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
SCRIPPS COASTAL MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1999

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)
SAN DIEGO COASTAL MEDICAL GROUP, INC.

10790 RANCHO BERNARD ROAD
MAIL DROP 4S-314
SAN DIEGO, CA 92127

2b Employer Identification Number (EIN)
33-0776371

2c Plan Sponsor's telephone number
858-678-6014

2d Business code (see instructions)
621111

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.	10/13/2026	KEVIN HIRSCH
	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 [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	348
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)**	287
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	286
b	Retired or separated participants receiving benefits	**6b**	5
c	Other retired or separated participants entitled to future benefits	**6c**	39
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	330
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	330
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)**	342
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)**	323
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	5
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:

2E 2F 2G 2J 2K 3D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [X] **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 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
SCRIPPS COASTAL MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SAN DIEGO COASTAL MEDICAL GROUP, INC.

D Employer Identification Number (EIN)
33-0776371

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
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	196-80649	323	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
5988	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

OSAIC FA INC
1301 S CLINTON ST STE 150
FORT WAYEN, IN 46802

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3095	0	CONSULTING; INVESTMENT ADVISORY	7

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

OSAIC WEALTH INC
18700 N HAYDEN RD STE 255
SCOTTSDALE, AZ 85255

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2893	0	CONSULTING; INVESTMENT ADVISORY	7

(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	5371316
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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	5827501
c	Additions: (1) Contributions deposited during the year	7c(1)	391964		
	(2) Dividends and credits	7c(2)	88		
	(3) Interest credited during the year	7c(3)	97097		
	(4) Transferred from separate account	7c(4)	301152		
	(5) Other (specify below)	7c(5)	3136		
	▶ LOAN PAYMENTS; TRANSFERS; FEES; ADJUSTMENTS				
	(6)Total additions			7c(6)	793437
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	6620938
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	262924		
	(2) Administration charge made by carrier	7e(2)	2559		
	(3) Transferred to separate account	7e(3)	973853		
	(4) Other (specify below)	7e(4)	10286		
	▶ LOAN PAYMENTS; TRANSFERS; FEES; ADJUSTMENTS				
	(5) Total deductions			7e(5)	1249622
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	5371316

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ 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 ☒ 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
SCRIPPS COASTAL MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SAN DIEGO COASTAL MEDICAL GROUP, INC.

D Employer Identification Number (EIN)
33-0776371

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NATIONWIDE

31-4177100

(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 64 99 49 60 63	TRUSTEE CUSTODIAN	137739	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

OSAIC FA INC

35-1151034

(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 26 99	FINANCIAL ADVISOR	0	Yes [X] No [ ]	Yes [X] No [ ]	73560	Yes [ ] No [X]

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

LEAFHOUSE FINANCIAL ADVISORS

6504 BRIDGEPOINT PARKWAY
STE 450
AUSTIN, TX 78730

(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 26 99	FINANCIAL ADVISOR	58491	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)

NATIONAL BENEFIT SERVICES, LLC

20-3886993

(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 49	TPA	6275	Yes [X] No [ ]	Yes [X] No [ ]	42880	Yes [ ] No [X]

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

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

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

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

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SAN DIEGO COASTAL MEDICAL GROUP, INC.

D Employer Identification Number (EIN)
33-0776371

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)	4600813	4439478
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	310089	421214
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	125735598	153008238
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	5827501	5371316
(15) Other	1c(15)		

		(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	136474001	163240246
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	0	875
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	875
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	136474001	163239371

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)	4439478	
(B) Participants	2a(1)(B)	5843550	
(C) Others (including rollovers)	2a(1)(C)	628234	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		10911262
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	24634	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		24634
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	167149	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		167149
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		21806656
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		32909701
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6084567	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		6084567
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)	59764	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		59764
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6144331
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		26765370
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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CONSIDINE & CONSIDINE **(2)** EIN: 95-2694444

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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 _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

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
SCRIPPS COASTAL MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SAN DIEGO COASTAL MEDICAL GROUP, INC.

D Employer Identification Number (EIN)
33-0776371

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

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

EIN(s): 04-3157927

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 |

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702809A .

CONSIDINE & CONSIDINE
CERTIFIED PUBLIC ACCOUNTANTS

SCRIPPS COASTAL MEDICAL GROUP, INC.
RETIREMENT SAVINGS PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

SCRIPPS COASTAL MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN

		Pages
I	Index	1
II	Independent auditor's report	2 - 5
III	Statements of net assets available for benefits	6
IV	Statements of changes in net assets available for benefits	7
V	Notes to the financial statements	8 - 16
VI	Supplemental information	17 - 22

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Scripps Coastal Medical Group, Inc.
Retirement Savings Plan

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

We have performed an audit of the accompanying financial statements of Scripps Coastal Medical Group, Inc. Retirement Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Scripps Coastal Medical Group, Inc. Retirement Savings Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from Nationwide Trust Company, FSB, a qualified institution, as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. 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 Scripps Coastal Medical Group, Inc. Retirement Savings Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Scripps Coastal Medical Group, Inc. Retirement Savings 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 Scripps Coastal Medical Group, Inc. Retirement Savings Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matters

Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at the end of the year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in

the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



CONSIDINE & CONSIDINE
An accountancy corporation

October 12, 2026

SCRIPPS COASTAL MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS		
INVESTMENTS (note 5)		
Investments at fair value (note 5 and 8)	$ 153,008,238	$ 125,735,598
Investments at contract value (notes 5 and 6)	5,371,316	5,827,501
	158,379,554	131,563,099
RECEIVABLES		
Employer's contributions	4,439,478	4,600,813
Notes receivable from participants (note 5)	421,214	310,089
	4,860,692	4,910,902
TOTAL ASSETS	163,240,246	136,474,001
LIABILITIES		
Distributions payable	875	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 163,239,371	$ 136,474,001

SCRIPPS COASTAL MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
NET INVESTMENT INCOME (note 5)		
Net appreciation in fair value of investments	$ 21,806,656	$ 16,486,414
Interest and dividend income	167,149	175,519
	21,973,805	16,661,933
Interest on notes receivable from participants (note 5)	24,634	13,429
CONTRIBUTIONS		
Employee	5,843,550	5,649,690
Employer	4,439,478	4,600,813
Rollover	628,234	77,645
	10,911,262	10,328,148
TOTAL CHANGES	32,909,701	27,003,510
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	6,084,567	9,887,111
Administrator and investment fees (note 4)	59,764	44,868
TOTAL DEDUCTIONS	6,144,331	9,931,979
NET INCREASE	26,765,370	17,071,531
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	136,474,001	119,402,470
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 163,239,371	$ 136,474,001

NOTE 1 DESCRIPTION OF PLAN

The following description of Scripps Coastal Medical Group, Inc. Retirement Savings Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan's Sponsor is San Diego Medical Group, Inc., dba Scripps Coastal Medical Group, Inc. (the "Company," "Plan Sponsor," or the "Employer").

GENERAL

The Plan, initially adopted July 1, 1999, is a defined contribution plan covering all employees of the Company excluding the following ineligible classes of Employees: (A) Employees who are employed by an Affiliated Employer which is not an Adopting Employer; and (B) any Employee who is classified as a Fellow, Resident, Training Program Participant, Scholar, Casual Employee or Per Diem Employee. In addition, any Employees who complete a Year of Service shall be considered Eligible Employees as of the date they complete a Year of Service, excluding therefrom the ineligible classes of Employees in the immediately preceding sentence who shall not be Eligible Employees even if they do complete a Year of Service. Employees hired prior to May 1, 2002, who were classified as 30% or More Full-Time Equivalent Employees (i.e., employees regularly scheduled to work 625 hours or more in any Plan Year) shall continue to be Eligible Employees. Employees hired on or after May 1, 2002, who are classified as 50% or More Full-Time Equivalent Employees (i.e., Employees working 20 or more hours per week) shall be Eligible Employees.

CONTRIBUTIONS

Contributions to the Plan are as follows:

1) Participant contributions - Participants may elect to make pre-tax salary deferral contributions or Roth contributions to the Plan up to the annual limit ($23,500 and $23,000 in 2025 and 2024, respectively) established by the Internal Revenue Service ("IRS"). Participants who have attained at least age 50 can make catch-up contributions in addition to the above, up to the maximum amount allowed by the IRS ($7,500 in 2025 and 2024). In addition, participants aged 60 – 63 are eligible for a special catch-up contribution of $3,750 in 2025, increasing their annual maximum limit to $34,750 for 2025.

2) Rollover contributions - The Plan allows for the participants in a former employer's qualified plan to contribute direct rollovers to this plan, provided the rollover will not jeopardize the tax-exempt status of the Plan or create adverse tax consequences for the Employer.

3) Matching contributions - The Plan allows for the Company to make discretionary matching contributions not to exceed the participant's contribution for the plan year and not to include catch-up contributions. These contributions are made on an annual basis. For the years ended December 31, 2025 and 2024, the amount was equal to each $1.00 of salary deferrals for each participant who worked at least 1,472 hours during the plan year up to a maximum determined by the Company. For those participants with at least 510 hours of service but less than 1,472 hours during the plan year the Company made a contribution of the same amount as above multiplied by the ratio of hours worked divided by 1,840 hours.

4) Profit sharing contributions - The Company may also make an additional discretionary profit sharing contribution which shall be allocated to each eligible participant in proportion to his or her compensation for the period while a participant. To qualify, eligible participants must complete a year of service. Employer discretionary contributions made to the Plan were $0 for the years ended December 31, 2025 and 2024.

5) Top heavy minimum contributions - The Company may at times make contributions to non-key participants to satisfy top heavy minimum contribution requirements. For the years ended December 31, 2025 and 2024, no top-heavy minimum contributions were made.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution, allocations of the Company's contributions and the Plan earnings (net of administrative fees). Allocations are based on participant’s compensation or account balance, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

VESTING

Participants are immediately fully vested in participant contributions and the earnings and appreciation or depreciation thereon. Participants are vested in employer contributions and the earnings and appreciation or depreciation thereon based on years of service as follows:

1 year	20%
2 years	40%
3 years	60%
4 years	80%
5 years	100%

PAYMENT OF BENEFITS

On termination of service, death, disability, attainment of age 59.5, or retirement, a participant (or participant's beneficiary in the event of death) may elect to receive a lump-sum distribution equal to the participant's vested account balance or annual installments through the year of the participant's death. Account balances for terminated participants that are $5,000 or less will be distributed in a lump sum, or, at the participant's election, will be rolled over to another qualified retirement plan or to an individual retirement account (IRA) of the participant's choosing. Account balances for terminated participants that exceed $1,000 may be distributed by the Plan Administrator with the participant's consent, or distributed in a lump sum for less than $1,000. Hardship distributions are not permitted from the participant's employee deferral account.

COMPENSATION

Compensation means the participant's wages which include compensation paid before becoming a participant of the Plan, and amounts that are paid after a participant's severance from employment, including regular pay, leave cash outs, and deferred compensation. Compensation in excess of $350,000 in 2025 and $345,000 in 2024 shall be disregarded for all purposes other than for purposes of salary deferral elections.

ADMINISTRATIVE EXPENSES

All expenses incident to the administration, termination or protection of the Plan, including, but not limited to, legal, accounting and Trustee fees, shall be paid by the Company or, if not paid by the Company, shall be paid by the administrator from the Plan assets. A participant's account balance will be charged with certain fees and expenses. Asset-based fees (e.g. management fees and other operating expenses) are used to cover the expenses related to running an investment fund, and are generally deducted directly from a participant's investment returns. Amounts totaling $59,764 and $44,868 were paid by the Plan for consulting fees, Trustee fees, fees for benefits paid to participants and participant loan fees for the years ended December 31, 2025 and 2024, respectively. See note 4 for details. In addition, the Company provides administrative services to the Plan at no cost to the Plan. Certain investment related expenses are included as a reduction of investment return and are not separately reflected.

INVESTMENT OPTIONS

Participants may invest their entire account in specific assets, specific funds or other investments permitted under the Plan. All participant directed investments shall be charged or credited with the net earnings, gains, losses, and expenses as well as any appreciation or depreciation in the market value.

FORFEITED ACCOUNTS

Non-vested employer matching contributions forfeited by terminated participants may be made available to reinstate previously forfeited account balances of participants, if any, or may be used to satisfy any contribution that may be required pursuant to a participant who was erroneously omitted from the Plan, or used to pay any administrative expenses of the Plan. The remaining forfeitures, if any, shall be used for future employer matching contributions. Non-vested employer non-match contributions forfeited by terminated participants are used to reduce future non-match employer contributions such as discretionary or top-heavy minimum contributions. At December 31, 2025 and 2024, there was $176,705 and $81,864, respectively, of unallocated forfeitures. Subsequent to year end, forfeitures in the amount of $176,705 and $81,864 were used for employer contributions for the years ended December 31, 2025 and 2024, respectively.

NOTES RECEIVABLE FROM PARTICIPANTS

Participants are permitted to borrow from their accounts. Loans shall not exceed a participant's vested interest in the Plan, must be adequately secured, and bear a reasonable rate of interest. Loans shall provide for a periodic repayment over a reasonable period of time.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting — The accompanying financial statements have been prepared using the accrual method of accounting in conformity with generally accepted accounting principles (GAAP) in the United States of America.

Estimates — The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

Investments valuation and income recognition — Investments are stated at fair value as certified by the institution that holds the Plan's assets as an investment manager and are under the custody of the Plan's Trustee. Quoted market prices are used to value investments at fair value. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year end. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on accrual basis. Dividends are recorded on the ex-dividend date.

Investment contracts held by a defined-contribution plan are required to be reported at contract value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts

because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Credit losses — The Plan follows standards applicable to accounting for credit losses, which replaces the incurred loss methodology with an expected loss methodology that is referred to as the current expected credit loss (CECL) methodology. The measurement of expected credit losses under the CECL methodology is applicable to trading receivables, financing receivables, held-to-maturity debt securities, and receivables relating to repurchase agreements and securities lending agreements. It also applies to off-balance sheet credit exposures not accounted for as insurance (loan commitments, standby letters of credit, financial guarantees, and other similar instruments) and net investments in leases recognized by a lessor in accordance with Topic 842 on leases. At December 31, 2025 and 2024, the Plan had no allowance for credit losses for the financial assets subject to this guidance.

Notes receivable from participants — Loans to participants are reported at the unpaid principal balances plus any accrued but unpaid interest.

Benefits paid to participants — Benefits are recorded when paid.

Fair value measurement — The Plan follows accounting standards consistent with the FASB Codification which defines fair value, establishes a framework for measuring fair value and enhances disclosures about fair value measurements for all financial assets and liabilities.

Classification and measurement of financial instruments — The Plan follows applicable accounting guidance for the recognition, measurement and disclosure of financials instruments. Additionally, it is not required to disclose the method and significant assumptions used to estimate the fair value for instruments not recognized at fair value in the Plan's financial statements.

Income taxes — The Plan is tax exempt under the Internal Revenue Code Section 401(a) and consequently pays no income tax.

The Plan uses a prototype 401(k) profit sharing agreement provided by the Trustee. The prototype agreement received its most recent opinion letter on June 30, 2020, in which the Internal Revenue Service (IRS) stated that the agreement as then designed was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan adopted this agreement effective January 1, 2015. The agreement has been amended since that time in order to conform to more recent pension laws and regulations. The Plan Sponsor and Nationwide Trust Company, FSB, believe the Plan is operating in accordance with applicable requirements of the IRC; however no formal determination letter has been received for the amended Plan.

The Plan follows accounting standards for uncertainty in income taxes recognized in the Plan's financial statements and prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. It also provides guidance on derecognition and measurement of a tax position taken or to be taken in a tax return. As of December 31, 2025 and 2024, the Plan has not accrued interest or penalties related to uncertain tax positions.

NOTE 3 PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, the rights of all employees to account balances accrued to the date of the termination are fully vested and non-forfeitable.

NOTE 4 PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by the Trustee which qualifies these transactions as party-in-interest transactions. Administrative fees incurred by the Plan to the Trustee totaled $59,764 and $44,868 for the years ended December 31, 2025 and 2024, respectively. In addition, the Company pays certain administrative fees of the Plan, which are not reimbursed as well as providing administrative services to the Plan at no cost to the Plan. The Plan also has investments in funds managed by the Trustee. Total net assets invested in the Trustee funds were $29,194,329 and $28,556,804 as of December 31, 2025 and 2024, respectively.

NOTE 5 INFORMATION CERTIFIED BY THE TRUSTEE

The Plan obtained certification from the Trustee that all of the information provided to the Company by the Trustee is complete and accurate. The Trustee certification applies to substantially all of the Plan’s investment assets, transactions, and supplemental schedules. The Trustee reports such information primarily on a cash basis while the accompanying financial statements and supplemental schedules are presented on an accrual basis. Therefore, certain amounts reflected in the financial statements and supplemental schedules may differ from the information certified by the Trustee.

The following information is prepared and certified by Nationwide Trust Company, FSB, as of December 31:

	2025	2024
Investments at fair value:		
Mutual funds	$ 153,008,238	$ 125,735,598
Investments at contract value:		
Fully benefit-responsive investment contract	5,371,316	5,827,501
	158,379,554	131,563,099
Notes receivable from participants	421,214	310,089
	$ 158,800,768	$ 131,873,188

	2025	2024
Net appreciation in fair value of investments	$ 21,806,656	$ 16,486,414
Interest and dividend income	167,149	175,519
Interest on notes receivable from participants	24,634	13,429
	$ 21,998,439	$ 16,675,362

During 2025 and 2024, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the years) changed in value as follows:

	2025	2024
Mutual funds	$ 21,806,656	$ 16,486,414

NOTE 6 INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has a fully benefit-responsive investment contract with Nationwide Life Insurance Company. The Trustee maintains Plan contributions in an unallocated account which is part of the general assets of the Trustee. The contract is included in the financial statements at contract value as reported to the Plan by the Trustee. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the fully benefit-responsive investment contract at December 31, 2025 and 2024, was $5,371,316 and $5,827,501, respectively. The crediting interest rate, based on a formula agreed upon with the issuer, at December 31, 2025 and 2024 was 1.92% and 2.31%, respectively. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the Plan's ability to transact at contract value with the Trustee. Such events may include but are not limited to the following: (a) mergers, (b) mass layoffs, (c) plan terminations, (d) implementation of early retirement incentive programs or (e) other events within the control of the investment contract or Plan sponsor resulting in a material and adverse financial impact on the issuer's obligations under the investment contract. The Plan administrator does not believe that occurrence of an event, which would limit the Plan's ability to transact at contract value with the Plan is probable. The fully benefit-responsive investment contract does not have a maturity date. The fully benefit-responsive investment contract continues in force until all assets have been distributed, or no further payments are due.

NOTE 7 RISKS AND UNCERTAINTIES

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

NOTE 8 FAIR VALUE MEASUREMENTS

The Plan follows the methods of fair value measurement to value its financial assets and liabilities. Fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In order to increase consistency and comparability in fair value measurements, a fair value hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels has been established, which are described below:

Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

Level 2: Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in inactive markets; or model-derived valuations in which all significant inputs are observable or can be derived principally from or corroborated with observable market data.

Level 3: Unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs.

Mutual funds: Mutual fund shares are based on the unit value as determined from the daily price traded on an active market, dividends declared, and capital gains and are classified as Level 1 investments.

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

The following table presents the Plan's investments measured at fair value on a recurring basis by level within the valuation hierarchy as of December 31, 2025:

	Level 1	Level 2	Level 3	Total
Assets				
Mutual funds	$ 153,008,238	$ -	$ -	$ 153,008,238

The following table presents the Plan's investments measured at fair value on a recurring basis by level within the valuation hierarchy as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
Assets				
Mutual funds	$ 125,735,598	$ -	$ -	$ 125,735,598

NOTE 9 SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 12, 2026, the date on which the financial statements were available to be issued. There were no material subsequent events which affected the amounts or disclosures in the financial statements.

SCRIPPS COASTAL MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

Plan Sponsor's EIN: 33-0776371
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Fid 500 Indx	Mutual funds	**	$ 27,559,893
*	NW Inv Dest Mod Aggr Inst	Mutual funds	**	11,164,666
	AmFds 2035 TrgtDtRtrmt R6	Mutual funds	**	10,698,653
	AmFds 2045 TrgtDtRtrmt R6	Mutual funds	**	9,620,878
*	NW Inv Dest Mod Inst	Mutual funds	**	6,568,450
	AmFds 2050 TrgtDtRtrmt R6	Mutual funds	**	6,367,615
	Vngrd Eq Inc Adml	Mutual funds	**	6,081,146
	AmFds New Econ R6	Mutual funds	**	5,645,615
	AmFds 2040 TrgtDtRtrmt R6	Mutual funds	**	5,534,689
	AmFds 2030 TrgtDtRtrmt R6	Mutual funds	**	5,488,351
*	NW Fxd Sel Optn	Fully benefit-responsive investment contract	**	5,371,316
	AmFds 2055 TrgtDtRtrmt R6	Mutual funds	**	4,841,245
	AmFds 2025 TrgtDtRtrmt R6	Mutual funds	**	3,904,322
	Vngrd Intl Gr Adml	Mutual funds	**	3,073,205
	AmFds New Prspct R6	Mutual funds	**	3,043,488
	Fid MdCap Indx	Mutual funds	**	2,950,940
	Fid SmCap Indx	Mutual funds	**	2,848,828
*	NW Inv Dest Aggr Inst	Mutual funds	**	2,817,620
	AmFds 2015 TrgtDtRtrmt R6	Mutual funds	**	2,674,654
*	NW Inv Dest Mod Cnsrv Inst	Mutual funds	**	1,875,548
	AmCent MdCap Val R6	Mutual funds	**	1,864,182
	Vngrd Ttl StMkt Indx Fd AS	Mutual funds	**	1,862,307
	JPM LgCap Gr R6	Mutual funds	**	1,859,418
	DFA RealEst Sec	Mutual funds	**	1,810,322
	TRowePr Hlth Scnc	Mutual funds	**	1,675,580
	PGIM Hi Yld Z	Mutual funds	**	1,373,921
	Fid Intl Indx	Mutual funds	**	1,294,899
	Vngrd 500 Index Fd AS	Mutual funds	**	1,209,179
	Fid US Bd Indx	Mutual funds	**	1,130,335
	Vngrd Primecap Cor Inv	Mutual funds	**	1,066,255

SCRIPPS COASTAL MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

Plan Sponsor's EIN: 33-0776371
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	DFA Infl Prtct Sec Inst	Mutual funds	**	1,014,410
	AmFds 2060 TrgtDtRtrmt R6	Mutual funds	**	993,898
*	NW Inv Dest Cnsrv Inst	Mutual funds	**	974,203
	JnsHndrsn Glbl Tech N	Mutual funds	**	871,538
	Fed Hrms Gov Oblgtns Prmr	Mutual funds	**	850,148
	Vngrd Wlsly Inc Adml	Mutual funds	**	724,800
	Vngrd Trgt Rtrmt 2055	Mutual funds	**	474,145
	Vngrd Ttl IntlStkIndex Adml	Mutual funds	**	472,906
	AmFds 2010 TrgtDtRtrmt R6	Mutual funds	**	446,711
	Nuveen Lifecycle Index 2020 Fund - Class R6	Mutual funds	**	442,169
	Vngrd Sm Cap Indx Fd AS	Mutual funds	**	424,036
*	NW Dest 2050 R6	Mutual funds	**	422,526
	Vngrd Mid-Cap Idx Fd AS	Mutual funds	**	412,433
	Fid Lg Cap Gr Indx	Mutual funds	**	319,788
	Vngrd Trgt Rtrmt 2040 Inv	Mutual funds	**	294,878
	Fidelity Select Semiconductors	Mutual funds	**	291,702
	Vngrd Ftse Soc Indx Adml	Mutual funds	**	276,376
	Vngrd Strat SmCap Eq Inv	Mutual funds	**	275,534
	Frstegle Gold R6	Mutual funds	**	264,020
	Vngrd Strat Eq Inv	Mutual funds	**	240,668
	Vngrd Info Tech Indx Adml	Mutual funds	**	201,486
	DFA Intl Sm Co Inst	Mutual funds	**	193,553
	Vngrd US Gr Adml	Mutual funds	**	166,491
	DFA Intl Val	Mutual funds	**	162,293
	JPM Emrg Mkt Eq R6	Mutual funds	**	153,737
	AmFds 2065 TrgtDtRtrmt R6	Mutual funds	**	107,378
	JnsHndrsn Glbl Lf Scnc I	Mutual funds	**	106,924
	MSIF Inst Gr I	Mutual funds	**	99,930
	Vngrd Divd Gr Inv	Mutual funds	**	97,674
	PIMCO StkPLUS Ttl Rtn Inst	Mutual funds	**	91,497
	Nomura Science and Technology Fund	Mutual funds	**	88,872
	TRowePr Blue Chip Gr	Mutual funds	**	87,637

SCRIPPS COASTAL MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

Plan Sponsor's EIN: 33-0776371
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	MSIF Glbl Oppr I	Mutual funds	**	87,599
	Invsco VK Comstk A	Mutual funds	**	87,041
	As Prec Mtls	Mutual funds	**	85,397
	DFA US Cor Eq I	Mutual funds	**	82,251
	AmFds Wshngtn Mut Inv R6	Mutual funds	**	81,821
	Vanguard Federal Money Market Fund - Investor Class	Mutual funds	**	78,794
	AB LgCap Gr I	Mutual funds	**	71,447
	Goldman Sachs Large Cap Growth Insights Fund - Institutional Class	Mutual funds	**	68,269
	PIMCO StkPLAIntDlrHdg	Mutual funds	**	66,620
	Vngrd Hi Yld Corp Adml	Mutual funds	**	64,563
	Fed Hrms Inst HiYldBd Inst	Mutual funds	**	62,942
	Fidelity Select Technology portfolio	Mutual funds	**	62,341
	Prncpl Hi Yld Inst	Mutual funds	**	61,997
	MSIF Sm CO Gr I	Mutual funds	**	61,946
	AmFds Am Bal R6	Mutual funds	**	61,833
	MFS Intl Val A	Mutual funds	**	60,817
	Vngrd Sel Val Inv	Mutual funds	**	60,374
	DWS Glbl Hi Inc S	Mutual funds	**	59,310
	JPM US Eq R5	Mutual funds	**	58,163
	Vngrd Bal Indx Adml	Mutual funds	**	57,408
	TRowePr Cap App	Mutual funds	**	55,941
	FidAdv Divrs Stk A	Mutual funds	**	54,571
	Ptnm Focs Eq Y	Mutual funds	**	54,453
	DFA Sustnbl Cor	Mutual funds	**	53,160
	LeggM ClrBrdg SmCap Gr I	Mutual funds	**	53,079
	Goldman Sachs U.S. Equity Insights Fund - Institutional Class	Mutual funds	**	52,745
	Vanguard Wellington Fd Is	Mutual funds	**	52,282
	RS MdCap Gr Y	Mutual funds	**	50,645
	TrowePr Val	Mutual funds	**	50,273
	DFA US LgCap Val	Mutual funds	**	49,995
	Fnkln SmCap Val Adv	Mutual funds	**	49,881
	AmBcn LgCap Val R5	Mutual funds	**	48,722

SCRIPPS COASTAL MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

Plan Sponsor's EIN: 33-0776371
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Ptnm SmCap Gr Y	Mutual funds	**	46,978
	BlkRk MdCap Gr Eq Inst	Mutual funds	**	46,931
	AmCent Eq Gr A	Mutual funds	**	45,500
	Rydexsgi NASDAQ 100 2X Strat	Mutual funds	**	45,043
	NeuBer MultCap Oppr Inst	Mutual funds	**	44,829
	Pub-rdgwrth Lgcap Val Eq I	Mutual funds	**	44,483
	Weitz Ptnrs III Oppr Inst	Mutual funds	**	42,473
	DFA US Trgt Val Inst	Mutual funds	**	41,248
	Clearbridge Value Fund	Mutual funds	**	40,806
	Vngrd Wndsr Inv	Mutual funds	**	38,686
	AB Rel Val I	Mutual funds	**	38,573
	Clearbridge Growth Fund - Class I	Mutual funds	**	38,413
	AmFds 2020 TrgtDtRtrmt R6	Mutual funds	**	37,913
	AmCent Dscpld Cor Val I	Mutual funds	**	36,502
	Vngrd Val Indx Adml	Mutual funds	**	34,728
	Columbia Seligman Technology and Information Fund - Institutional 3 Class	Mutual funds	**	33,906
	GdmnScs Inc Bldr Inst	Mutual funds	**	33,574
	Fnkln Inc A	Mutual funds	**	32,679
	DFA US SmCap Inst	Mutual funds	**	32,200
	Harbor MdCap Val Inst	Mutual funds	**	31,891
	Prncpl MdCap Val I Inst	Mutual funds	**	31,066
	Virtus KAR SmCap Gr	Mutual funds	**	29,202
	Frost Ttl Rtn Bd Inv	Mutual funds	**	27,799
	Fnkln Gold Prec Mtls Adv	Mutual funds	**	23,082
	Fidelity Advisor Technology Fund - Class A	Mutual funds	**	23,080
	Blkrk Is S P 500 Indx Inst	Mutual funds	**	18,522
	Fed Hermes Short-term Income Fund - Institutional shares	Mutual funds	**	17,576
	Vngrd RealEst Indx Adml	Mutual funds	**	16,403
	Vanguard Infl - Prot Secs Is	Mutual funds	**	12,347
	Vngrd Ttl Bnd Mkt	Mutual funds	**	12,138
	Vngrd Ttl Intl Bd	Mutual funds	**	11,860
	Vngrd HiDivd Yld Indx Adml	Mutual funds	**	11,125

SCRIPPS COASTAL MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

Plan Sponsor's EIN: 33-0776371
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	FidAdv Intl Realest Inst	Mutual funds	**	10,095
	DFA Glbl Eq Inst	Mutual funds	**	4,379
	WFA Prec Mtls A	Mutual funds	**	3,886
	DFA Emrg Mkt	Mutual funds	**	3,541
	DFA Two Yr Glbl Fxd Inc	Mutual funds	**	2,146
	DFA Five Yr Glbl Fxd Inc	Mutual funds	**	2,145
	DFA Glbl Realest Sec Inst	Mutual funds	**	1,287
	Fidelity Advisor Technology Fund - Class Z	Mutual funds	**	1,111
	Vanguard Intm - Trm Ustrs Is	Mutual funds	**	708
	Trowe MultSctr Bd I	Mutual funds	**	129
	Eupac Fund - Class R6	Mutual funds	**	10
				$ 158,379,554

* Indicates an identified person known to be a party-in-interest to the Plan.
** Cost has been omitted as investment is participant directed.

SCRIPPS COASTAL MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

Plan Sponsor's EIN: 33-0776371
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Notes receivable from participants	Various maturity dates Interest rate 4.25% - 9.50%	$ -	$ 421,214

* Indicates an identified person known to be a party-in-interest to the Plan.

SCRIPPS COASTAL MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

Plan Sponsor's EIN: 33-0776371
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Fid 500 Indx	Mutual funds	**	$ 27,559,893
*	NW Inv Dest Mod Aggr Inst	Mutual funds	**	11,164,666
	AmFds 2035 TrgtDtRtrmt R6	Mutual funds	**	10,698,653
	AmFds 2045 TrgtDtRtrmt R6	Mutual funds	**	9,620,878
*	NW Inv Dest Mod Inst	Mutual funds	**	6,568,450
	AmFds 2050 TrgtDtRtrmt R6	Mutual funds	**	6,367,615
	Vngrd Eq Inc Adml	Mutual funds	**	6,081,146
	AmFds New Econ R6	Mutual funds	**	5,645,615
	AmFds 2040 TrgtDtRtrmt R6	Mutual funds	**	5,534,689
	AmFds 2030 TrgtDtRtrmt R6	Mutual funds	**	5,488,351
*	NW Fxd Sel Optn	Fully benefit-responsive investment contract	**	5,371,316
	AmFds 2055 TrgtDtRtrmt R6	Mutual funds	**	4,841,245
	AmFds 2025 TrgtDtRtrmt R6	Mutual funds	**	3,904,322
	Vngrd Intl Gr Adml	Mutual funds	**	3,073,205
	AmFds New Prspct R6	Mutual funds	**	3,043,488
	Fid MdCap Indx	Mutual funds	**	2,950,940
	Fid SmCap Indx	Mutual funds	**	2,848,828
*	NW Inv Dest Aggr Inst	Mutual funds	**	2,817,620
	AmFds 2015 TrgtDtRtrmt R6	Mutual funds	**	2,674,654
*	NW Inv Dest Mod Cnsrv Inst	Mutual funds	**	1,875,548
	AmCent MdCap Val R6	Mutual funds	**	1,864,182
	Vngrd Ttl StMkt Indx Fd AS	Mutual funds	**	1,862,307
	JPM LgCap Gr R6	Mutual funds	**	1,859,418
	DFA RealEst Sec	Mutual funds	**	1,810,322
	TRowePr Hlth Scnc	Mutual funds	**	1,675,580
	PGIM Hi Yld Z	Mutual funds	**	1,373,921
	Fid Intl Indx	Mutual funds	**	1,294,899
	Vngrd 500 Index Fd AS	Mutual funds	**	1,209,179
	Fid US Bd Indx	Mutual funds	**	1,130,335
	Vngrd Primecap Cor Inv	Mutual funds	**	1,066,255

SCRIPPS COASTAL MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

Plan Sponsor's EIN: 33-0776371
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	DFA Infl Prtct Sec Inst	Mutual funds	**	1,014,410
	AmFds 2060 TrgtDtRtrmt R6	Mutual funds	**	993,898
*	NW Inv Dest Cnsrv Inst	Mutual funds	**	974,203
	JnsHndrsn Glbl Tech N	Mutual funds	**	871,538
	Fed Hrms Gov Oblgtns Prmr	Mutual funds	**	850,148
	Vngrd Wlsly Inc Adml	Mutual funds	**	724,800
	Vngrd Trgt Rtrmt 2055	Mutual funds	**	474,145
	Vngrd Ttl IntlStkIndex Adml	Mutual funds	**	472,906
	AmFds 2010 TrgtDtRtrmt R6	Mutual funds	**	446,711
	Nuveen Lifecycle Index 2020 Fund - Class R6	Mutual funds	**	442,169
	Vngrd Sm Cap Indx Fd AS	Mutual funds	**	424,036
*	NW Dest 2050 R6	Mutual funds	**	422,526
	Vngrd Mid-Cap Idx Fd AS	Mutual funds	**	412,433
	Fid Lg Cap Gr Indx	Mutual funds	**	319,788
	Vngrd Trgt Rtrmt 2040 Inv	Mutual funds	**	294,878
	Fidelity Select Semiconductors	Mutual funds	**	291,702
	Vngrd Ftse Soc Indx Adml	Mutual funds	**	276,376
	Vngrd Strat SmCap Eq Inv	Mutual funds	**	275,534
	Frstegle Gold R6	Mutual funds	**	264,020
	Vngrd Strat Eq Inv	Mutual funds	**	240,668
	Vngrd Info Tech Indx Adml	Mutual funds	**	201,486
	DFA Intl Sm Co Inst	Mutual funds	**	193,553
	Vngrd US Gr Adml	Mutual funds	**	166,491
	DFA Intl Val	Mutual funds	**	162,293
	JPM Emrg Mkt Eq R6	Mutual funds	**	153,737
	AmFds 2065 TrgtDtRtrmt R6	Mutual funds	**	107,378
	JnsHndrsn Glbl Lf Scnc I	Mutual funds	**	106,924
	MSIF Inst Gr I	Mutual funds	**	99,930
	Vngrd Divd Gr Inv	Mutual funds	**	97,674
	PIMCO StkPLUS Ttl Rtn Inst	Mutual funds	**	91,497
	Nomura Science and Technology Fund	Mutual funds	**	88,872
	TRowePr Blue Chip Gr	Mutual funds	**	87,637

SCRIPPS COASTAL MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

Plan Sponsor's EIN: 33-0776371
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	MSIF Glbl Oppr I	Mutual funds	**	87,599
	Invsco VK Comstk A	Mutual funds	**	87,041
	As Prec Mtls	Mutual funds	**	85,397
	DFA US Cor Eq I	Mutual funds	**	82,251
	AmFds Wshngtn Mut Inv R6	Mutual funds	**	81,821
	Vanguard Federal Money Market Fund - Investor Class	Mutual funds	**	78,794
	AB LgCap Gr I	Mutual funds	**	71,447
	Goldman Sachs Large Cap Growth Insights Fund - Institutional Class	Mutual funds	**	68,269
	PIMCO StkPLAIntDlrHdg	Mutual funds	**	66,620
	Vngrd Hi Yld Corp Adml	Mutual funds	**	64,563
	Fed Hrms Inst HiYldBd Inst	Mutual funds	**	62,942
	Fidelity Select Technology portfolio	Mutual funds	**	62,341
	Prncpl Hi Yld Inst	Mutual funds	**	61,997
	MSIF Sm CO Gr I	Mutual funds	**	61,946
	AmFds Am Bal R6	Mutual funds	**	61,833
	MFS Intl Val A	Mutual funds	**	60,817
	Vngrd Sel Val Inv	Mutual funds	**	60,374
	DWS Glbl Hi Inc S	Mutual funds	**	59,310
	JPM US Eq R5	Mutual funds	**	58,163
	Vngrd Bal Indx Adml	Mutual funds	**	57,408
	TRowePr Cap App	Mutual funds	**	55,941
	FidAdv Divrs Stk A	Mutual funds	**	54,571
	Ptnm Focs Eq Y	Mutual funds	**	54,453
	DFA Sustnbl Cor	Mutual funds	**	53,160
	LeggM ClrBrdg SmCap Gr I	Mutual funds	**	53,079
	Goldman Sachs U.S. Equity Insights Fund - Institutional Class	Mutual funds	**	52,745
	Vanguard Wellington Fd Is	Mutual funds	**	52,282
	RS MdCap Gr Y	Mutual funds	**	50,645
	TrowePr Val	Mutual funds	**	50,273
	DFA US LgCap Val	Mutual funds	**	49,995
	Fnkln SmCap Val Adv	Mutual funds	**	49,881
	AmBcn LgCap Val R5	Mutual funds	**	48,722

SCRIPPS COASTAL MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

Plan Sponsor's EIN: 33-0776371
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Ptnm SmCap Gr Y	Mutual funds	**	46,978
	BlkRk MdCap Gr Eq Inst	Mutual funds	**	46,931
	AmCent Eq Gr A	Mutual funds	**	45,500
	Rydexsgi NASDAQ 100 2X Strat	Mutual funds	**	45,043
	NeuBer MultCap Oppr Inst	Mutual funds	**	44,829
	Pub-rdgwrth Lgcap Val Eq I	Mutual funds	**	44,483
	Weitz Ptnrs III Oppr Inst	Mutual funds	**	42,473
	DFA US Trgt Val Inst	Mutual funds	**	41,248
	Clearbridge Value Fund	Mutual funds	**	40,806
	Vngrd Wndsr Inv	Mutual funds	**	38,686
	AB Rel Val I	Mutual funds	**	38,573
	Clearbridge Growth Fund - Class I	Mutual funds	**	38,413
	AmFds 2020 TrgtDtRtrmt R6	Mutual funds	**	37,913
	AmCent Dscpld Cor Val I	Mutual funds	**	36,502
	Vngrd Val Indx Adml	Mutual funds	**	34,728
	Columbia Seligman Technology and Information Fund - Institutional 3 Class	Mutual funds	**	33,906
	GdmnScs Inc Bldr Inst	Mutual funds	**	33,574
	Fnkln Inc A	Mutual funds	**	32,679
	DFA US SmCap Inst	Mutual funds	**	32,200
	Harbor MdCap Val Inst	Mutual funds	**	31,891
	Prncpl MdCap Val I Inst	Mutual funds	**	31,066
	Virtus KAR SmCap Gr	Mutual funds	**	29,202
	Frost Ttl Rtn Bd Inv	Mutual funds	**	27,799
	Fnkln Gold Prec Mtls Adv	Mutual funds	**	23,082
	Fidelity Advisor Technology Fund - Class A	Mutual funds	**	23,080
	Blkrk Is S P 500 Indx Inst	Mutual funds	**	18,522
	Fed Hermes Short-term Income Fund - Institutional shares	Mutual funds	**	17,576
	Vngrd RealEst Indx Adml	Mutual funds	**	16,403
	Vanguard Infl - Prot Secs Is	Mutual funds	**	12,347
	Vngrd Ttl Bnd Mkt	Mutual funds	**	12,138
	Vngrd Ttl Intl Bd	Mutual funds	**	11,860
	Vngrd HiDivd Yld Indx Adml	Mutual funds	**	11,125

SCRIPPS COASTAL MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

Plan Sponsor's EIN: 33-0776371
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	FidAdv Intl Realest Inst	Mutual funds	**	10,095
	DFA Glbl Eq Inst	Mutual funds	**	4,379
	WFA Prec Mtls A	Mutual funds	**	3,886
	DFA Emrg Mkt	Mutual funds	**	3,541
	DFA Two Yr Glbl Fxd Inc	Mutual funds	**	2,146
	DFA Five Yr Glbl Fxd Inc	Mutual funds	**	2,145
	DFA Glbl Realest Sec Inst	Mutual funds	**	1,287
	Fidelity Advisor Technology Fund - Class Z	Mutual funds	**	1,111
	Vanguard Intm - Trm Ustrs Is	Mutual funds	**	708
	Trowe MultSctr Bd I	Mutual funds	**	129
	Eupac Fund - Class R6	Mutual funds	**	10
				$ 158,379,554

* Indicates an identified person known to be a party-in-interest to the Plan.
** Cost has been omitted as investment is participant directed.

SCRIPPS COASTAL MEDICAL GROUP, INC. RETIREMENT SAVINGS PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

Plan Sponsor's EIN: 33-0776371
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Notes receivable from participants	Various maturity dates Interest rate 4.25% - 9.50%	$ -	$ 421,214

* Indicates an identified person known to be a party-in-interest to the Plan.