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
JOHN MUIR HEALTH RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1968

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)
JOHN MUIR HEALTH

1601 YGNACIO VALLEY ROAD
WALNUT CREEK, CA 94598-3122

2b Employer Identification Number (EIN)
94-1461843

2c Plan Sponsor's telephone number
925-939-3000

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	REBEKAH MARTINEK-WILLIAMS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	7136
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)**	5213
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	5404
b	Retired or separated participants receiving benefits	**6b**	1015
c	Other retired or separated participants entitled to future benefits	**6c**	879
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	7298
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	76
f	Total. Add lines **6d** and **6e**.	**6f**	7374
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	63
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:

1A

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [ ] **A** (Insurance Information) – Number Attached _____
- **(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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
JOHN MUIR HEALTH RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
JOHN MUIR HEALTH

D Employer Identification Number (EIN)
94-1461843

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	629416511
b Actuarial value	**2b**	605645300

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1043	150299671	150299671
b For terminated vested participants	880	48218813	48218813
c For active participants	5213	431547114	434083202
d Total	7136	630065598	632601686

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.37 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	46226922
b Expected plan-related expenses	**6b**	200000
c Target normal cost	**6c**	46426922

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

10/07/2026
Date

J. ALFONSO CARRILLO-LUNDGREN
Type or print name of actuary

26-07598
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

213-337-6000
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 72267

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of 9.50 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1579972
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.19 %		82001
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		1661973
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	95.73 %
15	Adjusted funding target attainment percentage	15	95.73 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.97 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/15/2026	53600000	0			
			Totals ► 18(b)	53600000	18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	49025239

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	46426922
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	26956386	2513425
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	48940347

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	48940347
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	49025239
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	84892
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	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
JOHN MUIR HEALTH RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JOHN MUIR HEALTH

D Employer Identification Number (EIN)
94-1461843

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

THE LONDON COMPANY

54-1703318

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	N/A	255261	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 21	N/A	196080	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

WCM INVESTMENT MANAGEMENT LLC

95-3046237

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	N/A	132099	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

HS MANAGEMENT PARTNERS, LLC

26-0335469

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	N/A	98108	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARISTOTLE CAPITAL MANAGEMENT

95-4833644

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	N/A	66419	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIAMOND HILL CAPITAL MANAGEMENT INC

31-1019984

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	N/A	64788	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BRANDYWINE

56-6669869

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	N/A	38157	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 ☐

(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: MICHAEL J. METHLIE
b EIN: 53-0181291
c Position: ACTUARY
d Address: 333 BUSH STREET, FLOOR 7
SAN FRANCISCO, CA 94104
e Telephone: 415-733-4100

Explanation: REASSIGNMENT OF WORK WITHIN WILLIS TOWERS WATSON US LLC.

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
JOHN MUIR HEALTH RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
JOHN MUIR HEALTH

D Employer Identification Number (EIN)
94-1461843

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: NT COLL S&P 500 INDX - NL

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

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)
45-6138589-003	C	90646421

a Name of MTIA, CCT, PSA, or 103-12 IE: NTGI COLL GOVT STIF

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

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)
45-6138589-068	C	11408167

a Name of MTIA, CCT, PSA, or 103-12 IE: BRANDYWINE GLOBAL OPPORT FIXED INC

b Name of sponsor of entity listed in (a): BRANDYWINE GLOBAL INVESTMENT MGMT LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
51-0412248-017	E	8884515

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

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

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

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
JOHN MUIR HEALTH RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JOHN MUIR HEALTH

D Employer Identification Number (EIN)
94-1461843

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)	24000000	53600000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	157116	195709
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)	95342976	101598722
(5) Partnership/joint venture interests	1c(5)	304475346	304943095
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	83343920	102054588
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	7891094	8884515
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	115079570	142177207
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	630290022	713453836
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	48111	44703
1k Total liabilities (add all amounts in lines 1g through1j)	1k	48111	44703
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	630241911	713409133

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)	53600000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		53600000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1060302	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4026555	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		5086857
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	91941747	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	88795680	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		3146067
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	19150684	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		19150684

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		13841390
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		1031577
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		28582012
c Other income	2c		613268
d Total income. Add all **income** amounts in column (b) and enter total	2d		125051855
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	40967258	
(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)		40967258
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	196080	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	616675	
(6) Bank or trust company trustee/custodial fees	2i(6)	38157	
(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)	66463	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		917375
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		41884633
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		83167222
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: BAKER TILLY US, LLP **(2)** EIN: 30-1413443

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	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		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 592734.

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
JOHN MUIR HEALTH RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JOHN MUIR HEALTH

D Employer Identification Number (EIN)
94-1461843

Part I Distributions

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

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

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

EIN(s): 36-1561860

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** | 176

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: 47.1 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 21.2 %
High-Yield Debt: 3.4 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 28.3 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

John Muir Health Retirement Plan

Financial Statements and
Supplemental Schedules

December 31, 2025 and 2024

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Independent Auditors' Report

To the Plan Administrator of
John Muir Health Retirement Plan

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

We have performed audits of the financial statements of John Muir Health Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of John Muir Health Retirement 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of John Muir Health Retirement 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 John Muir Health Retirement Plan's ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of John Muir Health Retirement 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 John Muir Health Retirement 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 Schedules Required by ERISA

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

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

In our opinion:

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

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



San Francisco, California
October 14, 2026

John Muir Health Retirement Plan

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Investments at fair value		
Short-term investment funds	$ 11,408,167	$ 13,900,447
Fixed income funds	241,708,143	192,414,137
Equity securities	101,598,722	95,342,976
Hedge funds and private equity	304,943,095	304,475,346
Total investments	659,658,127	606,132,906
Receivables		
Employer contributions	53,600,000	24,000,000
Interest and dividends receivable	195,709	157,116
Total receivables	53,795,709	24,157,116
Total assets	713,453,836	630,290,022
Liabilities		
Due to broker for securities purchased	44,703	48,111
Total liabilities	44,703	48,111
Net assets available for benefits	$ 713,409,133	$ 630,241,911

See notes to financial statements

John Muir Health Retirement Plan

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

	2025
Additions	
Investment income	
Interest and dividends	$ 6,334,423
Net appreciation in fair value of investments	65,117,432
Total	71,451,855
Less investment expenses	(917,375)
Net investment income	70,534,480
Contributions	
Employer contributions	53,600,000
Total additions	124,134,480
Deductions	
Benefits paid to participants	40,967,258
Net increase	83,167,222
Net assets available for benefits	
Beginning of year	630,241,911
End of year	$ 713,409,133

See notes to financial statements

1. Description of Plan

The following description of the John Muir Health Retirement Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit plan established effective October 1, 1968, as restated January 1, 2008.The Plan covers substantially all employees of John Muir Health (the Employer) who have at least one year of service (as defined) and who are not governed by the terms of certain collective bargaining agreements or a member of another defined benefit retirement plan contributed to by the Employer. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Retirement Plan Committee (the Committee) is responsible for oversight of the Plan. The Northern Trust Company (the Trustee) serves as the trustee of the Plan. The Plan utilizes various investment managers to manage the invested assets of the Plan.

Funding Policy

The Plan's funding policy is for the Employer to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met in 2025. Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Pension Benefits

Pension benefits for services prior to January 1, 2004, are based on an employee’s final average compensation, years of credited service, and covered compensation as defined in the Plan document. For services rendered after December 31, 2003, the pension benefits are based on an employee’s final average compensation, age at retirement, and years of credited service. Once an employee is fully vested, unless otherwise elected, he or she will begin receiving pension benefits on the later of the normal retirement date (first of the month following a participant’s 65th birthday), or the first day of the month following the last day of employment. Reduced pension benefits may be received by those electing an early retirement date between the ages of 55 and 64, or if prior to age 55, with a total of five years of eligible service or more. If retirement is postponed beyond normal retirement date, benefits will continue to accrue and will be paid on the first day of the month following the last day of employment. Lump-sum payments will be made on a pension benefit valued at $1,000 or less.

Death and Disability Benefits

Disability retirement benefits for employees between the ages of 55 and 64 with 10 or more years of vested service who are considered totally and permanently disabled, as defined by the Plan document, are payable immediately with no early retirement deduction or adjustments to benefits regardless of age at disability. If a vested participant dies before receiving retirement benefits, the mentioned beneficiary is eligible to receive death benefits. If death occurs while actively employed, death benefits will be paid as a lump-sum for accrued benefits valued at $1,000 or less. Otherwise, benefit payments will be made as an annuity or lump sum, based upon the employee’s marital status at the time of death. If death occurred subsequent to termination date, the beneficiary will be paid a benefit in accordance with the form of payment the participant elected. If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefit is paid to the employee's beneficiary.

Vesting

Participants become fully vested over three years of service as defined in the Plan document for participants leaving after January 1, 2008. Prior to January 1, 2008, participants were fully vested over five years of service.

Administrative expenses

The Employer pays the Plan’s administrative expenses, other than investment management and custodial fees, which are paid out of the Plan.

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 4 for discussion of fair value measurements.

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

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Accumulated plan benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan’s provisions to the service employees rendered as of the valuation date. Accumulated plan benefits are expected to be paid to (a) retired or terminated employees, or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees, or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by applying actuarial assumptions to adjust accumulated plan benefits to reflect the time value of money, and the probability of payment between the valuation date and the expected dates of benefit payment. In 2025 and 2024, the actuarial present value of accumulated plan benefits was determined by Willis Towers Watson, an independent actuary.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Employer, as provided by the plan document. Expenses that are paid directly by the Employer are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments in the statement of changes in net assets available for benefits.

Subsequent Events

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

3. Actuarial Present Value of Accumulated Plan Benefits

Benefits under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability, and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2026 and 2025. Had the valuations been performed as of December 31, there would be no material differences.

The significant assumptions underlining the actuarial computations as of December 31, 2025 and 2024, were:

Discount rate	6.5% in 2025 and 2024
Mortality rates	In 2025 and 2024, the ASC 960 mortality assumption used the Pri-2012 table with projected generational improvements after 2012 using a modified version of Scale MP-2021 with long-term rate of improvement of 0.75% reached by 2027.
Retirement age	Age 65
Compensation increase	4.25% in 2025 and 2024
Payment assumption	70% of the active participants are assumed to elect an immediate lump-sum payment, 18% are assumed to elect a life annuity, 3% are assumed to elect a joint and 50% survivor annuity, and 9% are assumed to elect a joint and 100% survivor annuity. Mt. Diablo Participants - 50% are assumed to elect a life annuity, 20% are assumed to elect a joint and 50% survivor annuity, and 30% are assumed to elect a joint and 100% survivor annuity.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible certain changes in these estimates and assumptions could be material to the financial statements.

The actuarial present value of accumulated plan pension benefits as of December 31, was as follows:

	2025	2024
Actuarial present value of accumulated plan benefits		
Vested benefits		
Active and inactive participants	$ 466,124,629	$ 436,234,490
Retired participants and their beneficiaries	145,625,447	138,154,100
Total vested benefits	611,750,076	574,388,590
Nonvested benefits	2,184,756	2,601,838
Total actuarial present value of accumulated plan benefits	$ 613,934,832	$ 576,990,428

The following analysis presents for the year ended December 31, 2025 the changes in present value of accumulated plan pension benefits:

	2025
Actuarial present value of accumulated plan benefits at beginning of year	$ 576,990,428
Increase (decrease) during the year attributable to:	
Benefits accumulated	41,060,800
Decrease in discount period	38,841,894
Actuarial losses	(2,419,860)
Benefits paid	(40,967,258)
Change of assumptions	(198,574)
Plan amendment	627,402
Net increase	36,944,404
Actuarial present value of accumulated plan benefits at end of year	$ 613,934,832

4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Short-term investments funds: This category includes cash and short-term investments that mature within three months. These funds are classified within Level 1 of the fair value hierarchy, as they are valued at fair market value.

Fixed income funds (mutual funds): Fixed income funds are valued at the net asset value (NAV) of shares held by the Plan and are valued at the closing price reported on the active market on which the individual securities are traded. These funds are classified within Level 1 of the fair value hierarchy.

Equity Securities: Equities (including common and preferred shares, domestic listed and foreign listed, closed end mutual funds, and exchange traded funds) are generally valued at the closing price reported on the major market on which the individual securities are traded at the measurement date. As all equity securities held by the Plan are publicly traded in active markets, the securities are classified within Level 1 of the fair value hierarchy.

Hedge funds: This category includes investments in hedge funds that pursue diversification of both domestic and foreign fixed income and equity securities through multiple investment strategies. The valuation of limited partnership interests in hedge funds may require significant management judgment. The primary objective for these funds is to maximize returns while limiting volatility by allocating capital to external portfolio managers for expertise in one or more investment strategies that may include, but are not limited to, long/short equity, credit driven, event driven, relative value, and global asset allocation. Hedge funds are valued using the NAV practical expedient of the hedge fund as reported by the fund manager. The NAV practical expedient is based on the fair value of the underlying assets in the funds, minus its liabilities, and then divided by the number of units outstanding.

Private equity: This category includes investments in private equity-funds and private equity-real estate. They are valued using the NAV practical expedient of the private equity as reported by the account managers. The valuation of limited partnership interests in private equity funds may require significant management judgment. The NAV practical expedient reported by the asset manager is adjusted when management determines that NAV practical expedient is not representative of fair value. In making such an assessment, a variety of factors are reviewed by management, including, but not limited to, the timeliness of NAV practical expedient as reported by the asset manager and changes in general economic and market conditions subsequent to the last NAV practical expedient reported by the asset manager. There is no provision for redemption during the life of these funds.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

Assets at Fair Value as of December 31, 2025	**Level 1**	**Level 2**	**Level 3**	**Total**
Short-term investment funds	$ 11,408,167	$ -	$ -	$ 11,408,167
Fixed income funds	241,708,143	-	-	241,708,143
Equity securities	101,598,722	-	-	101,598,722
Total assets in the fair value hierarchy	354,715,032	-	-	354,715,032
Investments measured at net asset value (a)	-	-	-	304,943,095
Total investments at fair value	$ 354,715,032	$ -	$ -	$ 659,658,127

Assets at Fair Value as of December 31, 2024	**Level 1**	**Level 2**	**Level 3**	**Total**
Short-term investment funds	$ 13,900,447	$ -	$ -	$ 13,900,447
Fixed income funds	192,414,137	-	-	192,414,137
Equity securities	95,342,976	-	-	95,342,976
Total assets in the fair value hierarchy	301,657,560	-	-	301,657,560
Investments measured at net asset value (a)	-	-	-	304,475,346
Total investments at fair value	$ 301,657,560	$ -	$ -	$ 606,132,906

(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 this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

Fair Value of Investments That Calculate Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of December 31, 2025 and 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2025	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Private equity	$ 230,460,458	$ -	N/A	N/A
Hedge funds	74,482,637	-	Quarterly	60 Days
Total	$ 304,943,095	$ -		

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Private equity	$ 234,655,249	$ 44,888,516	N/A	N/A
Hedge funds	69,820,097	-	Quarterly	60 Days
Total	$ 304,475,346	$ 44,888,516		

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

5. Information Certified by Trustee

The plan administrator has elected to have an audit performed pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, certain information in the Plan's financial statements and supplemental schedules was agreed to or derived from information certified as complete and accurate by Northern Trust Company, the Plan's Trustee and a qualified institution. The certified information includes the Plan's investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024, and the accompanying supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2025, and the related investment activity (including net appreciation, interest, and dividends) reported in the accompanying Statement of Changes in Net Assets Available for Benefits and the information reported in the accompanying supplemental Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2025.

6. Related-Party and Party in Interest Transactions

The Plan's investments are administered under a contract with Northern Trust Company, the Trustee of the Plan. Contributions are held and managed by Northern Trust Company, who invests cash received, interest and dividend income and makes distributions to participants. These transactions are party in interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Employer. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

7. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual’s monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2026, that ceiling is $7,790 per month. That ceiling applies to those annuitants who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

8. Tax Status

The IRS has determined and informed the Employer by a letter dated June 29, 2017, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

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 IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. 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 amounts reported in the Statements of Net Assets Available for Benefits.

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

John Muir Health Retirement Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 94-1461843 Plan Number: 001

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Shares	(d) Cost	(e) Current Value
Short-term investment funds				
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	11,408,167	$ 11,408,167	$ 11,408,167
Fixed income funds				
	CF BRANDYWINE GLOBAL OPPORTUNISTIC FIXEDINCOME BGXF20000002	183,820	7,015,740	8,884,514
	MFB NT COLLECTIVE S&P500 INDEX FUND-NON LENDING	3,393	41,789,290	90,646,421
	MFO DODGE & COX INTL STK FD	2,820,263	29,562,403	46,421,532
	MFO DOUBLELINE TOTAL RETURN BOND FUND-I	1,833,629	17,294,271	16,355,972
	MFO EUPAC FUND F-3 USD INC	729,828	35,340,296	44,271,364
	MFO LAZARD FDS INC EMERGING MKTS PORTFOLIO	1,019,675	18,578,874	25,298,143
	MFO PAYDEN & RYGEL INVESTMENT GROUP GBL FXD INC SI	1,278,309	11,180,380	9,830,197
	Total fixed income funds	7,868,917	160,761,254	241,708,143
Equity securities				
	TOTALENERGIES SE EUR2.5	7,370	471,011	482,145
	MONDAY COM LTD COM NPV	1,074	188,899	158,479
	WIX.COM LTD COM ILS0.01	1,493	177,083	155,108
	ADR MITSUBISHI UFJ FINL GROUP INC SPONSORED ADR	34,050	317,749	540,033
	ADR SONY GROUP CORPORATION SPON ADS EACH REPR 1 ORD SHS	26,170	444,679	669,952
	ALCON AG COM USD0.04 WI	4,800	304,963	378,288
	AAON INC COM PAR $0.004 COM PAR $0.004	7,560	709,470	576,450
	ABBOTT LAB COM	6,935	622,366	868,886
	ACCENTURE PLC CLS A	1,347	396,457	361,400
	ACI WORLDWIDE INC COM STK	25,401	827,620	1,214,422
	ACUSHNET HLDGS CORP COM	12,636	664,667	1,008,606
	ADOBE INC COM	2,488	848,309	870,775
	ADR CENTESSA PHARMACEUTICALS PLC SPONSORED ADS	6,696	155,401	167,467
	ADVANCED DRAIN SYS INC DEL COM	3,078	438,746	445,787
	ADVANCED ENERGY INDS INC COM	1,818	375,227	380,635
	AGILYSYS INC COM STK	3,816	410,146	453,493
	AIR PROD & CHEM INC COM	1,660	494,267	410,053
	ALEXANDER & BALDWIN INC	24,413	722,093	503,884
	ALPHABET INC CAP STK USD0.001 CL C	3,000	577,578	941,400
	AMAZON COM INC COM	1,328	219,013	306,529

John Muir Health Retirement Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 94-1461843 Plan Number: 001

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Shares	(d) Cost	(e) Current Value
	AMERICAN HEALTHCARE REIT INC COM	11,380	$ 568,521	$ 535,543
	AMERICAN INTERNATIONAL GROUP INC COM	19,800	1,255,227	1,693,890
	AMERICAN WTR WKS CO INC NEW COM	3,315	406,894	432,607
	AMERIPRISE FINL INC COM	1,275	349,701	625,183
	AMGEN INC COM	1,940	471,059	634,981
	AON PLC	2,208	762,815	779,159
	APPLIED INDL TECHNOLOGIES INC COM	3,473	726,983	891,762
	ARGAN INC COM	1,716	403,842	537,657
	ARMSTRONG WORLD INDS INC NEW COM STK	5,472	326,613	1,045,699
	ARROWHEAD PHARMACEUTICALS INC COM	3,614	155,981	239,933
	ATKORE INC	12,646	819,854	799,859
	ATLANTIC UN BANKSHARES CORP COM	25,563	880,104	902,374
	ATMOS ENERGY CORP COM	3,529	449,911	591,566
	ATRICURE INC COM STK	4,298	130,327	170,029
	AVIENT CORPORATION	8,893	350,766	277,817
	AXOGEN INC COM USD0.01	10,379	326,529	339,705
	AXSOME THERAPEUTICS INC. COM	2,771	222,116	506,095
	BANK OF AMERICA CORP	10,127	345,338	556,985
	BERKSHIRE HATHAWAY INC COM USD0.0033 CLASS'B'	2,070	879,942	1,040,485
	BIO-TECHNE CORP COM	5,397	304,814	317,398
	BIOMARIN PHARMACEUTICAL INC COM ISIN CH0008107010	3,887	296,564	231,004
	BLACKSTONE INC COM USD0.00001	2,850	368,777	439,299
	BOOT BARN HLDGS INC COM	1,975	245,699	348,528
	BRIDGEBIO PHARMA INC COM	3,055	93,104	233,677
	BUILDERS FIRSTSOURCE INC COM STK	2,019	266,439	207,735
	BWX TECHNOLOGIES INC COM	1,662	308,499	287,260
	CAPITAL ONE FINL CORP COM	6,720	1,065,979	1,628,659
	CARIS LIFE SCIENCES INC COM	653	16,122	17,618
	CARMAX INC COM	6,565	361,614	253,672
	CASELLA WASTE SYS INC CL A COM STK	11,297	1,028,386	1,106,428
	CCC INTELLIGENT SOLUTIONS HLDGS INC COM	114,580	882,268	910,911
	CERTARA INC COM	45,669	711,194	402,344
	CHARLES RIV LABORATORIES INTL INC COM	2,682	464,563	535,005
	CHURCHILL DOWNS INC COM	4,073	514,665	463,426
	COCA COLA CO COM	7,330	405,337	512,440
	COLGATE-PALMOLIVE CO COM	11,074	964,185	875,067

John Muir Health Retirement Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 94-1461843 Plan Number: 001

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Shares	(d) Cost	(e) Current Value
	COMFORT SYS USA INC COM	562	$ 223,849	$ 524,509
	COMMVAULT SYS INC COM STK	2,863	446,882	358,906
	CONOCOPHILLIPS COM	6,790	666,626	635,612
	CORTEVA INC COM USD0.01 WI	10,540	439,895	706,496
	COTERRA ENERGY INC COM	18,700	408,976	492,184
	CREDO TECHNOLOGY GROUP HOLDING LTD	1,099	54,054	158,135
	CTS CORP COM	16,682	584,755	715,157
	CULLEN / FROST BANKERS INC COM	2,850	305,703	360,895
	CURTISS WRIGHT CORP COM	873	305,384	481,259
	DANAHER CORP COM	2,300	364,609	526,516
	DEERE & CO COM	805	307,625	374,784
	DELL TECHNOLOGIES INC COM USD0.01 CL C WI COMMON STOCK	151	23,269	19,008
	DIAMONDBACK ENERGY INC COM	3,384	530,065	508,717
	DOVER CORP COM USD1.00	901	162,394	175,911
	DUCOMMUN INC DEL COM	3,298	323,807	313,739
	DYCOM INDS INC COM	491	125,088	165,909
	DYNATRACE INC COM	9,667	510,879	418,968
	EASTGROUP PPTYS INC REIT	3,034	511,817	540,477
	ECOLAB INC COM STK USD1	2,130	474,111	559,168
	ENERGY FUELS INC COM	8,502	153,184	123,619
	ENOVIS CORPORATION COM USD0.001	13,608	760,000	362,517
	ENSIGN GROUP INC COM STK	2,571	469,115	447,868
	EPLUS INC COM	8,497	584,336	745,187
	EQT CORP COM	3,183	171,925	170,609
	EQTY LIFESTYLE PPTYS INC REIT	5,500	330,634	333,355
	EQUITABLE HLDGS INC COM	6,009	295,479	286,329
	ESSENTIAL PROPERTIES REALTY TR INC USD0.01	30,744	769,923	911,867
	EVERCORE INC	2,613	551,024	889,073
	EXTRA SPACE STORAGE INC COM	3,356	445,195	437,018
	FEDEX CORP COM	1,062	245,982	306,769
	FERGUSON ENTERPRISES INC USD0.0001	1,363	287,338	303,445
	FTAI AVIATION LTD COM USD0.01	1,419	126,569	279,330
	GATES INDL CORP PL COM USD0.01	42,756	752,969	917,971
	GEN MTRS CO COM	3,468	134,277	282,018
	GENERAL DYNAMICS CORP COM	1,510	367,404	508,357
	GENERAL MILLS INC COM	10,634	561,366	494,481
	GLAUKOS CORP COM	2,689	317,045	303,615
	GRAHAM HLDGS CO COM CL B COM	741	498,329	814,063
	GUARDANT HEALTH INC COM	2,357	232,199	240,744
	HAEMONETICS CORP MASS COM	8,041	684,179	644,486

John Muir Health Retirement Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 94-1461843 Plan Number: 001

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Shares	(d) Cost	(e) Current Value
	HANOVER INS GROUP INC COM	4,530	$ 613,401	$ 827,948
	HEALTHEQUITY INC COM	5,557	543,000	509,077
	HUBSPOT INC COM	888	466,786	356,354
	INGEVITY CORP COM	13,637	693,468	807,038
	INSMED INC COM PAR $.01	2,067	137,949	359,741
	INSTALLED BLDG PRODS INC COM	2,037	422,532	528,377
	INTERPARFUMS INC	5,931	774,805	503,127
	INTL PAPER CO COM	8,650	364,749	340,724
	IRHYTHM HOLDINGS INC	1,905	206,383	338,023
	KARMAN HLDGS INC COM	5,983	283,159	437,776
	KEYCORP NEW COM	14,935	227,816	308,258
	KRATOS DEFENSE & SECURITY SOLUTIONS INC	6,182	433,606	469,276
	KYMERA THERAPEUTICS INC COM	2,724	223,900	211,954
	LABCORP HLDGS INC COM	1,485	327,725	372,557
	LANDSTAR SYS INC COM	6,593	550,587	947,414
	LENNAR CORP CL A CL A	4,950	444,617	508,860
	LIGAND PHARMACEUTICALS INCORPORATED CL BCOMMON STOCK	1,201	243,049	227,073
	LOWES COS INC COM	1,880	434,781	453,381
	L3HARRIS TECHNOLOGIES INC COM	919	191,207	269,791
	MADRIGAL PHARMACEUTICALS INC COM	351	153,509	204,401
	MARTEN TRANS LTD COM	27,825	538,146	316,649
	MARTIN MARIETTA MATLS INC COM	1,690	695,371	1,052,295
	MATSON INC COM	7,291	286,335	900,803
	MC CORMICK & CO INC COM NON-VTG	3,075	211,425	209,438
	MEDTRONIC PLC COMMON STOCK STOCK	7,015	581,366	673,861
	MERCK & CO INC NEW COM	4,830	427,672	508,406
	METLIFE INC COM STK USD0.01	5,618	465,390	443,485
	MICROCHIP TECHNOLOGY INC COM	6,380	363,101	406,534
	MICROSOFT CORP COM	1,780	467,598	860,844
	MOELIS & CO CL A CL A	16,582	501,353	1,139,847
	MURPHY USA INC COM	1,789	327,305	721,897
	NATERA INC COM	1,328	93,720	304,232
	NEWMARKET CORP COM	1,458	487,659	1,002,025
	NOVANTA INC NOVANTA INC	5,150	711,079	612,799
	NUCOR CORP COM	2,673	355,450	435,993
	NVR INC COM STK USD0.01	42	238,790	306,296
	OSHKOSH CORPORATION	2,660	297,807	334,176
	PARKER-HANNIFIN CORP COM	1,425	530,782	1,252,518
	PENUMBRA INC COM	1,210	243,578	376,201
	PERFORMANCE FOOD GROUP CO COM	6,326	435,608	568,834

John Muir Health Retirement Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 94-1461843 Plan Number: 001

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Shares	(d) Cost	(e) Current Value
	PFIZER INC COM	13,471	$ 349,363	$ 335,428
	PLANET FITNESS INC CL A CL A	4,933	537,702	535,083
	PNC FINANCIAL SERVICES GROUP COM STK	2,230	311,198	465,468
	PRICESMART INC COM STK	5,841	474,543	716,515
	PRIMERICA INC COM	1,075	230,709	277,737
	PROCTER & GAMBLE COM NPV	2,950	426,199	422,765
	PTC THERAPEUTICS INC COM	2,652	150,994	201,446
	QUALCOMM INC COM	3,420	382,694	584,991
	QUALYS INC COM USD0.001	4,698	477,203	624,364
	RADNET INC COM STK	5,013	386,755	357,678
	RAMBUS INC DEL COM	3,257	204,259	299,286
	REGAL REXNORD CORPORATION COM STK USD0.01	6,240	847,305	875,597
	REPLIGEN CORP COM STK USD0.01	1,804	317,144	295,603
	REVOLUTION MEDICINES INC COM	3,054	140,030	243,251
	REVOLVE GROUP INC CL A CL A	31,789	474,209	959,710
	RH COM	2,674	771,328	479,047
	RHYTHM PHARMACEUTICALS INC COM	892	90,621	95,480
	ROCKET LAB CORP COM	6,188	222,184	431,675
	RPM INTL INC	4,200	357,672	436,800
	RUBRIK INC COM USD0.000025 CL A	5,533	507,271	423,164
	SAIA INC COM STK	1,386	479,266	452,557
	SALESFORCE INC COM USD0.001	2,045	558,136	541,741
	SBA COMMUNICATIONS CORP COM USD0.01 CL A	2,466	517,184	476,998
	SEMTECH CORP COM	5,617	256,221	413,917
	SERVICETITAN INC CL A CL A	4,255	417,021	453,158
	SHARKNINJA COM USD0.0001	7,447	722,428	833,319
	SITEONE LANDSCAPE SUPPLY INC COM	2,537	382,640	316,009
	SOLVENTUM CORP COM COM USD0.01	1,700	137,128	134,708
	SS&C TECHNOLOGIES HLDGS INC COM	3,206	229,213	280,269
	STARBUCKS CORP COM	3,876	324,358	326,398
	STERLING INFRASTRUCTURE INC COM STK USD0.01	1,292	207,406	395,649
	SYNOPSYS INC COM	1,080	504,159	507,298
	SYSCO CORP COM	7,327	563,425	539,927
	TAKE-TWO INTERACTIVE SOFTWARE INC COM STK USD0.01	1,947	325,378	498,490
	TELEDYNE TECHNOLOGIES INC COM	1,721	757,724	878,966
	TEXAS INSTRUMENTS INC COM	4,785	793,994	830,150
	TEXAS ROADHOUSE INC COMMON STOCK	3,609	503,375	599,094
	THE COOPER COMPANIES, INC.	3,863	273,700	316,611

John Muir Health Retirement Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 94-1461843 Plan Number: 001

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Shares	(d) Cost	(e) Current Value
	THE MARZETTI COMPANY	4,394	$ 741,595	$ 722,461
	THERMO FISHER SCIENTIFIC INC COM USD1	757	381,645	438,644
	TOAST INC COM USD0.000001 CLASS A	10,789	396,066	383,117
	TOPBUILD CORP COM	1,439	580,237	600,336
	TREDEGAR CORP INC	8,378	142,406	60,154
	UBER TECHNOLOGIES INC COM USD0.00001	5,570	430,417	455,125
	ULTRAGENYX PHARMACEUTICAL INC COM	4,937	218,627	113,551
	UMB FINL CORP COM STK	3,344	361,514	384,694
	UNIFIRST CORP MASS COM	3,081	534,407	594,325
	UNION PAC CORP COM	2,191	488,402	506,822
	US BANCORP	10,750	422,569	573,620
	VARONIS SYS INC COM	7,722	394,122	253,282
	VERIZON COMMUNICATIONS COM	10,935	474,436	445,383
	VISA INC COM CL A STK	812	181,923	284,777
	VONTIER CORP COM USD0.0001 WI	25,573	519,639	950,804
	WALT DISNEY CO	3,895	394,195	443,134
	WASTE MGMT INC DEL COM STK	3,297	632,704	724,384
	WELLS FARGO & CO NEW COM STK	6,150	493,726	573,180
	WHITE MOUNTAINS INSURANCE GROUP COM STOCK	750	606,845	1,558,523
	WINGSTOP INC COM	2,892	852,749	689,713
	XCEL ENERGY INC COM	6,770	467,563	500,032
	ZOETIS INC COM USD0.01 CL 'A'	4,103	559,938	516,239
	1ST INDL RLTY TR INC COM	7,982	181,387	457,129
	Total equity securities	1,297,969	85,070,551	101,598,722
Private equity securities				
	AEA INVESTORS FUND VI LP	1,403,382	1,403,382	1,662,825
	COLLER INTERNATIONAL PARTNERS VII FEEDERFUND LP	253,237	253,237	1,268,560
	TRIDENT VII	2,555,914	2,555,914	3,720,303
	AEA INVESTORS FUND VIII LP	1,541,275	1,541,275	1,261,074
	AG REALTY FUND VIII, LP	715,285	715,285	237,811

John Muir Health Retirement Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 94-1461843 Plan Number: 001

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Shares	(d) Cost	(e) Current Value
	AMERICAN SECURITIES PARTNERS VII LP	3,034,964	$ 3,034,964	$ 3,171,467
	AMERICAN SECURITIES PARTNERS VIII LP	5,387,527	5,387,527	6,208,148
	CCI CORE BOND FUND LP	95,930,000	95,930,000	104,449,737
	CENTERBRIDGE PARTNERS REAL ESTATE FUND LP	2,728,536	2,728,536	2,984,348
	ENTRUST PERMAL CORE STRATEGIES LTD	1	1	3,387,756
	Francisco Partners VII-A, L.P.	2,335,000	2,335,000	2,421,196
	GOLDENTREE MULTI SECTOR LTD	17,300,000	17,300,000	22,501,617
	GREENSPRING GLOBAL PARTNERS VIIIB, LP	3,050,034	3,050,034	5,641,067
	INDUSTRY VENTURES PARTNERSHIP HOLDINGS III LP	1,663,668	1,663,668	3,296,479
	INDUSTRY VENTURES PARTNERSHIP HOLDINGS IV LP	1,790,506	1,790,506	4,094,409
	INDUSTRY VENTURES PARTNERSHIP HOLDINGS V, LP	2,789,768	2,789,768	4,802,097
	INDUSTRY VENTURES PARTNERSHIP HOLDINGS VI, LP	3,707,060	3,707,060	4,141,614
	New Mountain Partners VII, L.P.	1,418,715	1,418,715	1,586,212
	NEW MOUNTAIN PARTNERS IV	1,193,945	1,193,945	324,192
	NEW MOUNTAIN PARTNERS V	2,616,750	2,616,750	1,535,628
	NEW MOUNTAIN PARTNERS VI LP	4,204,010	4,204,010	5,939,050
	Oaktree Private Investment Fund 2012, L.P	651,353	651,353	3,049,086
	OAKTREE PRIVATE INVESTMENT FUND 2010	115,913	115,913	434,402
	PPC FUND II-A LP	2,174,972	2,174,972	5,828,712
	PPC FUND III-A LP	8,887,801	8,887,801	11,758,482
	PPC IV LP	3,596,903	3,596,903	3,529,886
	QUAD-C PARTNERS X LP	2,672,839	2,672,839	3,310,515
	Silver Lake Partners V, LP	2,846,805	2,846,805	3,624,830
	StepStone VC Global Partners XI (Cayman)LP	1,212,211	1,212,211	1,291,424
	Strategic Partners Offshore IX L.P.	2,771,944	2,771,944	3,464,067
	SILVER LAKE PARTNERS VI, L.P	2,602,197	2,602,197	3,347,418
	STRATEGIC INVESTORS FUND XI CAYMAN, LP	3,566,209	3,566,209	4,569,312
	VENTURE INVESTMENT ASSOCIATES ENERGY III	1,618,744	1,618,744	1,616,734
	Total private equity securities	188,337,468	188,337,468	230,460,458

John Muir Health Retirement Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 94-1461843 Plan Number: 001

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Shares	(d) Cost	(e) Current Value
Hedge funds				
	CF GOLDENTREE SELECT OFFSHORE LTD CL A2 SR 1	6,473	$ 10,038,018	$ 20,584,496
	CF KING STR CAP CL S SER 210 FD	62	3,585	7,681
	CF KING STR CAP CL S SER 224 FD	177	10,375	25,317
	CF KING STREET CAP LTD CL S SR 281	430	26,015	62,982
	CF KING STREET CAP LTD CL S SR 293	18	1,083	3,270
	CF KING STREET CAP LTD CL S SR 308	59	3,565	6,191
	CF KING STREET CAP LTD CL S SR 409	175	10,883	-
	CF KING STREET CAP LTD CL S SR 455	243	24,298	5,369
	CF KING STREET CAPITAL LTD - CLASS S SERIES 80	461	29,295	31,021
	CF KING STREET CAPITAL LTD CL S SER 161	163	9,854	24,850
	CF KING STREET CAPITAL LTD CL S SER 168	1	72	144
	CF KING STREET CAPITAL LTD CL S SER 175	170	10,234	21,232
	CF KING STREET CAPITAL LTD CL S SER 263	32	1,851	5,756
	CF KING STREET CAPITAL LTD CL S SER 60	8	473	1,888
	CF KING STREET CAPITAL LTD CLASS A SER I - 1	91,191	14,145,153	23,447,636
	CF KING STREET CAPITAL LTD CLASS S SER 189	148	8,774	19,684
	CF KING STREET CAPITAL LTD CLASS S SER 314	5	327	982
	CF KING STREET CAPITAL LTD CLASS S SER 323	157	9,569	9,566
	CF KING STREET CAPITAL LTD CLASS S SER 341	335	20,425	66
	CF KING STREET CAPITAL LTD CLASS S SER 350	779	47,458	90,476
	CF KING STREET CAPITAL LTD CLASS S SER 359	362	22,024	30,351
	CF KING STREET CAPITAL LTD CLASS S SER 377	440	26,827	21,642
	CF KING STREET CAPITAL LTD CLASS S SER 238	40	2,330	4,271
	CF KING STREET CAPITAL LTD CLASS S SER 244	215	12,629	31,018
	CF KING STREET CAPTIAL LTD CL S SER 231	2	90	574

John Muir Health Retirement Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 94-1461843 Plan Number: 001

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Shares	(d) Cost	(e) Current Value
	CF KING STREET CAPTIAL LTD CL S SER 125 FUND	53	$ 3,159	$ 4,112
	CF KING STREET CAPTIAL LTD CLASS S SERIES 464	66	6,567	-
	CF ELLIOTT INTERNATIONAL CL B	2,626	2,999,890	6,617,934
	CF ELLIOTT INTERNATIONAL CL C	9,295	18,728,218	23,424,128
	Total hedge funds	114,186	46,203,041	74,482,637
		209,026,707	$ 491,780,481	$ 659,658,127

*A party in interest as defined by ERISA.

John Muir Health Retirement Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 94-1461843 Plan Number: 001

Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	Number of Transactions	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Series Transactions										
	NT COLLECTIVE GOVT SHORT TERM INVT FD	Short-term investment fund	542	$ 114,474,600	$ -	$ -	$ -	$ 114,474,600	$ 114,474,600	$ -
	NT COLLECTIVE GOVT SHORT TERM INVT FD	Short-term investment fund	307	-	116,963,535	-	-	116,963,535	116,936,535	-
Total Series Transactions			849	$ 114,474,600	$ 116,963,535	$ -	$ -	$ 231,438,135	$ 231,411,135	$ -

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The plan was originally effective October 1, 1968. The plan was amended and restated effective January 1, 2004 to incorporate several plan changes as described on the following pages and to include the merger of the Mt. Diablo Plan. The plan has been subsequently amended and restated. The last restatement was effective January 1, 2013.

The most recent amendment reflected (amendment 2024-1) was effective on December 31, 2024 and includes increases in benefits for select executives.

Covered employees and Participation date	All employees are eligible to participate under the plan on the first day of the pay period coincident with or next following the completion of one year of eligibility service. One year of eligibility service is granted if 1,000 hours of service are credited in the initial employment year, or in subsequent plan years. "Employee" means all employees of John Muir Health, excluding leased employees. Effective January 1, 2004, employees of the Health Network, Pavilion, and Mt. Diablo Medical Center become eligible employees. Members on the CNA collective bargaining unit who negotiated in this program will be effective January 1, 2004, with a retroactive starting date of January 1, 2003. Former Mt. Diablo Plan participants who are not eligible for the PEP formula became participants as of April 1, 2004, as part of the plan merger.

Definitions

Plan Year	The twelve-month period ending December 31.
Accrued Benefits	The participants' Accrued Benefit at any given date is determined under the Normal Retirement formulas shown below, but is based on current Benefit Service, Final Average Monthly Compensation, and Covered Compensation (if applicable). For participants under the PEP formula, the Accrued Benefit at any given date is based upon PEP points, current Benefit Service, Final Average Monthly Compensation, and is payable as a lump sum. The annuity value is determined using the Applicable Mortality and Applicable Interest Rate, as defined in the plan document at time of conversion / termination.

SCHEDULE SB ATTACHMENTS

Vesting service	The participant's number of years of service prior to January 1, 1996, plus the number of plan years commencing on or after January 1, 1996 in which an employee is credited with at least 1,000 hours. Special rules apply for new participants in the plan effective with the 2004 plan change.
Benefit service	Service from the beginning of the plan year of plan entry to date of termination, based on the number of hours worked during each plan year. Employees must work at least 1,000 hours to earn credited service during a plan year. Special rules apply for service prior to January 1, 1996.
Covered Compensation	The 35-year average of the Maximum Taxable Wages (MTW) under Social Security. The MTW is the annual limit on wages subject to the FICA tax for Social Security. The 35-year period ends with the year the employee reaches eligibility for an unreduced Social Security benefit (age 65, 66, or 67 depending on the year the employee was born). For years after the year of termination and prior to the end of the 35-year period, the MTW from the year of termination is used.
Final Average Compensation/Salary	Beginning January 1, 2004, the definition of Compensation changed to total pay plus deferrals. In addition, the Final Average Compensation definition changed to five (5) consecutive years out of all years after January 1, 1992. Prior definition was monthly average of the 5 consecutive years' compensation out of the most recent 10 years that gives the highest average. Compensation includes base pay plus any compensation deferred under a Section 125 or Section 401(k) plan. Compensation is limited to $200,000 (indexed beginning in 2002) as required.
Normal retirement date (NRD)	The first of the month in which the participant attains age 65.
Monthly pension benefit	Formula Prior to January 1, 2004 (Protected accrued benefit as of December 31, 2003, with pay and service as of that date): 1.1% of Final Average Monthly Compensation times Credited Service plus

SCHEDULE SB ATTACHMENTS

0.6% of Final Average Monthly Compensation in excess of Covered Compensation times Credited Service up to 35 years.

Formula Post December 31, 2003:

The formula is a Pension Equity Plan (PEP) based upon age and vesting service by year. The PEP points table is shown below. For John Muir participants, the plan recognizes Credited Service since date of hire. CNA Bargained participants will receive earned Credited Service back to January 1, 2003, as applicable, and Health Network, Pavilion and Mt. Diablo participants will begin accruing Credited Service starting January 1, 2004.

For John Muir participants, the Accrued Benefit as determined under the prior plan formula will be protected as of December 31, 2003.

Special provision for John Muir Grandfathered and CNA Bargained participants: For John Muir participants who are age 40 and have 10 years of Health System Benefit Service as of December 31, 2003, and the CNA Bargained employees will receive 2% additional PEP points for each cell.

Age	Service							
	Under 5	5-9	10-14	15-19	20-24	25-29	30-34	35 or more
0	1.50%	1.50%						
25	1.75%	1.75%	1.75%					
30	2.25%	2.75%	3.50%	3.50%				
35	2.75%	3.50%	4.00%	4.50%	4.50%			
40	4.00%	4.50%	5.00%	6.00%	7.00%	7.00%		
45	5.00%	5.50%	6.50%	7.00%	9.00%	11.00%	11.00%	
50	6.50%	7.25%	8.50%	9.50%	12.00%	14.00%	16.00%	16.00%
55	9.00%	9.50%	11.00%	12.00%	13.00%	15.00%	17.00%	18.00%
60	11.00%	12.00%	13.25%	14.75%	16.25%	18.00%	18.00%	18.00%
65+	13.00%	15.00%	17.00%	18.00%	18.00%	18.00%	18.00%	18.00%

Normal Form of Retirement Income

Straight Life Annuity for single participants. 100% Joint & Survivor Annuity for married participants. The lump sum of the PEP benefit will be converted on an actuarial equivalent basis to the normal form.

Plan Name: John Muir Health Retirement Plan
EIN / PN: 94-1461843/001
Plan Sponsor: John Muir Health
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Monthly preretirement death benefit	Eligibility: 5 years of Vesting Service (or 3 years for participants leaving after January 1, 2008). Benefit: The participant's beneficiary will receive a monthly retirement income payable for life in an amount equal to the Actuarial Equivalent of the lump sum payment the Participant could receive if he had retired immediately prior to his death and elected the lump sum payment option.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Eligibility: Age 55 and 5 years of Vesting Service.
Postponed retirement	If retirement occurs after the Normal Retirement Date, the Late Retirement income will be the Normal Retirement Benefit calculated using Benefit Service and Final Average Monthly Compensation as of the Late Retirement Date.
Vested termination	A participant is 100% vested upon completion of 5 years of Vesting Service (or 3 years for participants leaving after January 1, 2008). All participants become 100% vested upon reaching age 65 in employment. The Rule of 45 will apply to Mt. Diablo participants who were hired before January 1, 2004.
Disability Benefit	Effective January 1, 2018, subsidized disability benefits are no longer provided. Any disability incurred on or after January 1, 2018 will be considered a regular termination of employment event under the Plan.
Preretirement death benefit	5 years of vesting service (or 3 years of participants leaving after January 1, 2008).

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD
Early retirement	Actuarial equivalent of the accrued benefit based on the applicable interest rate (with October of Plan Year prior to commencement date as lookback month) and applicable mortality

table under 417(e)(3). This benefit cannot be less than the December 31, 2003 frozen benefit from the John Muir Medical Center Retirement Plan multiplied by an early retirement factor due to earlier commencement of payments.

Age	Factor
65	100.0%
64	94.0%
63	88.0%
62	82.0%
61	76.0%
60	70.0%
59	64.0%
58	58.0%
57	52.0%
56	46.0%
55	40.0%

Postponed retirement

If retirement occurs after the Normal Retirement Date, the Late Retirement income will be the Normal Retirement Benefit calculated using Benefit Service and Final Average Monthly Compensation as of the Late Retirement Date.

Vested termination

The termination benefit is equal to the vested Accrued Benefit, commencing at Normal Retirement Date. Optionally, the participant may elect to receive a reduced benefit commencing prior to Normal Retirement Date.

Disablement

Effective January 1, 2018, subsidized disability benefits are no longer provided. Any disability incurred on or after January 1, 2018 will be considered a regular termination of employment event under the Plan.

Preretirement death

The participant's beneficiary will receive a monthly retirement income payable for life in an amount equal to the Actuarial Equivalent of the lump sum payment the Participant could receive if he had retired immediately prior to his death and elected the lump sum payment option.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	The plan provides optional payment forms, including the qualified Joint and Contingent benefit for married employees, on an actuarially equivalent basis. Lump sum distributions are available upon termination or retirement. Prior to January 1, 2004 (and on December 31, 2003 protected Accrued Benefit), the Lump sum actuarial equivalence is determined using the applicable mortality table and the applicable interest rate for the October preceding the plan year of distribution as prescribed by the Treasury under Code Section 417(e)(3). For Lump sums after December 31, 2003, the amount is the determined value using the PEP formula.
Pension Increases	None
Plan participants' contributions	They are not required or permitted.
Maximum limits on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions

Future Plan Changes

No future plan changes were recognized in determining minimum contribution requirements Willis Towers Watson is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

Additional benefits to select individuals were provided in Amendment 2024-1.

John Muir Health Retirement Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 94-1461843 Plan Number: 001

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Shares	(d) Cost	(e) Current Value
Short-term investment funds				
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	11,408,167	$ 11,408,167	$ 11,408,167
Fixed income funds				
	CF BRANDYWINE GLOBAL OPPORTUNISTIC FIXEDINCOME BGXF20000002	183,820	7,015,740	8,884,514
	MFB NT COLLECTIVE S&P500 INDEX FUND-NON LENDING	3,393	41,789,290	90,646,421
	MFO DODGE & COX INTL STK FD	2,820,263	29,562,403	46,421,532
	MFO DOUBLELINE TOTAL RETURN BOND FUND-I	1,833,629	17,294,271	16,355,972
	MFO EUPAC FUND F-3 USD INC	729,828	35,340,296	44,271,364
	MFO LAZARD FDS INC EMERGING MKTS PORTFOLIO	1,019,675	18,578,874	25,298,143
	MFO PAYDEN & RYGEL INVESTMENT GROUP GBL FXD INC SI	1,278,309	11,180,380	9,830,197
	Total fixed income funds	7,868,917	160,761,254	241,708,143
Equity securities				
	TOTALENERGIES SE EUR2.5	7,370	471,011	482,145
	MONDAY COM LTD COM NPV	1,074	188,899	158,479
	WIX.COM LTD COM ILS0.01	1,493	177,083	155,108
	ADR MITSUBISHI UFJ FINL GROUP INC SPONSORED ADR	34,050	317,749	540,033
	ADR SONY GROUP CORPORATION SPON ADS EACH REPR 1 ORD SHS	26,170	444,679	669,952
	ALCON AG COM USD0.04 WI	4,800	304,963	378,288
	AAON INC COM PAR $0.004 COM PAR $0.004	7,560	709,470	576,450
	ABBOTT LAB COM	6,935	622,366	868,886
	ACCENTURE PLC CLS A	1,347	396,457	361,400
	ACI WORLDWIDE INC COM STK	25,401	827,620	1,214,422
	ACUSHNET HLDGS CORP COM	12,636	664,667	1,008,606
	ADOBE INC COM	2,488	848,309	870,775
	ADR CENTESSA PHARMACEUTICALS PLC SPONSORED ADS	6,696	155,401	167,467
	ADVANCED DRAIN SYS INC DEL COM	3,078	438,746	445,787
	ADVANCED ENERGY INDS INC COM	1,818	375,227	380,635
	AGILYSYS INC COM STK	3,816	410,146	453,493
	AIR PROD & CHEM INC COM	1,660	494,267	410,053
	ALEXANDER & BALDWIN INC	24,413	722,093	503,884
	ALPHABET INC CAP STK USD0.001 CL C	3,000	577,578	941,400
	AMAZON COM INC COM	1,328	219,013	306,529

John Muir Health Retirement Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 94-1461843 Plan Number: 001

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Shares	(d) Cost	(e) Current Value
	AMERICAN HEALTHCARE REIT INC COM	11,380	$ 568,521	$ 535,543
	AMERICAN INTERNATIONAL GROUP INC COM	19,800	1,255,227	1,693,890
	AMERICAN WTR WKS CO INC NEW COM	3,315	406,894	432,607
	AMERIPRISE FINL INC COM	1,275	349,701	625,183
	AMGEN INC COM	1,940	471,059	634,981
	AON PLC	2,208	762,815	779,159
	APPLIED INDL TECHNOLOGIES INC COM	3,473	726,983	891,762
	ARGAN INC COM	1,716	403,842	537,657
	ARMSTRONG WORLD INDS INC NEW COM STK	5,472	326,613	1,045,699
	ARROWHEAD PHARMACEUTICALS INC COM	3,614	155,981	239,933
	ATKORE INC	12,646	819,854	799,859
	ATLANTIC UN BANKSHARES CORP COM	25,563	880,104	902,374
	ATMOS ENERGY CORP COM	3,529	449,911	591,566
	ATRICURE INC COM STK	4,298	130,327	170,029
	AVIENT CORPORATION	8,893	350,766	277,817
	AXOGEN INC COM USD0.01	10,379	326,529	339,705
	AXSOME THERAPEUTICS INC. COM	2,771	222,116	506,095
	BANK OF AMERICA CORP	10,127	345,338	556,985
	BERKSHIRE HATHAWAY INC COM USD0.0033 CLASS'B'	2,070	879,942	1,040,485
	BIO-TECHNE CORP COM	5,397	304,814	317,398
	BIOMARIN PHARMACEUTICAL INC COM ISIN CH0008107010	3,887	296,564	231,004
	BLACKSTONE INC COM USD0.00001	2,850	368,777	439,299
	BOOT BARN HLDGS INC COM	1,975	245,699	348,528
	BRIDGEBIO PHARMA INC COM	3,055	93,104	233,677
	BUILDERS FIRSTSOURCE INC COM STK	2,019	266,439	207,735
	BWX TECHNOLOGIES INC COM	1,662	308,499	287,260
	CAPITAL ONE FINL CORP COM	6,720	1,065,979	1,628,659
	CARIS LIFE SCIENCES INC COM	653	16,122	17,618
	CARMAX INC COM	6,565	361,614	253,672
	CASELLA WASTE SYS INC CL A COM STK	11,297	1,028,386	1,106,428
	CCC INTELLIGENT SOLUTIONS HLDGS INC COM	114,580	882,268	910,911
	CERTARA INC COM	45,669	711,194	402,344
	CHARLES RIV LABORATORIES INTL INC COM	2,682	464,563	535,005
	CHURCHILL DOWNS INC COM	4,073	514,665	463,426
	COCA COLA CO COM	7,330	405,337	512,440
	COLGATE-PALMOLIVE CO COM	11,074	964,185	875,067

John Muir Health Retirement Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 94-1461843 Plan Number: 001

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Shares	(d) Cost	(e) Current Value
	COMFORT SYS USA INC COM	562	$ 223,849	$ 524,509
	COMMVAULT SYS INC COM STK	2,863	446,882	358,906
	CONOCOPHILLIPS COM	6,790	666,626	635,612
	CORTEVA INC COM USD0.01 WI	10,540	439,895	706,496
	COTERRA ENERGY INC COM	18,700	408,976	492,184
	CREDO TECHNOLOGY GROUP HOLDING LTD	1,099	54,054	158,135
	CTS CORP COM	16,682	584,755	715,157
	CULLEN / FROST BANKERS INC COM	2,850	305,703	360,895
	CURTISS WRIGHT CORP COM	873	305,384	481,259
	DANAHER CORP COM	2,300	364,609	526,516
	DEERE & CO COM	805	307,625	374,784
	DELL TECHNOLOGIES INC COM USD0.01 CL C WI COMMON STOCK	151	23,269	19,008
	DIAMONDBACK ENERGY INC COM	3,384	530,065	508,717
	DOVER CORP COM USD1.00	901	162,394	175,911
	DUCOMMUN INC DEL COM	3,298	323,807	313,739
	DYCOM INDS INC COM	491	125,088	165,909
	DYNATRACE INC COM	9,667	510,879	418,968
	EASTGROUP PPTYS INC REIT	3,034	511,817	540,477
	ECOLAB INC COM STK USD1	2,130	474,111	559,168
	ENERGY FUELS INC COM	8,502	153,184	123,619
	ENOVIS CORPORATION COM USD0.001	13,608	760,000	362,517
	ENSIGN GROUP INC COM STK	2,571	469,115	447,868
	EPLUS INC COM	8,497	584,336	745,187
	EQT CORP COM	3,183	171,925	170,609
	EQTY LIFESTYLE PPTYS INC REIT	5,500	330,634	333,355
	EQUITABLE HLDGS INC COM	6,009	295,479	286,329
	ESSENTIAL PROPERTIES REALTY TR INC USD0.01	30,744	769,923	911,867
	EVERCORE INC	2,613	551,024	889,073
	EXTRA SPACE STORAGE INC COM	3,356	445,195	437,018
	FEDEX CORP COM	1,062	245,982	306,769
	FERGUSON ENTERPRISES INC USD0.0001	1,363	287,338	303,445
	FTAI AVIATION LTD COM USD0.01	1,419	126,569	279,330
	GATES INDL CORP PL COM USD0.01	42,756	752,969	917,971
	GEN MTRS CO COM	3,468	134,277	282,018
	GENERAL DYNAMICS CORP COM	1,510	367,404	508,357
	GENERAL MILLS INC COM	10,634	561,366	494,481
	GLAUKOS CORP COM	2,689	317,045	303,615
	GRAHAM HLDGS CO COM CL B COM	741	498,329	814,063
	GUARDANT HEALTH INC COM	2,357	232,199	240,744
	HAEMONETICS CORP MASS COM	8,041	684,179	644,486

John Muir Health Retirement Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 94-1461843 Plan Number: 001

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Shares	(d) Cost	(e) Current Value
	HANOVER INS GROUP INC COM	4,530	$ 613,401	$ 827,948
	HEALTHEQUITY INC COM	5,557	543,000	509,077
	HUBSPOT INC COM	888	466,786	356,354
	INGEVITY CORP COM	13,637	693,468	807,038
	INSMED INC COM PAR $.01	2,067	137,949	359,741
	INSTALLED BLDG PRODS INC COM	2,037	422,532	528,377
	INTERPARFUMS INC	5,931	774,805	503,127
	INTL PAPER CO COM	8,650	364,749	340,724
	IRHYTHM HOLDINGS INC	1,905	206,383	338,023
	KARMAN HLDGS INC COM	5,983	283,159	437,776
	KEYCORP NEW COM	14,935	227,816	308,258
	KRATOS DEFENSE & SECURITY SOLUTIONS INC	6,182	433,606	469,276
	KYMERA THERAPEUTICS INC COM	2,724	223,900	211,954
	LABCORP HLDGS INC COM	1,485	327,725	372,557
	LANDSTAR SYS INC COM	6,593	550,587	947,414
	LENNAR CORP CL A CL A	4,950	444,617	508,860
	LIGAND PHARMACEUTICALS INCORPORATED CL BCOMMON STOCK	1,201	243,049	227,073
	LOWES COS INC COM	1,880	434,781	453,381
	L3HARRIS TECHNOLOGIES INC COM	919	191,207	269,791
	MADRIGAL PHARMACEUTICALS INC COM	351	153,509	204,401
	MARTEN TRANS LTD COM	27,825	538,146	316,649
	MARTIN MARIETTA MATLS INC COM	1,690	695,371	1,052,295
	MATSON INC COM	7,291	286,335	900,803
	MC CORMICK & CO INC COM NON-VTG	3,075	211,425	209,438
	MEDTRONIC PLC COMMON STOCK STOCK	7,015	581,366	673,861
	MERCK & CO INC NEW COM	4,830	427,672	508,406
	METLIFE INC COM STK USD0.01	5,618	465,390	443,485
	MICROCHIP TECHNOLOGY INC COM	6,380	363,101	406,534
	MICROSOFT CORP COM	1,780	467,598	860,844
	MOELIS & CO CL A CL A	16,582	501,353	1,139,847
	MURPHY USA INC COM	1,789	327,305	721,897
	NATERA INC COM	1,328	93,720	304,232
	NEWMARKET CORP COM	1,458	487,659	1,002,025
	NOVANTA INC NOVANTA INC	5,150	711,079	612,799
	NUCOR CORP COM	2,673	355,450	435,993
	NVR INC COM STK USD0.01	42	238,790	306,296
	OSHKOSH CORPORATION	2,660	297,807	334,176
	PARKER-HANNIFIN CORP COM	1,425	530,782	1,252,518
	PENUMBRA INC COM	1,210	243,578	376,201
	PERFORMANCE FOOD GROUP CO COM	6,326	435,608	568,834

John Muir Health Retirement Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 94-1461843 Plan Number: 001

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Shares	(d) Cost	(e) Current Value
	PFIZER INC COM	13,471	$ 349,363	$ 335,428
	PLANET FITNESS INC CL A CL A	4,933	537,702	535,083
	PNC FINANCIAL SERVICES GROUP COM STK	2,230	311,198	465,468
	PRICESMART INC COM STK	5,841	474,543	716,515
	PRIMERICA INC COM	1,075	230,709	277,737
	PROCTER & GAMBLE COM NPV	2,950	426,199	422,765
	PTC THERAPEUTICS INC COM	2,652	150,994	201,446
	QUALCOMM INC COM	3,420	382,694	584,991
	QUALYS INC COM USD0.001	4,698	477,203	624,364
	RADNET INC COM STK	5,013	386,755	357,678
	RAMBUS INC DEL COM	3,257	204,259	299,286
	REGAL REXNORD CORPORATION COM STK USD0.01	6,240	847,305	875,597
	REPLIGEN CORP COM STK USD0.01	1,804	317,144	295,603
	REVOLUTION MEDICINES INC COM	3,054	140,030	243,251
	REVOLVE GROUP INC CL A CL A	31,789	474,209	959,710
	RH COM	2,674	771,328	479,047
	RHYTHM PHARMACEUTICALS INC COM	892	90,621	95,480
	ROCKET LAB CORP COM	6,188	222,184	431,675
	RPM INTL INC	4,200	357,672	436,800
	RUBRIK INC COM USD0.000025 CL A	5,533	507,271	423,164
	SAIA INC COM STK	1,386	479,266	452,557
	SALESFORCE INC COM USD0.001	2,045	558,136	541,741
	SBA COMMUNICATIONS CORP COM USD0.01 CL A	2,466	517,184	476,998
	SEMTECH CORP COM	5,617	256,221	413,917
	SERVICETITAN INC CL A CL A	4,255	417,021	453,158
	SHARKNINJA COM USD0.0001	7,447	722,428	833,319
	SITEONE LANDSCAPE SUPPLY INC COM	2,537	382,640	316,009
	SOLVENTUM CORP COM COM USD0.01	1,700	137,128	134,708
	SS&C TECHNOLOGIES HLDGS INC COM	3,206	229,213	280,269
	STARBUCKS CORP COM	3,876	324,358	326,398
	STERLING INFRASTRUCTURE INC COM STK USD0.01	1,292	207,406	395,649
	SYNOPSYS INC COM	1,080	504,159	507,298
	SYSCO CORP COM	7,327	563,425	539,927
	TAKE-TWO INTERACTIVE SOFTWARE INC COM STK USD0.01	1,947	325,378	498,490
	TELEDYNE TECHNOLOGIES INC COM	1,721	757,724	878,966
	TEXAS INSTRUMENTS INC COM	4,785	793,994	830,150
	TEXAS ROADHOUSE INC COMMON STOCK	3,609	503,375	599,094
	THE COOPER COMPANIES, INC.	3,863	273,700	316,611

John Muir Health Retirement Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 94-1461843 Plan Number: 001

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Shares	(d) Cost	(e) Current Value
	THE MARZETTI COMPANY	4,394	$ 741,595	$ 722,461
	THERMO FISHER SCIENTIFIC INC COM USD1	757	381,645	438,644
	TOAST INC COM USD0.000001 CLASS A	10,789	396,066	383,117
	TOPBUILD CORP COM	1,439	580,237	600,336
	TREDEGAR CORP INC	8,378	142,406	60,154
	UBER TECHNOLOGIES INC COM USD0.00001	5,570	430,417	455,125
	ULTRAGENYX PHARMACEUTICAL INC COM	4,937	218,627	113,551
	UMB FINL CORP COM STK	3,344	361,514	384,694
	UNIFIRST CORP MASS COM	3,081	534,407	594,325
	UNION PAC CORP COM	2,191	488,402	506,822
	US BANCORP	10,750	422,569	573,620
	VARONIS SYS INC COM	7,722	394,122	253,282
	VERIZON COMMUNICATIONS COM	10,935	474,436	445,383
	VISA INC COM CL A STK	812	181,923	284,777
	VONTIER CORP COM USD0.0001 WI	25,573	519,639	950,804
	WALT DISNEY CO	3,895	394,195	443,134
	WASTE MGMT INC DEL COM STK	3,297	632,704	724,384
	WELLS FARGO & CO NEW COM STK	6,150	493,726	573,180
	WHITE MOUNTAINS INSURANCE GROUP COM STOCK	750	606,845	1,558,523
	WINGSTOP INC COM	2,892	852,749	689,713
	XCEL ENERGY INC COM	6,770	467,563	500,032
	ZOETIS INC COM USD0.01 CL 'A'	4,103	559,938	516,239
	1ST INDL RLTY TR INC COM	7,982	181,387	457,129
	Total equity securities	1,297,969	85,070,551	101,598,722
Private equity securities				
	AEA INVESTORS FUND VI LP	1,403,382	1,403,382	1,662,825
	COLLER INTERNATIONAL PARTNERS VII FEEDERFUND LP	253,237	253,237	1,268,560
	TRIDENT VII	2,555,914	2,555,914	3,720,303
	AEA INVESTORS FUND VIII LP	1,541,275	1,541,275	1,261,074
	AG REALTY FUND VIII, LP	715,285	715,285	237,811

John Muir Health Retirement Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 94-1461843 Plan Number: 001

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Shares	(d) Cost	(e) Current Value
	AMERICAN SECURITIES PARTNERS VII LP	3,034,964	$ 3,034,964	$ 3,171,467
	AMERICAN SECURITIES PARTNERS VIII LP	5,387,527	5,387,527	6,208,148
	CCI CORE BOND FUND LP	95,930,000	95,930,000	104,449,737
	CENTERBRIDGE PARTNERS REAL ESTATE FUND LP	2,728,536	2,728,536	2,984,348
	ENTRUST PERMAL CORE STRATEGIES LTD	1	1	3,387,756
	Francisco Partners VII-A, L.P.	2,335,000	2,335,000	2,421,196
	GOLDENTREE MULTI SECTOR LTD	17,300,000	17,300,000	22,501,617
	GREENSPRING GLOBAL PARTNERS VIIIB, LP	3,050,034	3,050,034	5,641,067
	INDUSTRY VENTURES PARTNERSHIP HOLDINGS III LP	1,663,668	1,663,668	3,296,479
	INDUSTRY VENTURES PARTNERSHIP HOLDINGS IV LP	1,790,506	1,790,506	4,094,409
	INDUSTRY VENTURES PARTNERSHIP HOLDINGS V, LP	2,789,768	2,789,768	4,802,097
	INDUSTRY VENTURES PARTNERSHIP HOLDINGS VI, LP	3,707,060	3,707,060	4,141,614
	New Mountain Partners VII, L.P.	1,418,715	1,418,715	1,586,212
	NEW MOUNTAIN PARTNERS IV	1,193,945	1,193,945	324,192
	NEW MOUNTAIN PARTNERS V	2,616,750	2,616,750	1,535,628
	NEW MOUNTAIN PARTNERS VI LP	4,204,010	4,204,010	5,939,050
	Oaktree Private Investment Fund 2012, L.P	651,353	651,353	3,049,086
	OAKTREE PRIVATE INVESTMENT FUND 2010	115,913	115,913	434,402
	PPC FUND II-A LP	2,174,972	2,174,972	5,828,712
	PPC FUND III-A LP	8,887,801	8,887,801	11,758,482
	PPC IV LP	3,596,903	3,596,903	3,529,886
	QUAD-C PARTNERS X LP	2,672,839	2,672,839	3,310,515
	Silver Lake Partners V, LP	2,846,805	2,846,805	3,624,830
	StepStone VC Global Partners XI (Cayman)LP	1,212,211	1,212,211	1,291,424
	Strategic Partners Offshore IX L.P.	2,771,944	2,771,944	3,464,067
	SILVER LAKE PARTNERS VI, L.P	2,602,197	2,602,197	3,347,418
	STRATEGIC INVESTORS FUND XI CAYMAN, LP	3,566,209	3,566,209	4,569,312
	VENTURE INVESTMENT ASSOCIATES ENERGY III	1,618,744	1,618,744	1,616,734
	Total private equity securities	188,337,468	188,337,468	230,460,458

John Muir Health Retirement Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 94-1461843 Plan Number: 001

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Shares	(d) Cost	(e) Current Value
Hedge funds				
	CF GOLDENTREE SELECT OFFSHORE LTD CL A2 SR 1	6,473	$ 10,038,018	$ 20,584,496
	CF KING STR CAP CL S SER 210 FD	62	3,585	7,681
	CF KING STR CAP CL S SER 224 FD	177	10,375	25,317
	CF KING STREET CAP LTD CL S SR 281	430	26,015	62,982
	CF KING STREET CAP LTD CL S SR 293	18	1,083	3,270
	CF KING STREET CAP LTD CL S SR 308	59	3,565	6,191
	CF KING STREET CAP LTD CL S SR 409	175	10,883	-
	CF KING STREET CAP LTD CL S SR 455	243	24,298	5,369
	CF KING STREET CAPITAL LTD - CLASS S SERIES 80	461	29,295	31,021
	CF KING STREET CAPITAL LTD CL S SER 161	163	9,854	24,850
	CF KING STREET CAPITAL LTD CL S SER 168	1	72	144
	CF KING STREET CAPITAL LTD CL S SER 175	170	10,234	21,232
	CF KING STREET CAPITAL LTD CL S SER 263	32	1,851	5,756
	CF KING STREET CAPITAL LTD CL S SER 60	8	473	1,888
	CF KING STREET CAPITAL LTD CLASS A SER I - 1	91,191	14,145,153	23,447,636
	CF KING STREET CAPITAL LTD CLASS S SER 189	148	8,774	19,684
	CF KING STREET CAPITAL LTD CLASS S SER 314	5	327	982
	CF KING STREET CAPITAL LTD CLASS S SER 323	157	9,569	9,566
	CF KING STREET CAPITAL LTD CLASS S SER 341	335	20,425	66
	CF KING STREET CAPITAL LTD CLASS S SER 350	779	47,458	90,476
	CF KING STREET CAPITAL LTD CLASS S SER 359	362	22,024	30,351
	CF KING STREET CAPITAL LTD CLASS S SER 377	440	26,827	21,642
	CF KING STREET CAPITAL LTD CLASS S SER 238	40	2,330	4,271
	CF KING STREET CAPITAL LTD CLASS S SER 244	215	12,629	31,018
	CF KING STREET CAPTIAL LTD CL S SER 231	2	90	574

John Muir Health Retirement Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 94-1461843 Plan Number: 001

December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Shares	(d) Cost	(e) Current Value
	CF KING STREET CAPTIAL LTD CL S SER 125 FUND	53	$ 3,159	$ 4,112
	CF KING STREET CAPTIAL LTD CLASS S SERIES 464	66	6,567	-
	CF ELLIOTT INTERNATIONAL CL B	2,626	2,999,890	6,617,934
	CF ELLIOTT INTERNATIONAL CL C	9,295	18,728,218	23,424,128
	Total hedge funds	114,186	46,203,041	74,482,637
		209,026,707	$ 491,780,481	$ 659,658,127

*A party in interest as defined by ERISA.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	6	62	0	0	0	0	0	0	0	0	68
	-	85,414	-	-	-	-	-	-	-	-	81,754
25-29	21	363	37	1	0	0	0	0	0	0	422
	63,500	111,353	89,540	-	-	-	-	-	-	-	107,096
30-34	20	439	201	12	1	0	0	0	0	0	673
	67,086	115,692	117,315	-	-	-	-	-	-	-	114,582
35-39	15	351	306	124	49	3	0	0	0	0	848
	-	143,359	137,708	142,009	128,581	-	-	-	-	-	139,382
40-44	7	269	225	139	139	33	0	0	0	0	812
	-	137,273	147,767	145,627	152,545	155,449	-	-	-	-	144,549
45-49	13	154	163	83	153	125	4	0	0	0	695
	-	156,976	138,555	161,781	172,337	175,603	-	-	-	-	158,590
50-54	3	105	137	85	126	145	36	4	0	0	641
	-	147,904	156,130	149,410	178,880	195,991	171,954	-	-	-	167,665
55-59	10	74	72	63	103	121	36	13	2	0	494
	-	141,945	136,742	151,991	144,380	174,068	194,306	-	-	-	155,177
60-64	3	29	70	33	77	84	34	16	10	0	356
	-	148,544	149,761	173,314	161,310	157,908	147,345	-	-	-	159,002
65-69	2	22	25	23	25	36	14	4	8	1	160
	-	123,957	137,679	151,362	140,035	163,008	-	-	-	-	151,053
70 & over	3	10	9	5	4	4	5	1	1	2	44
	-	-	-	-	-	-	-	-	-	-	114,402
Total	103	1,878	1,245	568	677	551	129	38	21	3	5,213
	75,069	128,730	137,337	149,641	159,117	175,411	169,124	187,413	208,183	-	142,642

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: John Muir Health Retirement Plan
EIN / PN: 94-1461843/001
Plan Sponsor: John Muir Health
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- Applicable month: September
- Interest rate basis: 3-Segment Rates

Interest rates	Reflecting Stabilization	Not Reflecting Stabilization
First segment rate	5.07%	5.07%
Second segment rate	5.31%	5.33%
Third segment rate	5.50%	5.36%
Effective interest rate	5.37%	5.31%

Annual rates of increase

- Compensation: 4.25%
- Future Social Security wage bases: N/A

Lump sum rate

The interest rate assumption for converting plan formula lump sums into accrued benefits payable at normal retirement age is assumed to be equal to:

- the valuation interest rate for IRC §430 and IRC §436 purposes

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant

New or rehired employees

It was assumed there will be no new or rehired employees.

Funding Mortality

Base mortality table: Male Table used for males; Female table used for females

1. Base table: Pri-2012
2. Base mortality table year: 2012
3. Table type: No Collar
4. Table weighting: Benefit
5. Blending of annuitants and non-annuitants: Separate rates for annuitants and non-annuitants (based on Employees table)

Mortality Improvement Scale: Male Table used for males; Female Table used for Females

1. Base scale: MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024
2. Projection Type: Generational

Lump Sum Mortality

2025 IRS 417(e) mortality table

Termination/Retirement

The rates at which participants with three or more years of service are assumed to terminate/retire vary by age as shown below:

Representative Rates

Percentage leaving/retiring during the year	
Age	Rate
18 - 39	7%
40 - 59	5%
60 - 62	10%
63 - 64	12%
65	25%
66 - 69	30%
70+	100%

Participants with less than 3 years of service are assumed to terminate/retire at the rate of 18% per year.

SCHEDULE SB ATTACHMENTS

Disability

The rates at which participants are assumed to become disabled by age are shown below:

Percentage becoming disabled during the year	
Age	Disability rate
20	0.12%
25	0.12%
30	0.12%
35	0.13%
40	0.15%
45	0.20%
50	0.36%
55	0.68%
60	1.38%

Benefit commencement date:

- Preretirement death benefit — Upon death
- Deferred vested benefit for former employees — Upon normal retirement age
- Disability benefit — Upon disablement
- Retirement benefit — Upon termination of employment for those electing a lump sum payment and at age 65 (or decrement age if later) for those electing an annuity.

Form of payment (PEP Participants)

70% of the active participants are assumed to elect an immediate lump sum payment, 18% are assumed to elect a life annuity, 3% are assumed to elect a joint and 50% survivor annuity, and 9% are assumed to elect a joint and 100% survivor annuity.

Form of payment (Mt. Diablo Participants)

50% are assumed to elect a life annuity, 20% are assumed to elect a joint and 50% survivor annuity, and 30% are assumed to elect a joint and 100% survivor annuity.

Percent married

For purposes of valuing the pre-retirement surviving spouse's benefit, 60% of eligible participants are assumed to be married.

Spouse age

Wife two years younger than husband

SCHEDULE SB ATTACHMENTS

Covered pay	Compensation assumed paid in the current year beginning on the valuation date is pension compensation for the prior plan year, increased with ½ year's assumed compensation increases.
Administrative expenses	$200,000
At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the lump sum form of payment.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

SCHEDULE SB ATTACHMENTS

Benefits not valued	All benefits described in the Plan Provisions section of this report were valued based on discussions with the plan sponsor regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Lump sum conversion rate	As required by IRC §430, lump sum benefits are valued using “annuity substitution”, using the applicable interest rate under Section 417(e)(3), for purposes of determining the plan’s funding target, the future annuity is determined using the valuation interest rate under 430(h)(2) (as opposed to the interest rates under 417(e)(3) which the plan uses to determine the amount of the benefit).
Rates of increase in compensation and National Average Wages (NAW) CPI	Assumed increases were chosen by the plan sponsor and represents an estimate of future experience.

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Demographic Assumptions

Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination/Retirement	Termination rates were based on an experience study conducted in 2021.
Form of payment	Form of payments assumptions are based on an experience study conducted in 2021.

Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions since prior valuation	The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430. The lump sum mortality table was updated from the 2024 IRS 417(e) mortality table to the 2025 IRS 417(e) mortality table. The rate of compensation increase assumption increased from 3.75% to 4.25%.
Change in methods since prior valuation	None

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	26,956,386	15.00000	26,956,386	2,513,425
Total				26,956,386	2,513,425

Plan Name: John Muir Health Retirement Plan
EIN / PN: 94-1461843/001
Plan Sponsor: John Muir Health
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The rate of compensation increase assumption increased from 3.75% to 4.25%.

Plan Name:	John Muir Health Retirement Plan
EIN / PN:	94-1461843/001
Plan Sponsor:	John Muir Health
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	John Muir Health
EIN/PN	94-1461843/001
Plan Name	John Muir Health Retirement Plan
Valuation Date	January 1, 2025
Enrolled Actuary	J. Alfonso Carrillo-Lundgren
Enrollment Number	26-07598

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

Age x (a)	Rate of Retirement (b)	Probability of Not Retiring before Age x (c)	Probability of Retiring at Age x (d) = (b) * (c)	Weighted Age at Retirement (a) * (d)
55	5.00%	100.00%	5.00%	2.7500
56	5.00%	95.00%	4.75%	2.6600
57	5.00%	90.25%	4.51%	2.5721
58	5.00%	85.74%	4.29%	2.4864
59	5.00%	81.45%	4.07%	2.4028
60	10.00%	77.38%	7.74%	4.6427
61	10.00%	69.64%	6.96%	4.2481
62	10.00%	62.68%	6.27%	3.8859
63	12.00%	56.41%	6.77%	4.2645
64	12.00%	49.64%	5.96%	3.8123
65	25.00%	43.68%	10.92%	7.0985
66	30.00%	32.76%	9.83%	6.4869
67	30.00%	22.93%	6.88%	4.6096
68	30.00%	16.05%	4.82%	3.2749
69	30.00%	11.24%	3.37%	2.3261
70	100.00%	7.87%	7.87%	5.5063
		Total	100%	63.0271

Average Weighted Age at Retirement	63

Plan Name: John Muir Health Retirement Plan
EIN / PN: 94-1461843/001
Plan Sponsor: John Muir Health
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	41,838,370	387,621	14,337,664	56,563,655
2026	33,274,470	907,692	14,108,370	48,290,532
2027	30,059,923	1,169,074	13,849,749	45,078,746
2028	28,925,951	1,451,246	13,553,390	43,930,587
2029	27,946,558	1,799,795	13,222,450	42,968,803
2030	27,573,153	2,058,736	12,866,186	42,498,075
2031	27,211,378	2,170,545	12,448,688	41,830,611
2032	26,710,232	2,320,602	11,965,351	40,996,185
2033	26,452,502	2,482,051	11,475,749	40,410,302
2034	26,265,317	2,599,014	10,976,465	39,840,796
2035	25,979,365	2,792,749	10,471,198	39,243,312
2036	26,024,540	2,973,397	9,966,694	38,964,631
2037	25,459,790	3,083,658	9,444,244	37,987,692
2038	25,336,689	3,228,904	8,904,383	37,469,976
2039	24,742,692	3,347,004	8,350,075	36,439,771
2040	24,391,201	3,478,154	7,784,889	35,654,244
2041	23,970,808	3,638,183	7,212,942	34,821,933
2042	23,188,571	3,747,604	6,638,834	33,575,009
2043	22,639,533	3,862,598	6,067,541	32,569,672
2044	22,541,135	4,016,273	5,504,331	32,061,739
2045	22,270,501	4,179,893	4,954,605	31,404,999
2046	21,841,656	4,328,716	4,423,721	30,594,093
2047	20,998,691	4,432,049	3,916,774	29,347,514
2048	20,760,619	4,491,798	3,438,355	28,690,772
2049	20,128,030	4,515,570	2,992,307	27,635,907
2050	19,595,972	4,549,114	2,581,652	26,726,738
2051	18,974,020	4,556,354	2,208,408	25,738,782
2052	18,365,608	4,515,300	1,873,544	24,754,452
2053	17,792,040	4,454,315	1,577,035	23,823,390

Plan Name: John Muir Health Retirement Plan
EIN / PN: 94-1461843/001
Plan Sponsor: John Muir Health
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2054	17,096,342	4,364,429	1,317,937	22,778,708
2055	16,509,499	4,261,692	1,094,539	21,865,730
2056	15,796,675	4,131,926	904,435	20,833,036
2057	15,035,893	3,991,074	744,730	19,771,697
2058	14,388,687	3,849,190	612,206	18,850,083
2059	13,717,850	3,698,891	503,482	17,920,223
2060	13,045,451	3,528,596	415,190	16,989,237
2061	12,420,966	3,353,391	344,082	16,118,439
2062	11,767,168	3,180,353	287,156	15,234,677
2063	11,138,489	3,010,905	241,729	14,391,123
2064	10,482,012	2,841,790	205,471	13,529,273
2065	9,836,081	2,670,432	176,416	12,682,929
2066	9,202,874	2,501,993	152,931	11,857,798
2067	8,576,227	2,336,617	133,687	11,046,531
2068	7,960,704	2,174,477	117,634	10,252,815
2069	7,373,255	2,015,601	103,971	9,492,827
2070	6,801,039	1,860,184	92,120	8,753,343
2071	6,248,481	1,708,548	81,672	8,038,701
2072	5,718,627	1,561,105	72,334	7,352,066
2073	5,210,003	1,418,371	63,628	6,692,002
2074	4,724,170	1,280,895	56,027	6,061,092

John Muir Health Retirement Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 94-1461843 Plan Number: 001

Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	Number of Transactions	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Series Transactions										
	NT COLLECTIVE GOVT SHORT TERM INVT FD	Short-term investment fund	542	$ 114,474,600	$ -	$ -	$ -	$ 114,474,600	$ 114,474,600	$ -
	NT COLLECTIVE GOVT SHORT TERM INVT FD	Short-term investment fund	307	-	116,963,535	-	-	116,963,535	116,936,535	-
Total Series Transactions			849	$ 114,474,600	$ 116,963,535	$ -	$ -	$ 231,438,135	$ 231,411,135	$ -

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
JOHN MUIR HEALTH RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
JOHN MUIR HEALTH

D Employer Identification Number (EIN)
94-1461843

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	629,416,511
b Actuarial value	**2b**	605,645,300

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,043	150,299,671	150,299,671
b For terminated vested participants	880	48,218,813	48,218,813
c For active participants	5,213	431,547,114	434,083,202
d Total	7,136	630,065,598	632,601,686

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.37%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	46,226,922
b Expected plan-related expenses	**6b**	200,000
c Target normal cost	**6c**	46,426,922

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

J. Alfonso Carrillo-Lundrgen

Signature of actuary

10/7/2026

Date

J. Alfonso Carrillo-Lundgren

Type or print name of actuary

2607598

Most recent enrollment number

Willis Towers Watson US LLC

Firm name

213-337-6000

Telephone number (including area code)

PO Box 674401

Houston TX 72267

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 9.50 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1,579,972
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.19 %		82,001
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		1,661,973
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	95.73 %
15	Adjusted funding target attainment percentage	15	95.73 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.97 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/15/2026	53,600,000	0			
		Totals ► 18(b)	53,600,000	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	49,025,239

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	46,426,922
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	26,956,386	2,513,425
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	48,940,347

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	48,940,347
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	49,025,239

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

a Total (excess, if any, of line 37 over line 36)	**38a**	84,892
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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