Fund	44,270,169	-	-	1,186	-	44,270,169	44,270,169	-
X9USDDGCM	Dreyfus Government Cash Management Fund	-	44,201,061	-	402	-	44,201,061	44,201,061	-
54401E622	Lord Abbett Short Duration Income Fund	-	43,000,000	-	13	-	43,430,237	43,000,000	(430,237)
46641Q837	JPMorgan Ultra-Short Income ETF	39,009,918	-	-	10	-	39,009,918	39,009,918	-
54401E622	Lord Abbett Short Duration Income Fund	36,205,741	-	-	24	-	36,205,741	36,205,741	-
54401E432	Lord Abbett Ultra Short Bond Fund	35,605,344	-	-	23	-	35,605,344	35,605,344	-
922031877	Vanguard Short Term	-	21,048,000	-	13	-	21,028,468	21,048,000	19,532

* The commissions and fees related to purchases and sales of investments are included in the cost of the investment or the proceeds from the sale and are not separately defined by the Trustee.