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
INTERMOUNTAIN RETIREE AND DISABLED EMPLOYEE WELFARE PLAN

1b Three-digit plan number (PN) ▶ 509

1c Effective date of plan 01/01/1992

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)
INTERMOUNTAIN HEALTH CARE, INC.

36 SOUTH STATE STREET, SUITE 2300
SALT LAKE CITY, UT 84111

2b Employer Identification Number (EIN) 87-0269232

2c Plan Sponsor's telephone number 801-442-2049

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	DAVID K. ADAMS
	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:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	36638
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)**	35647
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	22280
b	Retired or separated participants receiving benefits	**6b**	891
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	23171
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
INTERMOUNTAIN RETIREE AND DISABLED EMPLOYEE WELFARE PLAN

B Three-digit plan number (PN) ▶ 509

C Plan sponsor's name as shown on line 2a of Form 5500
INTERMOUNTAIN HEALTH CARE, INC.

D Employer Identification Number (EIN)
87-0269232

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
HARTFORD LIFE AND ACCIDENT

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0838648	70815	674445G	948	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
21797	4004

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

CBIZ BENEFITS & INSURANCE SERVICES
PO BOX 632886
CINCINNATI, OH 45263

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
21797	4004	BONUS	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

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** [X] 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	422552
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
INTERMOUNTAIN RETIREE AND DISABLED EMPLOYEE WELFARE PLAN

B Three-digit plan number (PN) ▶ 509

C Plan sponsor's name as shown on line 2a of Form 5500
INTERMOUNTAIN HEALTH CARE, INC.

D Employer Identification Number (EIN)
87-0269232

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
FIDELITY SECURITY 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
43-0949844	71870	10410411	782	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
191	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

CBIZ BENEFITS & INSURANCE SERVICES
PO BOX 632886
CINCINNATI, OH 45263

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
191			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	0
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	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**	46719
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
INTERMOUNTAIN RETIREE AND DISABLED EMPLOYEE WELFARE PLAN

B Three-digit plan number (PN) ▶ 509

C Plan sponsor's name as shown on line 2a of Form 5500
INTERMOUNTAIN HEALTH CARE, INC.

D Employer Identification Number (EIN)
87-0269232

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

DIMENSIONAL FUND ADVISORS, LP
6300 BEE CAVE ROAD
BUILDING 1
AUSTIN, TX 78746

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

VANGUARD GROUP, INC

23-1999755

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

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

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(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)

HARTFORD

06-0838648

(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?
13 50	NONE	1591000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SELECT HEALTH, INC.

87-0409820

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	AFFILIATE OF SPONSOR	212000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SILCHESTER INTERNATIONAL INVESTORS

45-3056700

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 61 51 68 62	NONE	125000	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

PENSION BENEFIT INFORMATION, LLC

82-4722389

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	73000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KPMG LLP

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	63000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BNY MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 18 99 11 19 16 28	INTEREST	62000	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

MERCER INVESTMENTS LLC

30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	55000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VOYA INVESTMENT MANAGEMENT CO. LLC

06-1440627

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	40000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PIMCO

33-0629048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	25000	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

JENNISON ASSOCIATES LLC

22-2540245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	24000	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

DODGE & COX

94-1441976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	19000	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ERNST & YOUNG, LLC

34-6565596

(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?
99	NONE	6000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
INTERMOUNTAIN RETIREE AND DISABLED EMPLOYEE WELFARE PLAN

B Three-digit plan number (PN) ▶ 509

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
INTERMOUNTAIN HEALTH CARE, INC.

D Employer Identification Number (EIN)
87-0269232

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SILCHESTER INT'L VAL EQUITY GRP TST

b Name of sponsor of entity listed in (a): SILCHESTER INTERNATIONAL INVESTORS LLP

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-7045783-001	C	14351000

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
INTERMOUNTAIN RETIREE AND DISABLED EMPLOYEE WELFARE PLAN

B Three-digit plan number (PN) ▶ 509

C Plan sponsor's name as shown on line 2a of Form 5500
INTERMOUNTAIN HEALTH CARE, INC.

D Employer Identification Number (EIN)
87-0269232

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	46000	38000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8650000	6449000
(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)	23670000	25909000
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	10063000	14351000
(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)	60286000	67904000
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	102715000	114651000
Liabilities			
1g Benefit claims payable	1g	4098000	9997000
1h Operating payables	1h	92000	79000
1i Acquisition indebtedness	1i	0	17000
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	4190000	10093000
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	98525000	104558000

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)	25800000	
(B) Participants	2a(1)(B)	1819000	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		27619000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	297000	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		297000
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	3368000	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3368000
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2641000	
(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)		2641000
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	515000	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		515000

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3413000
(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)		6130000
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		43983000
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	35245000	
(2) To insurance carriers for the provision of benefits	2e(2)	405000	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		35650000
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)	1880000	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	68000	
(5) Investment advisory and investment management fees	2i(5)	232000	
(6) Bank or trust company trustee/custodial fees	2i(6)	62000	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	3000	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	55000	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2300000
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		37950000
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6033000
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: KPMG LLP **(2)** EIN: 13-5565207

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**			
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 _____.

Financial Statements and Supplemental Schedules

Intermountain Retiree and Disabled Employee Welfare Plan
December 31, 2025 and 2024
with Independent Auditors' Report

Intermountain Health

KPMG LLP
Suite 1500
15 W. South Temple
Salt Lake City, UT 84101

Independent Auditors' Report

Benefits Administration Committee
Intermountain Retiree and Disabled Employee Welfare Plan:

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

We have performed audits of the financial statements of Intermountain Retiree and Disabled Employee Welfare Plan (the 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 year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, 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 audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with U.S. generally accepted accounting principles.
- 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 audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

KPMG LLP, a Delaware limited liability partnership, and its subsidiaries are part of the KPMG global organization of independent member firms affiliated with KPMG International Limited, a private English company limited by guarantee.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. generally accepted accounting principles, 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 the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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 U.S. generally accepted accounting principles.

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

Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, line 4j - Schedule of Reportable Transactions for the year ended December 31, 2025 and Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

KPMG LLP

Salt Lake City, Utah
October 13, 2026

Intermountain Retiree and Disabled Employee Welfare Plan
Statements of Net Assets Available for Benefits
(In Thousands)

	December 31	
	2025	**2024**
Assets		
Investments:		
Cash and equivalents	$ 6,449	$ 8,650
Domestic equity securities	24,172	22,238
Global/international equity securities	1,737	1,432
Registered investment company funds	67,904	60,286
Common/collective trust	14,351	10,063
	114,613	102,669
Accrued income	38	46
Total assets	114,651	102,715
Liabilities		
Purchases pending settlement	17	—
Administrative and other expenses payable	79	92
Total liabilities	96	92
Net assets available for benefits	$ 114,555	$ 102,623

See accompanying notes to financial statements.

Intermountain Retiree and Disabled Employee Welfare Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2025
(In Thousands)

Additions	
Employer contributions	$ 25,800
Participant contributions	1,819
Total additions	27,619
Deductions	
Claims paid	29,346
Premiums paid	405
Administrative expenses	2,301
Total deductions	32,052
Investment income	
Dividends and interest	3,665
Net appreciation in fair value of investments	12,700
Net investment income	16,365
Net increase	11,932
Net assets available for benefits	
Beginning of year	102,623
End of year	$ 114,555

See accompanying notes to financial statements.

1. Description of the Plan

The following description of the Intermountain Retiree and Disabled Employee Welfare Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan provides the following three distinct benefits to participants: Retiree Welfare Benefit, Disabled Medical Benefit, and Short-term Disability Benefit. The Benefits Administration Committee and Benefits Finance Committee are responsible for oversight of the Plan in accordance with each committee's charter and report to the Finance Committee of the Board of Trustees of Intermountain Health Care, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Retiree Welfare Benefit is a contributory employee health and welfare benefit offering medical, dental and vision benefits and basic and supplemental group term life insurance benefits to eligible retirees and dependents of Intermountain Health Care, Inc. and its participating subsidiaries (Intermountain). The Disabled Medical Benefit is a contributory employee health and welfare benefit offering medical and dental benefits to eligible Intermountain disabled employees and dependents. The Short-term Disability Benefit is a noncontributory employee health and welfare benefit offering short-term income protection to eligible disabled employees of Intermountain.

Plan Administration

Intermountain is the administrator and sponsor of the Plan. Assets to provide the benefits offered under the Plan are held in the Intermountain Health Care, Inc. Retiree Welfare Benefit Trust (the Trust). Bank of New York Mellon (BNY) serves as the trustee of the Trust.

Eligibility

Retiree Welfare Benefit

For a retiree and eligible dependents to receive medical benefits under the Retiree Welfare Benefit, the retiree must retire directly from active service and have been enrolled in an Intermountain-sponsored medical plan for the six months prior to retirement. Additionally, the retiree must have completed ten years of vesting service and elected to participate in the Retiree Welfare Benefit immediately upon retirement.

For a retiree and eligible dependents to receive dental benefits under the Retiree Welfare Benefit, the retiree must retire directly from active service, have an Intermountain Healthcare Pension Plan benefit and select the dental benefit upon retirement if they want the benefit effective in the year of retirement. Retirees can also add the dental benefit at any subsequent year during open enrollment.

1. Description of the Plan (continued)

Eligibility (continued)

Retiree Welfare Benefit (continued)

For a retiree and eligible dependents to receive vision benefits under the Retiree Welfare Benefit, the retiree must be 55 or older upon termination of employment, have the dental benefit, and select the vision benefit upon retirement if they want the benefit effective in the year of retirement. Retirees can also add the vision benefit at any subsequent year during open enrollment, as long as the dental benefit continues to be elected as well.

For employees that terminated or retired from Intermountain prior to 2009, life insurance coverage is provided through a portability option that is based on the employee's basic life coverage.

Disabled Medical Benefit

For an employee and eligible dependents to receive medical benefits under the Disabled Medical Benefit, the employee must be enrolled in an Intermountain-sponsored medical plan immediately prior to disability, as defined by the Plan.

Short-term Disability Benefit

For an employee to receive income replacement benefits under the Short-term Disability Benefit, the employee must be a U.S. citizen working full-time, as defined by the Plan, immediately prior to disability.

Benefits

Retiree Welfare Benefit

Medical and dental benefits for substantially all participants are administered by SelectHealth, Inc. (Select Health), a wholly owned subsidiary of Intermountain. Select Health processes claims for medical and dental benefits that are subsequently paid by the Plan. Prescription drug benefits for participants over age 65 are offered through Medicare Part D. All other prescription drug benefits are processed by Select Health and are subsequently reimbursed by the Plan.

Vision benefits are provided under a group policy purchased by the Plan from EyeMed Vision Care, LLC.

Life insurance benefits are provided under a group policy purchased by the Plan from Hartford Life Insurance Company (The Hartford).

Disabled Medical Benefit

Medical and dental benefits for substantially all participants are administered by Select Health. Select Health processes claims for medical and dental benefits that are subsequently paid by the Plan.

Short-term Disability Benefit

Short-term disability benefits are administered by The Hartford. The Hartford processes claims for short-term disability income replacement benefits that are paid by the Plan.

1. Description of the Plan (continued)

Contributions *(dollars not in thousands)*

Retiree Welfare Benefit

Participant contributions for medical, dental and vision benefits are based on premium rates set by the administrator using utilization information provided by Select Health. Monthly rates paid by participants for medical, dental and vision coverage during 2025 ranged from $75 to $2,958, $32 to $117 and $5 to $15, respectively, depending on the number of beneficiaries covered and the type of plan selected. Intermountain's current policy is to contribute to the Plan at its discretion. Intermountain contributed to the Plan during 2025 and will continue to review the funded status for the active structure on a quarterly basis to determine if additional funding is required in 2026.

Disabled Medical Benefit

Participant contributions for medical and dental benefits are based on premium rates set by the administrator using utilization information provided by Select Health. Monthly rates paid by participants for medical and dental coverage during 2025 ranged from $206 to $1,437 and $22 to $114 respectively, depending on the number of beneficiaries covered and the type of plan selected.

Administrative Expenses

Administrative expenses for fees related to health claims processed by Select Health and investment manager, trustee, consulting, audit, and legal services are paid by the Plan. All other administrative expenses for the Plan are paid by Intermountain.

Plan Termination

Although it has not expressed any intent to do so, Intermountain has the right under the Plan to modify benefits, discontinue contributions, and terminate the Plan subject to the provisions of ERISA. If Intermountain terminates or partially terminates the Plan, the Trust will pay benefits that participants are entitled to receive under the terms of the Plan.

2. Significant Accounting Policies

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting, other than benefit payments and insurance premium payments. Benefit payments and insurance premium payments are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates and those differences could be significant.

2. Significant Accounting Policies (continued)

Investments and Investment Income

The estimated fair value of certain financial instruments is reflected in the accompanying statements of net assets available for benefits. Cash and equivalents are valued at cost, which approximates fair value due to their short-term maturity. Investments are stated at fair value and include investments in domestic equity securities, global/international equity securities, registered investment company funds, and a common/collective trust.

Net appreciation in fair value of investments represents the unrealized change in investments and realized gains and losses. Purchases and sales of investments are recorded on the trade date. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

3. Risks and Uncertainties

Investments include certain securities that 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 significantly affect the amounts reported in the statements of net assets available for benefits.

The present values of the postretirement and postemployment benefit obligations under the Retiree Welfare Benefit and the Disabled Medical Benefit are reported based on certain actuarial assumptions pertaining to interest rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions could be significant in the near term.

4. Plan Benefit Obligation

Retiree Welfare Benefit

The present value of the expected postretirement benefit obligation is based on actuarial assumptions agreed upon by management. The postretirement benefit obligation represents the present value of those estimated future benefits that are attributed to employee service rendered to the date of the financial statements reduced by the present value of contributions expected to be received in the future from participants. These benefits include future benefits expected to be paid to or for currently retired employees and their beneficiaries and dependents, and active employees and their beneficiaries and dependents after retirement.

The postretirement benefit obligation is to be funded by existing Plan assets and, if necessary, contributions by Intermountain. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service rendered to the valuation date.

4. Plan Benefit Obligation (continued)

Retiree Welfare Benefit (continued)
The postretirement benefit obligation is determined by applying assumptions to historical claims cost data to: (1) estimate future annual incurred claims costs per participant; (2) adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of reductions such as those for death, withdrawal, or retirement) between the valuation date and the expected date of payment; and (3) reflect the portion of those costs expected to be borne by Medicare, retired participants, and other providers.

The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the Act) introduced a prescription drug benefit under Medicare as well as a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. Under the Act, the Medicare subsidy amount is received directly by Intermountain, not the Plan. Further, Intermountain is not required to use the subsidy amount to fund postretirement benefits and may use the subsidy for any valid business purpose. As such, the postretirement benefit obligation and the changes in the postretirement benefit obligation do not reflect any amount associated with the Medicare subsidy.

The following are significant assumptions used in the postretirement benefit obligation valuations as of December 31:

	2025	2024
Discount rate	5.22%	5.59%
Mortality	Pri-2012 MP-2021 Mortality Tables	Pri-2012 MP-2021 Mortality Tables
Participation	1%–20% of future retirees based on age plus service at retirement	1%–20% of future retirees based on age plus service at retirement

The foregoing assumptions are based on the presumption that this benefit will continue to be offered under the Plan. If the benefit or the Plan were to terminate, then different assumptions and other factors may be applicable in determining the valuation of the postretirement benefit obligation.

No healthcare cost trend rate assumption is required in the determination of substantially all of the postretirement benefit obligation because the employer-provided benefit is based primarily on fixed-dollar subsidy amounts.

4. Plan Benefit Obligation (continued)

Retiree Welfare Benefit (continued)
Claims payable and premiums due to insurers include amounts for medical, dental, and vision claims that are processed but unpaid, and life insurance premiums that are owed as of the end of the year. Estimated claims incurred by retired participants but not reported at year end are included in the postretirement benefit obligation. The postretirement benefit obligation is as follows as of December 31:

	2025	2024
Amounts currently payable:		
Claims payable and premiums due to insurers	$ 144	$ 1,192
Postretirement benefit obligation, net of amounts currently payable:		
Retired participants	5,544	5,072
Participants fully eligible for benefits	1,860	1,645
Participants not yet fully eligible for benefits	4,957	4,444
	$ 12,505	$ 12,353

The following represents the changes in the postretirement benefit obligation for the year ended December 31, 2025:

Amounts currently payable:	
Balance at beginning of year	$ 1,192
Claims and premiums reported and approved for payment, including benefits reclassified from benefit obligations	2,359
Claims and premiums paid	(3,407)
Balance at end of year	144
Postretirement benefit obligations, net of amounts currently payable:	
Balance at beginning of year	11,161
Increase (decrease) in postretirement benefits attributable to:	
Participant contributions received	1,819
Interest cost	657
Service cost	246
Claim administration fees paid	(198)
Benefits reclassified to amounts currently payable	(2,359)
Actuarial loss	1,035
Balance at end of year	12,361
Balance of postretirement benefit obligations	$ 12,505

4. Plan Benefit Obligation (continued)

Disabled Medical Benefit
The postemployment benefit obligation represents the present value of estimated future benefits for disabled employees. These benefits include future medical and dental benefits expected to be paid for currently disabled employees and their dependents.

The present value of the expected postemployment benefit obligation is based on actuarial assumptions agreed upon by management. The postemployment benefit obligation is determined by applying assumptions to historical claims cost data to: (1) estimate future annual incurred claims costs per participant; (2) adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of reductions such as those for death, withdrawal, or retirement) between the valuation date and the expected date of payment; and (3) reflect the portion of those costs expected to be borne by Medicare, the disabled participants, and other providers.

The health care cost-trend rate used for the measurement of the postemployment benefit in 2025 and 2024 was 6.50%. The rate is assumed to decrease to 6.25% in 2026, 6.0% in 2027, 5.75% in 2028, and 5.0% in 2029 and thereafter.

The following were other significant assumptions used in the valuations as of December 31:

	2025	2024
Discount rate	4.52%	5.24%
Mortality	2012 Group Long-Term Disability Table	2012 Group Long-Term Disability Table

The foregoing assumptions are based on the presumption that this benefit will continue to be offered under the Plan. If the benefit or the Plan were to terminate, then different assumptions and other factors may be applicable in determining the valuation of the postemployment benefit obligation.

Health claims payable include amounts for claims that are processed but unpaid at year-end. Estimated health claims incurred by disabled participants but not reported at year-end are included in the postemployment benefit obligation.

The postemployment benefit obligation is $6,722 and $8,521 as of December 31, 2025 and 2024, respectively.

4. Plan Benefit Obligation (continued)

Disabled Medical Benefit (continued)
The following represents the changes in the postemployment benefit obligation for the year ended December 31, 2025:

Amounts currently payable:		
Balance at beginning of year	$	127
Claims reported and approved for payment, including benefits reclassified from benefit obligations		2,269
Claims paid		(2,033)
Balance at end of year		363
Postemployment benefit obligations, net of amounts currently payable:		
Balance at beginning of year		8,394
Increase (decrease) in postemployment benefits attributable to:		
Benefits reclassified to amounts currently payable		(2,269)
Interest cost		393
Actuarial gain		(159)
Balance at end of year		6,359
Balance of postemployment benefit obligations	$	6,722

Short-term Disability Benefit
The benefit obligation represents the present value of estimated future benefits to disabled employees. These benefits include short-term income protection claims expected to be paid to currently disabled employees. The amount paid by the Plan to disabled employees during 2025 for income replacement benefits was $24,314. The amount of claims reported and approved for payment during 2025 was $31,025. The amount payable for claims was $9,490 and $2,779 at December 31, 2025 and 2024, respectively.

5. Information Certified by the Trustee

The following information, included in the financial statements and supplemental schedules, was provided and certified by BNY as complete and accurate:

- Investments;
- Accrued income;
- Sales pending settlement;
- Purchases pending settlement;
- Dividends and interest;
- Net appreciation in fair value of investments;
- Investment information included in Note 6 (excluding level designations);
- Schedule of assets (held at end of year); and
- Schedule of reportable transactions.

6. Fair Value Measurements

The methods used to determine the fair value of financial instruments reflect market participant objectives and are based on the application of a valuation hierarchy that prioritizes observable market inputs over unobservable inputs. The hierarchy is based on the reliability of inputs as follows:

- Level 1 – Valuation is based on quoted prices for identical financial instruments in active markets. The Plan does not adjust the quoted price for Level 1 financial instruments.

- Level 2 – Valuation is based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and independent pricing models or other model-based valuation techniques using observable inputs. As of December 31, 2025 and 2024, the Plan did not have any financial instruments classified as Level 2.

- Level 3 – Certain types of financial instruments are classified as Level 3 within the valuation hierarchy because these financial instruments trade infrequently and, therefore, have little or no price transparency. As of December 31, 2025 and 2024, the Plan did not have any financial instruments classified as Level 3.

Valuations for certain investments is based on net asset value (NAV) per share provided by fund administrators.

The following table presents a categorization, based on the foregoing valuation hierarchy, of the Plan's financial instruments as of December 31, 2025:

	Fair Value
Investments:	
Cash and equivalents	$ 6,449
Domestic equity securities	24,172
Global/international equity securities	1,737
Registered investment company funds	67,904
Total Level 1 investments	100,262
Investments measured using NAV per share	14,351
Fair value of investments	$ 114,613

6. Fair Value Measurements (continued)

The following table presents a categorization, based on the foregoing valuation hierarchy, of the Plan's financial instruments as of December 31, 2024:

	Fair Value
Investments:	
Cash and equivalents	$ 8,650
Domestic equity securities	22,238
Global/international equity securities	1,432
Registered investment company funds	60,286
Total Level 1 investments	92,606
Investments measured using NAV per share	10,063
Fair value of investments	$ 102,669

The Plan uses a practical expedient for the estimation of the fair value of investments in funds for which the investment does not have a readily determinable fair value. The practical expedient used by the Plan for certain financial instruments is the NAV per share. Valuations provided by fund administrators for these financial instruments consider variables such as the financial performance of underlying investments, recent sales prices of underlying investments and other pertinent information. Management reviews the valuations and assumptions provided by fund administrators for reasonableness and believes that the carrying amounts of these financial instruments are reasonable estimates of fair value.

The Plan uses the NAV per share to measure the fair value of its investment in a common/collective trust. This fund can be redeemed on a monthly basis with six days notice.

The Plan's investment strategy focuses on maintaining a diversified portfolio to meet long-term cash obligations. Assets are primarily allocated to diversified equity and debt funds, focusing on risk and return within the parameters of the investment policy. This policy outlines investment objectives, asset allocation targets and ranges, and performance monitoring procedures.

7. Party-in-Interest and Related Party Transactions

Amounts paid by the Plan to Select Health during 2025 were $5,387 for medical/dental benefits and $218 for related administrative expenses. Amounts payable to Select Health were $494 and $1,309 at December 31, 2025 and 2024, respectively.

8. Reconciliation of Financial Statements to Form 5500

The following reconciles net assets available for benefits reported in the financial statements to Form 5500 as of December 31:

	2025	2024
Net assets available for benefits reported in the financial statements	$ 114,555	$ 102,623
Less claims payable and premiums due to insurers	(9,997)	(4,098)
Net assets available for benefits reported in Form 5500	$ 104,558	$ 98,525

The following reconciles claims and premiums paid reported in the financial statements for the year ended December 31, 2025 to Form 5500:

Claims and premiums paid reported in the financial statements	$ 29,751
Add amounts due for claims payable and premiums due to insurers at year end	9,997
Less amounts due for claims payable and premiums due to insurers at prior year end	(4,098)
Claims and premiums paid reported in Form 5500	$ 35,650

Medical and dental claims and premiums payable are recorded in Form 5500 as plan liabilities under the Department of Labor's regulations but as benefit obligations in the notes to the financial statements.

9. Income Tax Status

The Trust, which holds assets to fund benefits of the Plan, received an exemption letter from the Internal Revenue Service dated July 26, 1994, stating that the Trust is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (the Code) as a Voluntary Employee Beneficiary Association. The Trust is required to operate in conformity with the Code to maintain its tax-exempt status. Management believes the Trust is being operated in compliance with the applicable requirements of the Code and that the Trust is exempt from taxation.

U.S. generally accepted accounting principles require management to evaluate tax positions taken by the Plan and to recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods.

10. Subsequent Events

Management evaluated subsequent events through October 13, 2026, the date the financial statements were available to be issued, and determined that no additional disclosures were necessary.

Intermountain Retiree and Disabled Employee Welfare Plan
Schedule H, Line 4j – Schedule of Reportable Transactions
Year Ended December 31, 2025
(Dollars in Thousands)

(a) Identity of party involved	(b) Description of assets (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain
Category (iii) – A Series of Transactions in a Security Issue Aggregating 5% of Plan Assets:						
BNY Mellon	BNY Mellon Cash Reserve 0.100% due 12/31/2049	$ 8,300	$ —	$ 8,300	$ 8,300	$ —
BNY Mellon	BNY Mellon Cash Reserve 0.100% due 12/31/2049	—	8,300	8,300	8,300	—
JP Morgan	JP Morgan US Government Short Term Investment Fund	63,914	—	63,914	63,914	—
JP Morgan	JP Morgan US Government Short Term Investment Fund	—	66,351	66,351	66,351	—

There were no category (i), (ii) or (iv) reportable transactions during the year ended December 31, 2025. Columns for “(e) lease rental” and “(f) expense incurred with transaction” are not applicable.

See accompanying independent auditors’ report.

Intermountain Retiree and Disabled Employee Welfare Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025
(Dollars in Thousands)

	Description/issuer/terms	Cost	Current value
Cash and equivalents:			
	JP Morgan US Government Short Term Investment Fund	$ 5,557	$ 5,557
	PIMCO Short-Term Floating NAV Portfolio II	892	892
		6,449	6,449
Domestic equity securities:			
	Aaon Inc	52	52
	Acadia Pharmaceuticals Inc	29	35
	ACI Worldwide Inc	94	91
	Addus Homecare Corp	73	67
	ADMA Biologics Inc	57	67
	Adobe Inc	44	44
	Advanced Micro Devices Inc	136	155
	Aegon Ltd	36	42
	Aeroovironment Inc	35	43
	Agilysys Inc	45	63
	Air Products & Chemicals Inc	125	117
	Alignment Healthcare Inc	118	155
	Allegro Microsystems Inc	68	63
	Alnylam Pharmaceuticals Inc	7	40
	Alphabet Inc	484	1,179
	Amazon.com Inc	432	910
	American Electric Power Co Inc	34	46
	Amphenol Corp	101	107
	Anheuser-Busch InBev	113	128
	Apple Inc	388	727
	Applied Digital Corp	18	51
	Applovin Corp	93	164
	Arcellx Inc	26	24
	Archer-Daniels-Midland Co	48	52
	Arhaus Inc	47	43
	Arrowhead Pharmaceuticals Inc	27	49
	Arther J Gallagher & Co	13	13
	Atricure Inc	60	70
	Avantor Inc	114	65
	Axon Enterprise Inc	61	49
	Axsome Therapeutics Inc	44	72
	Baker Hughes Co	67	109
*	Bank of New York Mellon Corp	49	174
	Baxter International Inc	100	55
	Biolife Solutions Inc	28	30
	Biomarin Pharmaceutical Inc	53	42
	Bloom Energy Corp	87	82
	Boeing Co	157	177

Intermountain Retiree and Disabled Employee Welfare Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025
(Dollars in Thousands)

Description/issuer/terms	Cost	Current value
Booking Holdings Inc	$ 53	$ 150
Boston Scientific Corp	73	68
Bridgebio Pharma Inc	53	84
Brightspring Health Services	62	108
Bristol-Myers Squibb Co	25	26
Broadcom Inc	139	533
Cadence Design Systems Inc	136	171
Capital One Financial Corp	33	133
Carrier Global Corp	16	42
Casella Waste Systems Inc	173	167
Catalyst Pharmaceuticals Inc	28	30
Celanese Corp	55	35
Celcuity Inc	17	17
Celsius Holdings Inc	91	105
Centrus Energy Corp	16	15
Champion Homes Inc	50	57
Charles Schwab Corp	135	416
Charter Communications Inc	215	157
Cigna Corp	124	165
Cognex Corp	62	48
Cognizant Technology Solutions	58	79
Comcast Corp	166	172
Conocophillips	31	61
Constellation Energy Corp	144	174
Construction Partners Inc	44	63
Costco Wholesale Corp	52	136
Crinetics Pharmaceuticals Inc	28	31
Crowdstrike Holdings Inc	71	143
CVS Health Corp	189	234
Datadog Inc	76	76
Dave Inc	51	56
Dominion Energy Inc	67	73
Dutch Bros Inc	70	78
Dycom Industries Inc	53	86
Edwards Lifesciences Corp	88	99
Elanco Animal Health Inc	90	93
Element Solutions Inc	69	70
Elf Beauty Inc	72	71
Eli Lilly & Co	189	428
FedEx Corp	144	246
Fidelity National Information	180	169
First Citizens Bancshares Inc	9	11
Fiserv Inc	270	171

Intermountain Retiree and Disabled Employee Welfare Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025
(Dollars in Thousands)

Description/issuer/terms	Cost	Current value
Five Below Inc	$ 64	$ 109
Formfactor Inc	45	77
Fortive Corp	131	133
Fox Corp	41	80
Gaming And Leisure Properties	36	34
GE Aerospace	135	289
GE Healthcare Technologies Inc	100	132
Genedx Holdings Corp	16	23
Gilead Sciences Inc	108	196
Glacier Bankcorp Inc	88	85
Glaukos Corp	52	50
Goldman Sachs Group Inc	77	190
Granite Construction Inc	108	143
GSK PLC	151	198
Guardant Health Inc	21	53
Haleon PLC	64	91
HCI Group Inc	66	65
Heartflow Inc	18	17
Helios Technologies Inc	68	65
Herc Holdings Inc	102	113
Hilton Worldwide Holdings Inc	70	87
HP Inc	31	41
Humana Inc	172	151
Idex Corp	24	27
Incyte Corp	51	69
International Flavors & Fragra	103	91
Intuitive Surgical Inc	74	123
JBT Marel Corp	80	103
KKR & Co Inc	36	29
Kratos Defense & Security Solutions Inc	20	57
Krystal Biotech Inc	32	55
Life Time Group Holdings Inc	77	70
Loar Holdings Inc	98	89
LPL Financial Holdings Inc	64	80
Lumentum Holdings Inc	15	79
Madrigal Pharmaceuticals Inc	45	73
Mastercard Inc	139	275
Maximus Inc	24	25
Mercadolibre Inc	41	50
Merck & Co Inc	29	30
Mercury Systems Inc	93	89
Merit Medical Systems Inc	87	93
Meta Platforms Inc	293	581

Intermountain Retiree and Disabled Employee Welfare Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025
(Dollars in Thousands)

Description/issuer/terms	Cost	Current value
MetLife Inc	$ 125	$ 241
Microchip Technology Inc	11	19
Microsoft technology Corp	346	898
Mirion Technologies Inc	52	50
Modine Manufacturing Co	60	60
Moelis & Co	63	78
Molson Coors Brewing Co	56	50
Netflix Inc	107	225
Neurocrine Biosciences Inc	40	46
News Corp	12	21
Nextpower Inc	46	66
Norfolk Southern Corp	146	195
Northern Oil & Gas Inc	69	51
Novartis AG	33	76
Nuvalent Inc	28	34
Nvidia Corp	78	739
Occidental Petroleum Corp	184	171
Ollie's Bargain Outlet Holding	48	43
Omnicell Inc	34	34
Onto Innovation Inc	109	146
Oracle Corp	192	126
O'Reilly Automotive Inc	56	92
Palomar Holdings Inc	71	81
Penumbra Inc	61	81
Piper Sandler Cos	52	106
Procore Techologies Inc	55	67
Protagonist Therapeutics Inc	48	65
PTC Therapeutics Inc	38	51
QXO Inc	107	105
Radnet Inc	49	59
Ralliant Corp	39	39
Rambus Inc	50	93
Regeneron Pharmaceuticals Inc	138	185
Repligen Corp	81	104
Rhythm Pharmaceuticals Inc	40	55
Roche Holding AG	55	76
RTX Corp	174	440
Saia Inc	74	69
Sanmina Corp	44	48
Sanofi	131	144
SBA Communications Corp	124	116
Scholar Rock Holding Corp	43	53
ServiceNow Inc	105	120

Intermountain Retiree and Disabled Employee Welfare Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025
(Dollars in Thousands)

Description/issuer/terms	Cost	Current value
ServiceTitan Inc	$ 65	$ 60
SiteOne Landscape Supply Inc	92	81
SiTime Corp	35	85
Snowflake Inc	166	164
Solaris Energy Infrastructure	48	55
SPX Technologies Inc	87	100
Standex International Corp	98	109
State Street Corp	19	39
Stepstone Group Inc	76	84
Sun Communities Inc	108	105
Taiwan Semiconductor Manufacturing	98	146
Teledyne Technologies Inc	49	51
Tesla Inc	191	384
Texas Instruments Inc	62	58
TG Therapeutics Inc	31	26
T-Mobile US Inc	57	76
Toast Inc	71	60
Transunion	40	43
Uber Techologies Inc	18	30
UnitedHealth Group Inc	126	157
Unusual Machines Inc	24	21
Uranium Energy Corp	28	29
Varonis Systems Inc	56	42
Vertex Pharmaceuticals Inc	99	115
VF Corp	40	43
Visa Inc	88	182
VSE Corp	39	79
Walmart Inc	129	179
Walt Disney Co	145	148
Waystar Holdings Corp	76	64
Wells Fargo & Co	71	172
Western Alliance Bancorp	93	93
Wingstop Inc	64	59
Zimmer Biomet Holdings Inc	134	106
	16,616	24,172
Global/international equity securities:		
Adidas AG	40	32
Alkermes Plc	25	30
Aon Plc	106	106
Brookfield Corp	70	71
Credo Technology Group Holding	64	77
Fabrinet	36	76

Intermountain Retiree and Disabled Employee Welfare Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025
(Dollars in Thousands)

	Description/issuer/terms	Cost	Current value
	Firstservice Corp	$ 76	$ 70
	Genius Sports Ltd	45	55
	Icon Plc	61	60
	Industria De Diseno Textil SA	50	58
	JFrog Ltd	38	50
	Johnson Controls International Plc	131	350
	Lyondellbasell Industries NV	73	39
	Medtronic Plc	35	38
	Shopify Inc	109	139
	Spotify Technology SA	106	127
	TE Connectivity Ltd	40	137
	Tower Semiconductor Ltd	43	132
*	Willis Towers Watson Plc	86	90
		1,234	1,737
Registered investment company funds:			
	DFA Emerging Markets Core Equity 2 Portfolio	6,292	8,051
	PIMCO All Asset Fund	22,447	21,521
	PIMCO Asset Backed Securities Portfolio	4,559	4,545
	PIMCO Emerging Markets Portfolio Institutional Fund	872	919
	PIMCO High Yield Portfolio Institutional Class Fund	223	216
	PIMCO International Portfolio	1,618	1,182
	PIMCO Investment Grade Corporate Portfolio Institutional Fund	4,747	4,584
	PIMCO Mortgage Portfolio Institutional Class Fund	2,959	2,498
	PIMCO Municipal Securities Portfolio	262	216
	PIMCO Real Return Bond Portfolio Institutional Class Fund	1,036	969
	PIMCO US Government Sector Portfolio Fund	3,286	2,515
	Vanguard Institutional Index Fund-Institutional Plus	7,707	20,688
		56,008	67,904
Common/collective trust:			
	Silchester International Value Equity Trust	4,978	14,351
		$ 85,285	$ 114,613

* Represents a party-in-interest.

See accompanying independent auditors' report.