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
SAN JUAN REGIONAL MEDICAL CENTER 403(B) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 02/24/1989

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
SAN JUAN REGIONAL MEDICAL CENTER

801 WEST MAPLE STREET
FARMINGTON, NM 87401-5630

2b Employer Identification Number (EIN)
85-0127924

2c Plan Sponsor's telephone number
505-609-6025

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	JASON ROUNDS
	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**	2206
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)**	1771
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1710
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	445
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2158
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f	Total. Add lines **6d** and **6e**.	**6f**	2161
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)**	1876
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)**	1708
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	62
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:

2F 2G 2L 2M 2R 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 3
- **(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
SAN JUAN REGIONAL MEDICAL CENTER 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SAN JUAN REGIONAL MEDICAL CENTER

D Employer Identification Number (EIN)
85-0127924

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
LINCOLN NATIONAL 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
35-0472300	65676	CR18301	252	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
18551	0

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

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

OSAIC FA, INC.
18700 N. HAYDEN RD.
SCOTTSDALE, AZ 85255

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18551			4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	3848324
5	Current value of plan's interest under this contract in separate accounts at year end	5	10301648

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 ▶ GROUP VARIABLE ANNUITY W/GUAR FUND

b	Balance at the end of the previous year			7b	4960283
c	Additions: (1) Contributions deposited during the year	7c(1)	4475		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	153777		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	30247		
	▶ OAN REPAYMENT, FORFEITURES, ADJUSTMENT				
	(6)Total additions			7c(6)	188499
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	5148782
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1227164		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	73294		
	▶ LOAN REPAYMENT, FORFEITURES, ADJUSTMENT				
	(5) Total deductions			7e(5)	1300458
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	3848324

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

SCHEDULE 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
SAN JUAN REGIONAL MEDICAL CENTER 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SAN JUAN REGIONAL MEDICAL CENTER

D Employer Identification Number (EIN)
85-0127924

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
VOYA RETIREMENT INSURANCE AND ANNUITY 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
71-0294708	86509	VF6021	220	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
13917	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

JEFF POITRAS
7337 E. DOUBLETREE RANCH RD.
SCOTTSDALE, AZ 85258

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1			3

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

NICKOLAS F. DEPNER
6500 S. MACADAM AVE., SUITE 125
PORTLAND, OR 97239

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1			3

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

DAWN K. DEPNER
6500 S. MACADAM AVE., SUITE 125
PORTLAND, OR 97239

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1			3

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

MIRALIA O. PACHECO
1059 TIERRA DEL REY, STE J
CHULA VISTA, CA 91910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
86			3

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

ADRIANA O. PACHECO
1059 TIERRA DEL REY, STE J
CHULA VISTA, CA 91910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
86			3

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

ASHLEY P. GOMEZ-HERRERA
3900 JUAN TABO BLVD. NE, STE #21
ALBUQUERQUE, NM 87111

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
13742			3

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

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

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	3012937
5	Current value of plan's interest under this contract in separate accounts at year end	5	11467717

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 ▶ UNALLOCATED ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	3261459
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	103401		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	14437		
	▶ MAY HAVE LOAN REPAYMENTS, POS VALUE ADJUSTMENTS TRANSFERS				
	(6)Total additions			7c(6)	117838
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	3379297
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	347650		
	(2) Administration charge made by carrier	7e(2)	74		
	(3) Transferred to separate account	7e(3)	11479		
	(4) Other (specify below)	7e(4)	7157		
	▶ MAY HAVE LOAN REPAYMENTS, POS VALUE ADJUSTMENTS TRANSFERS				
	(5) Total deductions			7e(5)	366360
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	3012937

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

SCHEDULE 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
SAN JUAN REGIONAL MEDICAL CENTER 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SAN JUAN REGIONAL MEDICAL CENTER

D Employer Identification Number (EIN)
85-0127924

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
LINCOLN NATIONAL 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
35-0472300	65676	895170 007	17	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
1203	0

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
1203			4

(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	960897
5	Current value of plan's interest under this contract in separate accounts at year end	5	120166287

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 ▶ STABLE VALUE

b	Balance at the end of the previous year			7b	1025856
c	Additions: (1) Contributions deposited during the year	7c(1)	53807		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	23026		
	(4) Transferred from separate account	7c(4)	226771		
	(5) Other (specify below)	7c(5)	43527		
	▶ MAY INCLUDE LOAN REPAYMENTS, FORFEITURES, TAKEOVERS AND/OR ADJUSTMENTS				
	(6)Total additions			7c(6)	347131
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1372987
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	65700		
	(2) Administration charge made by carrier	7e(2)	2838		
	(3) Transferred to separate account	7e(3)	91713		
	(4) Other (specify below)	7e(4)	251839		
	▶ MAY INCLUDE LOAN REPAYMENTS, FORFEITURES, TAKEOVERS AND/OR ADJUSTMENTS				
	(5) Total deductions			7e(5)	412090
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	960897

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

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

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

A Name of plan
SAN JUAN REGIONAL MEDICAL CENTER 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SAN JUAN REGIONAL MEDICAL CENTER

D Employer Identification Number (EIN)
85-0127924

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

VOYA RETIREMENT INSURANCE AND ANNUI

71-0294708

(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)

LINCOLN NATIONAL CORPORATION

35-1140070

(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	385980	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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
SAN JUAN REGIONAL MEDICAL CENTER 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SAN JUAN REGIONAL MEDICAL CENTER

D Employer Identification Number (EIN)
85-0127924

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: VARIABLE ANNUITY ACCOUNT

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

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)
71-0294708-000	P	11467717

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
SAN JUAN REGIONAL MEDICAL CENTER 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SAN JUAN REGIONAL MEDICAL CENTER

D Employer Identification Number (EIN)
85-0127924

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)	0	110107
(2) Participant contributions	1b(2)	0	275837
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1993891	1928504
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	130417754	11467717
(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)	1540980	131422282
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	8221742	7822158
(15) Other	1c(15)		10765444

		(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	142174367	163792049
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	142174367	163792049

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)	3544490	
(B) Participants	2a(1)(B)	9604671	
(C) Others (including rollovers)	2a(1)(C)	1303622	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		14452783
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)	117767	
(F) Other	2b(1)(F)	280204	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		397971
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3966889	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3966889
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1531129
(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)		15993063
c Other income	2c		2151785
d Total income. Add all **income** amounts in column (b) and enter total	2d		38493620
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	16490142	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		16490142
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)	385161	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	635	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		385796
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		16875938
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		21617682
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: FORVIS MAZARS, LLP **(2)** EIN: 44-0160260

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
SAN JUAN REGIONAL MEDICAL CENTER 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SAN JUAN REGIONAL MEDICAL CENTER

D Employer Identification Number (EIN)
85-0127924

Part I Distributions

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

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

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

EIN(s): 35-0472300 71-0294708

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

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

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500796A .

San Juan Regional Medical Center 403(b) Plan

EIN 85-0127924 PN 002

Independent Auditor's Report, Financial Statements, and Supplemental Schedule

December 31, 2025 and 2024

San Juan Regional Medical Center 403(b) Plan
Contents
December 31, 2025 and 2024

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Supplemental Schedule

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Forvis Mazars, LLP
250 E. 200 S., Suite 1200
Salt Lake City, UT 84111
P 801.531.9100 | F 801.531.9147
forvismazars.us

Independent Auditor's Report

Plan Administrator and Board of Directors
San Juan Regional Medical Center 403(b) Plan
Farmington, New Mexico

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

We have performed audits of the financial statements of San Juan Regional Medical Center 403(b) 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 years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the 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 qualified institutions as of December 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 3 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 Auditor's 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 accounting principles generally accepted in the United States of America.

- The information in the accompanying financial statements related to assets held by and certified to by qualified institutions 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. 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 within one year after the date that these financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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 accounting principles generally accepted in the United States of America.

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

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

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule listed in the table of contents is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

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

Forvis Mazars, LLP

Salt Lake City, Utah
October 14, 2026

Federal Employer Identification Number: 44-0160260

San Juan Regional Medical Center 403(b) Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments		
At fair value	$ 157,629,277	$ 135,220,193
At contract value	3,848,324	4,960,283
Total Investments	161,477,601	140,180,476
Receivables		
Notes receivable from participants	1,928,504	1,993,891
Employee contributions receivable	275,837	-
Employer contributions receivable	110,107	-
Total Receivables	2,314,448	1,993,891
Net Assets Available for Benefits	$ 163,792,049	$ 142,174,367

San Juan Regional Medical Center 403(b) Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	2025	2024
Investment Income		
Net appreciation in fair value of investments	$ 23,746,258	$ 16,853,967
Interest and dividends	176,812	256,046
Investment Income	23,923,070	17,110,013
Interest Income on Notes Receivable from Participants	117,767	107,504
Contributions		
Participants	9,604,671	8,766,323
Employer	3,544,490	3,082,081
Rollovers	1,303,622	898,639
Total Contributions	14,452,783	12,747,043
Total Additions	38,493,620	29,964,560
Deductions		
Benefit payments	16,490,142	18,565,900
Administrative expenses	385,796	347,233
Total Deductions	16,875,938	18,913,133
Net Change	21,617,682	11,051,427
Net Assets Available for Benefits, Beginning of Year	142,174,367	131,122,940
Net Assets Available for Benefits, End of Year	$ 163,792,049	$ 142,174,367

Note 1. Description of the Plan

The following description of San Juan Regional Medical Center 403(b) 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 is a defined contribution plan sponsored by San Juan Regional Medical Center, Inc. (the Plan Sponsor or Hospital) under the provisions of Section 403(b) of the Internal Revenue Code (the Code), for the benefit of its eligible employees. An employee is eligible to become a participant in the Plan on the first day of employment. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA).

Under the Plan, certain members of the Hospital's management were appointed as trustees of the Plan. The Plan is administered by the trustees under the direction of the Hospital's Board of Directors. The Lincoln Financial Group Trust Company, Inc. (Lincoln) serves as the Plan's trustee, Voya Retirement Insurance and Annuity Company (Voya) serves as the Plan's insurance company, and American Funds (American) serves as the Plan's custodian. The insurance company, trustee, and custodian also serve as record-keepers of their individual assets. The Board of Trustees is responsible for oversight of the Plan.

Contributions

Each year, participants may defer a minimum of $200 up to the maximum amount allowable under Section 402(g) of the Code. After one year of a participant's credited service, the Hospital contributes, as a matching contribution, 50% of the first 8% of compensation that a participant contributes to the Plan.

Participant Accounts

An employee becomes eligible to participate in the Plan upon the first date of employment. An employee becomes eligible to receive matching contributions after completing 12 months of service (during which time the employee must complete 1,000 hours of service) with no minimum age requirement. Entry dates are the day following completion of eligibility requirements.

Participants direct the investment of all contributions and earnings into various investment options. Each participant's account is credited with the participant's contributions, the Hospital's matching contributions, and allocations of plan earnings, and is charged with an allocation of administrative expenses. Plan earnings are allocated based on the participant's share of net earnings or losses of their respective elected investment options. Allocations of administrative expenses are based on the participant's account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Employee and employer contributions and related plan earnings are 100% vested at all times.

Vesting

A participant is immediately vested in the employee contribution portion of their balance and 0% vested in the employer match portion until they reach three years of continuous service at which time they become immediately 100% vested in the employer match portion.

In-Service Distributions

While employed by the Hospital, a participant may withdraw a portion of his or her vested account balance due to a hardship, as defined in the plan document, or upon attaining 59½ years of age.

Payment of Benefits

Benefits are available to plan participants upon reaching the normal retirement age of 65 with early retirement permitted at age 55, if at least five years of credited service has been completed. In the case of normal retirement, retirement due to permanent disability, or termination of employment, participants may elect to receive the value of their vested account balances in accordance with the provisions of the Plan.

Notes Receivable from Participants

The Plan has a loan feature available to plan participants. Loans are made from the participant's account by reducing the participant's investment balance and creating a note receivable from the participant's account. Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from one to five years or up to 20 years for the purchase of a primary residence. The $50,000 limit is reduced by the participant's highest outstanding loan balance during the preceding 12-month period. A participant may not have more than two loans outstanding at any point in time. Principal and interest are paid ratably through monthly or quarterly installment payments made directly to the plan custodians. If the loan is not repaid, it will automatically be treated as a distribution to the participant. The loans bear interest at a rate determined by the custodian based on the prevailing commercial interest rates. For loans originated with Voya, the interest rate is adjusted on each anniversary date of the loan if the rate in effect at the anniversary date has changed by 0.5% or greater from the rate in effect prior to the anniversary date. Interest rates on outstanding loans range from 4.25% - 9.5% at December 31, 2025 and 2024. Notes receivable from participants are stated at the outstanding principal balance plus unpaid accrued interest.

Plan Termination

Although it has not expressed any intent to do so, the Hospital has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Forfeited Accounts

At December 31, 2025 and 2024, forfeited nonvested accounts totaled $35,150 and $230,639, respectively. These accounts will be used to reduce future employer contributions. Also, in 2025 and 2024, employer contributions were reduced by $243,839 and $23,097 from forfeited nonvested accounts, respectively.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan invests in group annuity contracts with various custodians that provide for investments to be held in either pooled separate accounts, mutual funds, or fixed or guaranteed accumulation accounts (GAA).

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Quoted market prices, if available, are used to value investments. Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year-end.

Pooled separate accounts are valued at estimated fair value as provided by Lincoln and Voya.

Under certain circumstances, participant transfers from the fixed or guaranteed interest account may be adjusted for market valuation or surrender charges, as determined by the individual custodians. Therefore, these are not considered fully benefit-responsive, and are thus reported at fair value which is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. These investments include Voya Fixed Account, Voya Fixed Plus Account, Voya Fixed Plus II Account, Voya Short Term GAA, and Voya Long Term GAA.

Fully benefit-responsive investment contracts are valued at contract value. Contract value represents contributions made under the contract, plus interest at the contract rate, less participant withdrawals and administration expenses.

Purchases and sales of securities are recorded on a trade-date basis. Interest income and loss is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought, sold and held during the year.

Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2025 and 2024. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

Contributions

Contributions from plan participants and the matching contributions from the Employer are recorded in the year in which the employee contributions are withheld from compensation.

Plan Tax Status

The Plan, together with the investment vehicles, is intended to be a tax-sheltered annuity plan under Section 403(b) of the *Internal Revenue Code of 1986*, as amended. The Plan has not requested or obtained a determination letter, as the IRS does not currently provide that service for 403(b) plans. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and not subject to tax.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and 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. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Certain administrative expenses are paid by the Plan and are reflected in the accompanying financial statements. Other expenses of the Plan are paid by the Hospital on behalf of the Plan. Expenses that are paid by the Hospital are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation of fair value of investments.

Note 3. Certification of Plan Custodian

The Hospital has elected the method of annual reporting compliance permitted by 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. Accordingly, Lincoln and Voya, qualified institutions, have certified the following investment information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- Investments at fair value and notes receivable from participants as shown in the statements of net assets available for benefits and related disclosures as of December 31, 2025 and 2024.
- Investment income and interest income on notes receivable from participants as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2025 and 2024.
- Investment information and notes receivable from participants included in the accompanying schedule of assets (held at end of year) as of December 31, 2025.

The Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedule.

Investments held by American Funds in the amounts of $954,348 and $1,540,980 for the years ended December 31, 2025 and 2024, respectively, were not certified by the custodian.

Note 4. Disclosures About Fair Value of Plan Assets and Liabilities

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

Level 1 Quoted prices in active markets for identical assets or liabilities

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full-term of the assets or liabilities

Level 3 Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities

Recurring Measurements

The following tables present the fair value measurements of assets and liabilities recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2025 and 2024:

	2025			
	Fair Value Measurements Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 954,348	$ 954,348	$ -	$ -
Voya fixed account	38,062	-	-	38,062
Voya fixed plus	952,092	-	-	952,092
Guaranteed accumulation accounts	2,022,783	-	-	2,022,783
Total assets in the fair value hierarchy	3,967,285	954,348	-	3,012,937
Pooled separate accounts (A)	153,661,992	-	-	-
	$ 157,629,277	$ 954,348	$ -	$ 3,012,937

	2024			
	Fair Value Measurements Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 1,540,980	$ 1,540,980	$ -	$ -
Voya fixed account	60,838	-	-	60,838
Voya fixed plus	1,124,833	-	-	1,124,833
Guaranteed accumulation accounts	2,075,788	-	-	2,075,788
Total assets in the fair value hierarchy	4,802,439	1,540,980	-	3,261,459
Pooled separate accounts (A)	130,417,754	-	-	-
	$ 135,220,193	$ 1,540,980	$ -	$ 3,261,459

(A) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2025 and 2024. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis. For assets classified within Level 3 of the fair value hierarchy, the process used to develop the reported fair value is described below.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. See the tables below for inputs and valuation techniques used for Level 3 securities.

Fair value determinations for Level 3 measurements of securities are the responsibility of the plan administrator. The plan administrator obtains fair value estimates from the custodians at least annually. The plan administrator challenges the reasonableness of the assumptions used and reviews the methodology to ensure the estimated fair value complies with accounting standards generally accepted in the United States.

Level 3 Activity

Activity of Level 3 investments are as follows:

	GAAs	Account	Plus
2025			
Purchases	$ 4,462	$ -	$ 2,322
Sales	(133,062)	(24,717)	(133,063)

	Voya GAAs	Voya Fixed Account	Voya Fixed Plus
2024			
Purchases	$ 6,119	$ -	$ 1,105
Sales	(321,943)	(3,789)	(26,265)

Unobservable (Level 3) Inputs

The following table presents quantitative information about unobservable inputs used in recurring Level 3 fair value measurements at December 31, 2025 and 2024.

	Fair Value at December 31, 2025 and 2024	Valuation Technique	Unobservable Inputs	Range
Voya GAAs	2025 - $2,022,783 2024 - $2,075,788	Discounted cash flow	Risk-adjusted discount rate applied	1.0%-3.5%
Voya Fixed Account	2025 - $38,062 2024 - $60,838	Discounted cash flow	Risk-adjusted discount rate applied	1.0%-3.5%
Voya Fixed Plus	2025 - $1,027,325 2024 - $1,124,833	Discounted cash flow	Risk-adjusted discount rate applied	1.0%-3.5%

Investment Contract with Insurance Company

The Plan entered into a fully benefit-responsive investment contract with Lincoln. Lincoln maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate guaranteed to the Plan.

As described in the basis of accounting disclosure, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by Lincoln, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

There are no reserves against the contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 1.00%. Such interest rates are reviewed on a semiannual basis for resetting. Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

	2025	2024
Traditional investment contract	$ 3,848,324	$ 4,960,283

Note 5. Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

The Plan also incurs fees for certain accounting and auditing services. The Plan Sponsor pays these fees and provides certain administrative services at no cost to the Plan. During the years ended December 31, 2025 and 2024, the Plan paid $385,796 and $347,233, respectively, of administrative fees.

The Plan holds units in various investments managed by Lincoln, Voya, and American, the custodians of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA.

Note 6. Risks and Uncertainties

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

Nondiscrimination testing for the plan year has not been completed as of the date the financial statements were available to be issued. These tests are designed to ensure that the Plan does not disproportionately benefit highly compensated employees and remains in compliance with applicable Internal Revenue Service (IRS) regulations. If any testing failures are identified, corrective actions such as qualified nonelective contributions or plan amendments may be required; however, the potential impact, if any, is not estimable at this time.

Note 7. Subsequent Events

Subsequent events have been evaluated through October 14, 2026, which is the date the financial statements were available to be issued.

Supplemental Schedule

San Juan Regional Medical Center 403(b) Plan
EIN 85-0127924 PN 002
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025

Identity of Issue	Description of Investment	Current Value
Lincoln Financial Group*		
Fixed Account	Fixed Account	$ 3,848,324
AB VPS SUSTAIN GLOBAL THEMATIC PORT	Pooled Separate Accounts	304
AMERICAN FUNDS GLOBAL GROWTH	Pooled Separate Accounts	220,124
AMERICAN FUNDS GROWTH	Pooled Separate Accounts	1,837,729
AMERICAN FUNDS GROWTH-INCOME	Pooled Separate Accounts	1,134,307
AMERICAN FUNDS INTERNATIONAL	Pooled Separate Accounts	184,116
BLACKROCK GLOBAL ALLOCATION	Pooled Separate Accounts	192,902
DWS ALTERNATIVE ASSET ALLOCATION VIP	Pooled Separate Accounts	1,412
FIDELITY VIP CONTRAFUND	Pooled Separate Accounts	217,547
FIDELITY VIP FREEDOM TARGET DATE 2020	Pooled Separate Accounts	211,219
FIDELITY VIP GROWTH	Pooled Separate Accounts	119,117
LVIP BARON GROWTH OPPORTUNITIES	Pooled Separate Accounts	132,978
LVIP BLACKROCK DIVIDEND VALUE MNGDVLTLTY	Pooled Separate Accounts	47,945
LVIP BLACKROCK INFLATION PROTECTED BOND	Pooled Separate Accounts	5,645
LVIP BLACKROCK REAL ESTATE FUND	Pooled Separate Accounts	40,323
LVIP BLENDED LRG CAP GROWTH MNGD VOLTLTY	Pooled Separate Accounts	105,966
LVIP DIMENSIONAL U.S. CORE EQUITY 1	Pooled Separate Accounts	578,574
LVIP FRANKLIN TEMPLETON MF EM EQFND	Pooled Separate Accounts	45,150
LVIP GLOBAL CONSERVATIVE ALLOCATION MRSK	Pooled Separate Accounts	11,908
LVIP GLOBAL GROWTH ALLOCATION MANGD RISK	Pooled Separate Accounts	154,110
LVIP GLOBAL MODERATE ALLOCATION MGD RISK	Pooled Separate Accounts	19,194
LVIP GOVERNMENT MONEY MARKET	Pooled Separate Accounts	295,696
LVIP JPMORGAN RETIREMENT INCOME FUND	Pooled Separate Accounts	163,451
LVIP MAC DIVERS FLOATING RATE	Pooled Separate Accounts	138
LVIP MACQUARIE BOND	Pooled Separate Accounts	170,929
LVIP MACQUARIE DIVERSIFIED INCOME	Pooled Separate Accounts	97,786
LVIP MACQUARIE HIGH YIELD FUND	Pooled Separate Accounts	22,086
LVIP MACQUARIE MID CAP VALUE FUND	Pooled Separate Accounts	266,433
LVIP MACQUARIE SMID CAP CORE SERIES	Pooled Separate Accounts	151,189
LVIP MACQUARIE SOCIAL AWARENESS	Pooled Separate Accounts	618,456
LVIP MACQUARIE U.S. REIT FUND	Pooled Separate Accounts	21,618
LVIP MACQUARIE VALUE SERIES	Pooled Separate Accounts	27,283
LVIP MACQUARIE WEALTH BUILDER	Pooled Separate Accounts	148,342
LVIP MONDRIAN GLOBAL INCOME FUND	Pooled Separate Accounts	39,665
LVIP MONDRIAN INTERNATIONAL VALUE	Pooled Separate Accounts	9,648
LVIP SSGA BOND INDEX	Pooled Separate Accounts	14,495
LVIP SSGA GLBL TACTICAL ALLOCTN MGD VLTY	Pooled Separate Accounts	353,372
LVIP SSGA INTERNATIONAL INDEX	Pooled Separate Accounts	8,088
LVIP SSGA S&P 500 INDEX	Pooled Separate Accounts	730,903
LVIP SSGA SMALL-CAP INDEX	Pooled Separate Accounts	61,633
LVIP T ROWE PRICE 2020 FUND	Pooled Separate Accounts	24,383
LVIP T ROWE PRICE 2030 FUND	Pooled Separate Accounts	934,266
LVIP T ROWE PRICE 2040 FUND	Pooled Separate Accounts	180,790
LVIP T ROWE PRICE 2050 FUND	Pooled Separate Accounts	91,373
LVIP T ROWE PRICE MID CAP GROWTH	Pooled Separate Accounts	86,794

Identity of Issue	Description of Investment	Current Value
LVIP T. ROWE PRICE STRUCTURED MID-CAP GROWTH	Pooled Separate Accounts	3,105
LVIP VANGUARD DOMESTIC EQUITY ETF	Pooled Separate Accounts	96,725
LVIP VANGUARD INTERNATIONAL EQUITY ETF	Pooled Separate Accounts	24,129
MACQUARIE SMALL CAP VALUE	Pooled Separate Accounts	39,182
MFS UTILITIES	Pooled Separate Accounts	333,762
PIMCO VIT TOTAL RETURN PORTFOLIO	Pooled Separate Accounts	25,358
		14,149,972
Voya Life Insurance and Annuity Company*		
Allspg Spec SmCp Vl Fd A	Pooled Separate Accounts	64,568
American Funds EuroPacific R4	Pooled Separate Accounts	797
American Funds Growth Fnd R4	Pooled Separate Accounts	436,652
American Funds Nw Prspctv R4	Pooled Separate Accounts	904,428
American Funds Wash Mutual R4	Pooled Separate Accounts	667,695
Calvert VP SRI Balanced Port	Pooled Separate Accounts	22,539
Columbia Variable Port Acn	Pooled Separate Accounts	24,858
Fidelity VIP Contrafund Pt I	Pooled Separate Accounts	1,294,468
Fidelity VIP Eqty-Inc Prt I	Pooled Separate Accounts	157,474
Fidelity VIP Growth Port I	Pooled Separate Accounts	425,584
Fidelity VIP Overseas Pt I	Pooled Separate Accounts	51,179
Franklin Small Cap Val VIP 2	Pooled Separate Accounts	1,067
Inv Dev Mrkts Fd A	Pooled Separate Accounts	156,614
Inv V.I. Mn Strt Sm Cp F S I	Pooled Separate Accounts	62,171
Invesco Vl Amr Franchise Fd I	Pooled Separate Accounts	29,692
Invesco Vl Core Eqty Fund Sl	Pooled Separate Accounts	44,908
Lord Abbett Srs Fd MC St Pt VC	Pooled Separate Accounts	28,081
Neuberger Quality EquityFd Trs	Pooled Separate Accounts	61,920
PIMCO VIT Real Return Port Adm	Pooled Separate Accounts	76,520
Templeton Global Bond Fund A	Pooled Separate Accounts	110,577
VY AmCen Sm-MdCp Vl Pt Srv	Pooled Separate Accounts	41,403
VY Baron Growth Port Srv	Pooled Separate Accounts	157,031
VY CBRE Glb RlEst Prt Ins	Pooled Separate Accounts	27,500
VY CBRE Rl Estate Prt Srv	Pooled Separate Accounts	158,306
VY Columbia SmCp Vl II P Srv	Pooled Separate Accounts	1,703
VY Invesco Comstock Port Srv	Pooled Separate Accounts	22,952
VY Invesco Eqty & Inc Pt I	Pooled Separate Accounts	43,908
VY JPM Emrg Mkts Eq Port Srv	Pooled Separate Accounts	9,805
VY JPM MdCp Value Port Srv	Pooled Separate Accounts	1,366
VY JPM SmCp Cr Eq Port Srv	Pooled Separate Accounts	41,577
VY TRwPr Cap Apprec Port Srv	Pooled Separate Accounts	141,565
VY TRwPr Divr MdCp Gr Pt I	Pooled Separate Accounts	223,964
VY TRwPr Eqty Income Prt Srv	Pooled Separate Accounts	22,991
Vict Pionr HY VCT Port I	Pooled Separate Accounts	83,312
VoyIntlHiDivLow Vol Port-In	Pooled Separate Accounts	21,897

San Juan Regional Medical Center 403(b) Plan
EIN 85-0127924 PN 002
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025 **(Continued)**

Identity of Issue	Description of Investment	Current Value
Voya Fixed Account (4550)	Fixed Account	38,062
Voya Fixed Plus Account (4564)	Fixed Account	124,788
Voya Fixed Plus Acct II (4568)	Fixed Account	827,304
Voya Glo Hi Div Low Vol Prtf I	Pooled Separate Accounts	110,907
Voya Glob Insights Port Init	Pooled Separate Accounts	475,570
Voya Global Bond Port I	Pooled Separate Accounts	42,373
Voya Gov Money Market Port I	Pooled Separate Accounts	87,275
Voya Growth and Income Port I	Pooled Separate Accounts	73,955
Voya High Yield Port Ins	Pooled Separate Accounts	107,542
Voya Index Plus LargeCap Prt I	Pooled Separate Accounts	62,631
Voya Index Plus MidCap Prt I	Pooled Separate Accounts	61,252
Voya Index Plus SmallCap Prt I	Pooled Separate Accounts	5,088
Voya Intermediate Bond Prt I	Pooled Separate Accounts	517,343
Voya Large Cap Growth Prt Ins	Pooled Separate Accounts	2,095,139
Voya Large Cap Value Port Ins	Pooled Separate Accounts	158,663
Voya Long-Term GAA (4560)	Guaranteed Account	2,281
Voya Mid Cap Opport Port I	Pooled Separate Accounts	697,968
Voya Russell LC Vl Ind Prt S	Pooled Separate Accounts	13,833
Voya Russell LCp Gr Ind Prt I	Pooled Separate Accounts	505,724
Voya Russell LgCp Indx Prt I	Pooled Separate Accounts	479,890
Voya Russell MC Gr Ind Prt S	Pooled Separate Accounts	54,501
Voya Short-Term GAA (4555)	Guaranteed Account	1,172,992
Voya Short-Term GAA (4559)	Guaranteed Account	847,510
Voya SmCp Opport Port I	Pooled Separate Accounts	1,258
Voya Small Company Port I	Pooled Separate Accounts	55,221
Voya Solution 2035 Port Srv	Pooled Separate Accounts	103,323
Voya Solution 2045 Port Srv	Pooled Separate Accounts	82,890
Voya Solution 2055 Port Srv	Pooled Separate Accounts	28,579
Voya Solution Aggress Pt I	Pooled Separate Accounts	9,122
Voya Solution Balanced Pt I	Pooled Separate Accounts	6,422
Voya Solution Conserv Pt I	Pooled Separate Accounts	10
Voya Solution Income Pt Srv	Pooled Separate Accounts	10,166
		14,480,654
*Notes receivables from participants - Voya	Interest rates range from 5.02% to 5.85% with maturity dates through 2039	130,275
		14,610,929

San Juan Regional Medical Center 403(b) Plan
EIN 85-0127924 PN 002
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025 **(Continued)**

Identity of Issue	Description of Investment	Current Value
American Funds		
*The Investment Company of America	Mutual Fund	36,579
*Short-Term Bond Fund of America	Mutual Fund	228,214
*New Perspective Fund	Mutual Fund	31,859
*U.S. Government Securities Fund	Mutual Fund	170,201
*Euro Pacific Growth Fund	Mutual Fund	33,749
*American Funds Money Market Fund	Mutual Fund	165,647
*Fundamental Investors	Mutual Fund	36,491
*Washington Mutual Investors Fund	Mutual Fund	66,780
*American Funds Mortgage Fund	Mutual Fund	88,940
*New World Fund	Mutual Fund	31,140
*SmallCap World Fund	Mutual Fund	32,320
*International Growth and Income Fund	Mutual Fund	32,428
		954,348
Lincoln Financial Group*		
Pimco Commodityrealreturn Strategy Institutional Class	Pooled Separate Accounts	67,192
American Funds Eupac Fund Class R-6	Pooled Separate Accounts	657,082
American Funds The Growth Of America Class R6	Pooled Separate Accounts	2,746,756
American Funds New Perspective Class R6	Pooled Separate Accounts	338,589
Vanguard Inflation Protected Securities Admiral Shares	Pooled Separate Accounts	182,699
Vanguard 500 Index Admiral Class	Pooled Separate Accounts	4,509,911
Vanguard Target Retirement 2050 Investor Shares	Pooled Separate Accounts	16,231,633
Vanguard Target Retirement 2040 Investor Shares	Pooled Separate Accounts	24,379,042
Vanguard Real Estate Index Admiral Shares	Pooled Separate Accounts	381,800
Vanguard Target Retirement 2030 Investor Shares	Pooled Separate Accounts	11,789,167
Vanguard Target Retirement Income Investor Shares	Pooled Separate Accounts	1,581,256
Vanguard Target Retirement 2045 Investor Shares	Pooled Separate Accounts	12,695,378
Vanguard International Value Investor Shares	Pooled Separate Accounts	386,510
Vanguard Target Retirement 2035 Investor Shares	Pooled Separate Accounts	15,873,570
Vanguard Target Retirement 2025 Investor Shares	Pooled Separate Accounts	7,426,685
Vanguard Target Retirement 2020 Investor Shares	Pooled Separate Accounts	1,375,339
Vanguard International Growth Admiral Shares	Pooled Separate Accounts	587,630
Vanguard Target Retirement 2055 Investor Shares	Pooled Separate Accounts	8,058,025
Vanguard Small Cap Growth Index Admiral Shares	Pooled Separate Accounts	707,023
Vanguard Target Retirement 2060 Investor Shares	Pooled Separate Accounts	3,543,878
American Funds American Balanced Class R6	Pooled Separate Accounts	594,708
Pimco Short Term Institutional Class	Pooled Separate Accounts	19,513
Vanguard Mid Cap Growth Index Admiral Shares	Pooled Separate Accounts	1,261,068
American Funds New World Class R6	Pooled Separate Accounts	277,236
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Vanguard Small Cap Value Index Admiral Shares	Pooled Separate Accounts	725,557
American Funds Investment Company Of America Class R6	Pooled Separate Accounts	1,201,439

San Juan Regional Medical Center 403(b) Plan
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Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025 **(Continued)**

Identity of Issue	Description of Investment	Current Value
Pimco Income Institutional Class	Pooled Separate Accounts	155,307
Vanguard Value Index Admiral Shares	Pooled Separate Accounts	654,005
Pimco International Bond Us Dollar Hedged Institutional Class	Pooled Separate Accounts	128,138
Lincoln Stable Value Account - Lngpa	Pooled Separate Accounts	960,897
Blackrock High Yield Bond Class K	Pooled Separate Accounts	222,390
Baird Aggregate Bond Class Institutional	Pooled Separate Accounts	122,748
Vanguard Target Retirement 2065 Investor Shares	Pooled Separate Accounts	837,096
Vanguard Target Retirement 2070	Pooled Separate Accounts	110,228
Schwab Self Directed Brokerage Account	Pooled Separate Accounts	10,765,443
		131,892,627
*Notes receivables from participants - Lincoln	Interest rates range from 4.25% to 9.5% with various maturity dates through 2042	1,798,229
		$ 163,406,105

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

San Juan Regional Medical Center 403(b) Plan
EIN 85-0127924 PN 002
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025

Identity of Issue	Description of Investment	Current Value
Lincoln Financial Group*		
Fixed Account	Fixed Account	$ 3,848,324
AB VPS SUSTAIN GLOBAL THEMATIC PORT	Pooled Separate Accounts	304
AMERICAN FUNDS GLOBAL GROWTH	Pooled Separate Accounts	220,124
AMERICAN FUNDS GROWTH	Pooled Separate Accounts	1,837,729
AMERICAN FUNDS GROWTH-INCOME	Pooled Separate Accounts	1,134,307
AMERICAN FUNDS INTERNATIONAL	Pooled Separate Accounts	184,116
BLACKROCK GLOBAL ALLOCATION	Pooled Separate Accounts	192,902
DWS ALTERNATIVE ASSET ALLOCATION VIP	Pooled Separate Accounts	1,412
FIDELITY VIP CONTRAFUND	Pooled Separate Accounts	217,547
FIDELITY VIP FREEDOM TARGET DATE 2020	Pooled Separate Accounts	211,219
FIDELITY VIP GROWTH	Pooled Separate Accounts	119,117
LVIP BARON GROWTH OPPORTUNITIES	Pooled Separate Accounts	132,978
LVIP BLACKROCK DIVIDEND VALUE MNGDVLTLTY	Pooled Separate Accounts	47,945
LVIP BLACKROCK INFLATION PROTECTED BOND	Pooled Separate Accounts	5,645
LVIP BLACKROCK REAL ESTATE FUND	Pooled Separate Accounts	40,323
LVIP BLENDED LRG CAP GROWTH MNGD VOLTLTY	Pooled Separate Accounts	105,966
LVIP DIMENSIONAL U.S. CORE EQUITY 1	Pooled Separate Accounts	578,574
LVIP FRANKLIN TEMPLETON MF EM EQFND	Pooled Separate Accounts	45,150
LVIP GLOBAL CONSERVATIVE ALLOCATION MRSK	Pooled Separate Accounts	11,908
LVIP GLOBAL GROWTH ALLOCATION MANGD RISK	Pooled Separate Accounts	154,110
LVIP GLOBAL MODERATE ALLOCATION MGD RISK	Pooled Separate Accounts	19,194
LVIP GOVERNMENT MONEY MARKET	Pooled Separate Accounts	295,696
LVIP JPMORGAN RETIREMENT INCOME FUND	Pooled Separate Accounts	163,451
LVIP MAC DIVERS FLOATING RATE	Pooled Separate Accounts	138
LVIP MACQUARIE BOND	Pooled Separate Accounts	170,929
LVIP MACQUARIE DIVERSIFIED INCOME	Pooled Separate Accounts	97,786
LVIP MACQUARIE HIGH YIELD FUND	Pooled Separate Accounts	22,086
LVIP MACQUARIE MID CAP VALUE FUND	Pooled Separate Accounts	266,433
LVIP MACQUARIE SMID CAP CORE SERIES	Pooled Separate Accounts	151,189
LVIP MACQUARIE SOCIAL AWARENESS	Pooled Separate Accounts	618,456
LVIP MACQUARIE U.S. REIT FUND	Pooled Separate Accounts	21,618
LVIP MACQUARIE VALUE SERIES	Pooled Separate Accounts	27,283
LVIP MACQUARIE WEALTH BUILDER	Pooled Separate Accounts	148,342
LVIP MONDRIAN GLOBAL INCOME FUND	Pooled Separate Accounts	39,665
LVIP MONDRIAN INTERNATIONAL VALUE	Pooled Separate Accounts	9,648
LVIP SSGA BOND INDEX	Pooled Separate Accounts	14,495
LVIP SSGA GLBL TACTICAL ALLOCTN MGD VLTY	Pooled Separate Accounts	353,372
LVIP SSGA INTERNATIONAL INDEX	Pooled Separate Accounts	8,088
LVIP SSGA S&P 500 INDEX	Pooled Separate Accounts	730,903
LVIP SSGA SMALL-CAP INDEX	Pooled Separate Accounts	61,633
LVIP T ROWE PRICE 2020 FUND	Pooled Separate Accounts	24,383
LVIP T ROWE PRICE 2030 FUND	Pooled Separate Accounts	934,266
LVIP T ROWE PRICE 2040 FUND	Pooled Separate Accounts	180,790
LVIP T ROWE PRICE 2050 FUND	Pooled Separate Accounts	91,373
LVIP T ROWE PRICE MID CAP GROWTH	Pooled Separate Accounts	86,794

Identity of Issue	Description of Investment	Current Value
LVIP T. ROWE PRICE STRUCTURED MID-CAP GROWTH	Pooled Separate Accounts	3,105
LVIP VANGUARD DOMESTIC EQUITY ETF	Pooled Separate Accounts	96,725
LVIP VANGUARD INTERNATIONAL EQUITY ETF	Pooled Separate Accounts	24,129
MACQUARIE SMALL CAP VALUE	Pooled Separate Accounts	39,182
MFS UTILITIES	Pooled Separate Accounts	333,762
PIMCO VIT TOTAL RETURN PORTFOLIO	Pooled Separate Accounts	25,358
		14,149,972
Voya Life Insurance and Annuity Company*		
Allspg Spec SmCp Vl Fd A	Pooled Separate Accounts	64,568
American Funds EuroPacific R4	Pooled Separate Accounts	797
American Funds Growth Fnd R4	Pooled Separate Accounts	436,652
American Funds Nw Prspctv R4	Pooled Separate Accounts	904,428
American Funds Wash Mutual R4	Pooled Separate Accounts	667,695
Calvert VP SRI Balanced Port	Pooled Separate Accounts	22,539
Columbia Variable Port Acn	Pooled Separate Accounts	24,858
Fidelity VIP Contrafund Pt I	Pooled Separate Accounts	1,294,468
Fidelity VIP Eqty-Inc Prt I	Pooled Separate Accounts	157,474
Fidelity VIP Growth Port I	Pooled Separate Accounts	425,584
Fidelity VIP Overseas Pt I	Pooled Separate Accounts	51,179
Franklin Small Cap Val VIP 2	Pooled Separate Accounts	1,067
Inv Dev Mrkts Fd A	Pooled Separate Accounts	156,614
Inv V.I. Mn Strt Sm Cp F S I	Pooled Separate Accounts	62,171
Invesco Vl Amr Franchise Fd I	Pooled Separate Accounts	29,692
Invesco Vl Core Eqty Fund Sl	Pooled Separate Accounts	44,908
Lord Abbett Srs Fd MC St Pt VC	Pooled Separate Accounts	28,081
Neuberger Quality EquityFd Trs	Pooled Separate Accounts	61,920
PIMCO VIT Real Return Port Adm	Pooled Separate Accounts	76,520
Templeton Global Bond Fund A	Pooled Separate Accounts	110,577
VY AmCen Sm-MdCp Vl Pt Srv	Pooled Separate Accounts	41,403
VY Baron Growth Port Srv	Pooled Separate Accounts	157,031
VY CBRE Glb RlEst Prt Ins	Pooled Separate Accounts	27,500
VY CBRE Rl Estate Prt Srv	Pooled Separate Accounts	158,306
VY Columbia SmCp Vl II P Srv	Pooled Separate Accounts	1,703
VY Invesco Comstock Port Srv	Pooled Separate Accounts	22,952
VY Invesco Eqty & Inc Pt I	Pooled Separate Accounts	43,908
VY JPM Emrg Mkts Eq Port Srv	Pooled Separate Accounts	9,805
VY JPM MdCp Value Port Srv	Pooled Separate Accounts	1,366
VY JPM SmCp Cr Eq Port Srv	Pooled Separate Accounts	41,577
VY TRwPr Cap Apprec Port Srv	Pooled Separate Accounts	141,565
VY TRwPr Divr MdCp Gr Pt I	Pooled Separate Accounts	223,964
VY TRwPr Eqty Income Prt Srv	Pooled Separate Accounts	22,991
Vict Pionr HY VCT Port I	Pooled Separate Accounts	83,312
VoyIntlHiDivLow Vol Port-In	Pooled Separate Accounts	21,897

San Juan Regional Medical Center 403(b) Plan
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Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025 **(Continued)**

Identity of Issue	Description of Investment	Current Value
Voya Fixed Account (4550)	Fixed Account	38,062
Voya Fixed Plus Account (4564)	Fixed Account	124,788
Voya Fixed Plus Acct II (4568)	Fixed Account	827,304
Voya Glo Hi Div Low Vol Prtf I	Pooled Separate Accounts	110,907
Voya Glob Insights Port Init	Pooled Separate Accounts	475,570
Voya Global Bond Port I	Pooled Separate Accounts	42,373
Voya Gov Money Market Port I	Pooled Separate Accounts	87,275
Voya Growth and Income Port I	Pooled Separate Accounts	73,955
Voya High Yield Port Ins	Pooled Separate Accounts	107,542
Voya Index Plus LargeCap Prt I	Pooled Separate Accounts	62,631
Voya Index Plus MidCap Prt I	Pooled Separate Accounts	61,252
Voya Index Plus SmallCap Prt I	Pooled Separate Accounts	5,088
Voya Intermediate Bond Prt I	Pooled Separate Accounts	517,343
Voya Large Cap Growth Prt Ins	Pooled Separate Accounts	2,095,139
Voya Large Cap Value Port Ins	Pooled Separate Accounts	158,663
Voya Long-Term GAA (4560)	Guaranteed Account	2,281
Voya Mid Cap Opport Port I	Pooled Separate Accounts	697,968
Voya Russell LC Vl Ind Prt S	Pooled Separate Accounts	13,833
Voya Russell LCp Gr Ind Prt I	Pooled Separate Accounts	505,724
Voya Russell LgCp Indx Prt I	Pooled Separate Accounts	479,890
Voya Russell MC Gr Ind Prt S	Pooled Separate Accounts	54,501
Voya Short-Term GAA (4555)	Guaranteed Account	1,172,992
Voya Short-Term GAA (4559)	Guaranteed Account	847,510
Voya SmCp Opport Port I	Pooled Separate Accounts	1,258
Voya Small Company Port I	Pooled Separate Accounts	55,221
Voya Solution 2035 Port Srv	Pooled Separate Accounts	103,323
Voya Solution 2045 Port Srv	Pooled Separate Accounts	82,890
Voya Solution 2055 Port Srv	Pooled Separate Accounts	28,579
Voya Solution Aggress Pt I	Pooled Separate Accounts	9,122
Voya Solution Balanced Pt I	Pooled Separate Accounts	6,422
Voya Solution Conserv Pt I	Pooled Separate Accounts	10
Voya Solution Income Pt Srv	Pooled Separate Accounts	10,166
		14,480,654
*Notes receivables from participants - Voya	Interest rates range from 5.02% to 5.85% with maturity dates through 2039	130,275
		14,610,929

San Juan Regional Medical Center 403(b) Plan
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Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025 **(Continued)**

Identity of Issue	Description of Investment	Current Value
American Funds		
*The Investment Company of America	Mutual Fund	36,579
*Short-Term Bond Fund of America	Mutual Fund	228,214
*New Perspective Fund	Mutual Fund	31,859
*U.S. Government Securities Fund	Mutual Fund	170,201
*Euro Pacific Growth Fund	Mutual Fund	33,749
*American Funds Money Market Fund	Mutual Fund	165,647
*Fundamental Investors	Mutual Fund	36,491
*Washington Mutual Investors Fund	Mutual Fund	66,780
*American Funds Mortgage Fund	Mutual Fund	88,940
*New World Fund	Mutual Fund	31,140
*SmallCap World Fund	Mutual Fund	32,320
*International Growth and Income Fund	Mutual Fund	32,428
		954,348
Lincoln Financial Group*		
Pimco Commodityrealreturn Strategy Institutional Class	Pooled Separate Accounts	67,192
American Funds Eupac Fund Class R-6	Pooled Separate Accounts	657,082
American Funds The Growth Of America Class R6	Pooled Separate Accounts	2,746,756
American Funds New Perspective Class R6	Pooled Separate Accounts	338,589
Vanguard Inflation Protected Securities Admiral Shares	Pooled Separate Accounts	182,699
Vanguard 500 Index Admiral Class	Pooled Separate Accounts	4,509,911
Vanguard Target Retirement 2050 Investor Shares	Pooled Separate Accounts	16,231,633
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San Juan Regional Medical Center 403(b) Plan
EIN 85-0127924 PN 002
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December 31, 2025 **(Continued)**

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