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
EL CAMINO HOSPITAL CASH BALANCE PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1963

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)
EL CAMINO HOSPITAL

2500 GRANT ROAD
MOUNTAIN VIEW, CA 94040-7025

2b Employer Identification Number (EIN) 94-3167314

2c Plan Sponsor's telephone number 650-940-7000

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.	10/15/2026	CJ EMERY
	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**	5610
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)**	3797
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3813
b	Retired or separated participants receiving benefits	**6b**	670
c	Other retired or separated participants entitled to future benefits	**6c**	1102
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	5585
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	53
f	Total. Add lines **6d** and **6e**.	**6f**	5638
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**	85
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 1C 3H

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

9a Plan funding arrangement (check all that apply)		**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 0
- **(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
EL CAMINO HOSPITAL CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
EL CAMINO HOSPITAL

D Employer Identification Number (EIN)
94-3167314

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**	391484641
b Actuarial value	**2b**	372405803

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	698	60270690	60270690
b For terminated vested participants	1112	36832937	36833560
c For active participants	3797	181545631	190691888
d Total	5607	278649258	287796138

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**	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	18472852
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	18472852

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

10/13/2026
Date

MISTY LAM, EA, MSPA, MAAA
Type or print name of actuary

26-06737
Most recent enrollment number

BUCK GLOBAL, LLC
Firm name

808-258-0315
Telephone number (including area code)

1050 QUEEN STREET, SUITE 100
HONOLULU, HI 96814
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	80941955
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	80941955
10	Interest on line 9 using prior year's actual return of 10.04 %	0	8126572
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		11517361
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 5.23 %		602358
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		12119719
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	22931714
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	66136813

Part III Funding Percentages

14	Funding target attainment percentage	14	106.41 %
15	Adjusted funding target attainment percentage	15	129.39 %
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	104.08 %
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
04/15/2025	6500000	0			
07/25/2025	6500000	0			
10/17/2025	6500000	0			
			Totals ► 18(b)	19500000	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	18952931

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: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	66

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**	18472852
b Excess assets, if applicable, but not greater than line 31a	**31b**	18472852

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	0

	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**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	18952931
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	18952931
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
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
EL CAMINO HOSPITAL CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EL CAMINO HOSPITAL

D Employer Identification Number (EIN)
94-3167314

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

BNY MELLON INVESTMENT ADVISOR
240 GREENWICH STREET
NEW YORK, NY 10286

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

CAUSEWAY CAPITAL MANAGEMENT LLC
11111 SANTA MONICA BOULEVARD
15TH FLOOR
LOS ANGELES, CA 90025

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

CONESTOGA FUNDS
CROSSPOINT AT VALLEY FORGE
550 E. SWEDESFORD RD, STE 120 EAST
WAYNE, PA 19087

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

DODGE & COX
P.O. BOX 8422
BOSTON, MA 02266-8422

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

HARDING LOEVNER FUNDS, INC.

P.O. BOX 4766
CHICAGO, IL 60680-4766

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

LIGHTHOUSE INVESTMENT PARTNERS, LLC

3801 PGA BOULEVARD
SUITE 500
PALM BEACH GARDENS, FL 33410

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

METROPOLITAN WEST ASSET MANAGEMENT

865 SOUTH FIGUEROA STREET
LOS ANGELES, CA 90017

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

OAKTREE RE OPP FUND VI

333 SOUTH GRAND AVE
28TH FLOOR
LOS ANGELES, CA 90071

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

POINTER MANAGEMENT, LLC

735 BROAD STREET
SUITE 1108
CHATTANOOGA, TN 37402

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

TOUCHSTONE ADVISORS INC.

303 BROADWAY
SUITE 1100
CINCINNATI, OH 45202-4203

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

VANGUARD GROUP, INC.

P.O. BOX 2900
VALLEY FORGE, PA 19482-2900

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

WALTON STREET RE FUND VIII

900 NORTH MICHIGAN AVE
SUITE 1900
CHICAGO, IL 60611

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

WALTON STREET RE FUND VIII

900 NORTH MICHIGAN AVE
SUITE 1900
CHICAGO, IL 60611

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

WELLINGTON TRUST COMPANY, NA

280 CONGRESS STREET
BOSTON, MA 02210

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

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

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

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)

WALTON STREET RE FUND VII

900 NORTH MICHIGAN AVE
SUITE 1900
CHICAGO, IL 60611

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	44740	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:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
EL CAMINO HOSPITAL CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
EL CAMINO HOSPITAL

D Employer Identification Number (EIN)
94-3167314

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: WTC-CIF SMALL CAP VALUE

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-2767481-058	C	13686551

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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
EL CAMINO HOSPITAL CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EL CAMINO HOSPITAL

D Employer Identification Number (EIN)
94-3167314

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	0	41191
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5000000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	100261	199572
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	9907587	9945883
(2) U.S. Government securities	1c(2)	3467738	12179448
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	66280	29777
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	40187046	46221726
(5) Partnership/joint venture interests	1c(5)	4533546	3392099
(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)	13022904	13686551
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	246528364	285175159
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	68681350	78548577

		(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	391495076	449419983
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	391495076	449419983

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)	19500000	
(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)		19500000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	402714	
(B) U.S. Government securities	2b(1)(B)	367609	
(C) Corporate debt instruments	2b(1)(C)	881	
(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)		771204
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	950129	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	5853961	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		6804090
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	146721182	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	144034409	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		2686773
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	10178194	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		10178194

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		663647
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		32792834
c Other income	2c		714012
d Total income. Add all **income** amounts in column (b) and enter total	2d		74110754
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	16139844	
(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)		16139844
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)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	44740	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1263	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		46003
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		16185847
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		57924907
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: 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		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 585426.

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
EL CAMINO HOSPITAL CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EL CAMINO HOSPITAL

D Employer Identification Number (EIN)
94-3167314

Part I Distributions

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

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

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

EIN(s): 41-6257133

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** 123

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: 56.7 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 25.2 %
High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 18.1 %

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_____.

Report of Independent Auditors and
Financial Statements with
Supplemental Schedules and
Required Supplementary Information

El Camino Hospital Cash Balance Plan

December 31, 2025 and 2024

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Report of Independent Auditors

The Trustees of
El Camino Hospital Cash Balance Plan

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of El Camino Hospital Cash Balance Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of fiduciary net position as of December 31, 2025 and 2024, and the related statements of changes in fiduciary net position for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the fiduciary net position of El Camino Hospital Cash Balance Plan, as of December 31, 2025 and 2024, and the changes in its fiduciary net position for the years then ended, in accordance with accounting principles generally accepted in the United States of America (GAAP).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of El Camino Hospital Cash Balance Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about El Camino Hospital Cash Balance Plan's ability to continue as a going concern within twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

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.

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.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of El Camino Hospital Cash Balance 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 El Camino Hospital Cash Balance Plan's ability to continue as a going concern for a reasonable period of time.

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

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the accompanying management's discussion and analysis, schedules of changes in employer net pension liability and related ratios, schedule of employer contributions, and schedule of investment returns be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with audit standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audits of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2025, and Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Baker Tilly US, LLP

San Francisco, California
October 12, 2026

Management's Discussion and Analysis

El Camino Hospital Cash Balance Plan
Management's Discussion and Analysis

This section of El Camino Hospital Cash Balance Plan's (the Plan's) annual financial report presents the management discussion and analysis of the Plan's financial performance as of and for the year ended December 31, 2025, the Plan's normal accounting year. It also includes selected comparative information as of and for the year ended December 31, 2024. It should be read in conjunction with the Plan's annual audited financial statements, which follow this section.

Overview of the financial statements – The financial statements consist of four parts: management's discussion and analysis (this section), the basic financial statements together with the related notes, certain required supplemental schedules as required by the Department of Labor, and certain required supplementary information as mandated by certain pronouncements of the Governmental Accounting Standards Board (GASB).

The basic financial statements present information about the Plan's fiduciary net position and changes in fiduciary net position for the respective years. The basic financial statements also include notes to explain some of the information in the financial statements and to provide more details. The notes are followed by a section of required supplemental schedules that display additional detail information not in the basic financial statements, but which are required by the Department of Labor. The supplemental schedules are followed by a section of required supplementary information that displays additional detail information not in the basic financial statements, but which is required by the pronouncements of the GASB and relates to pension liability and required contributions. The statement of fiduciary net position displays the assets and liabilities and resulting net position of the Plan as of the end of the year. All assets are valued at fair value.

The Plan was established on July 1, 1963, by El Camino Hospital (the Organization) and has been amended from time to time since that date, as further described below.

Financial analysis of the pension plan – Total contributions have exceeded the actuarially determined contribution amounts dating back to 2014, due to the decision made by the Organization's Board of Directors to fund the Plan at amounts above actuarially determined contributions. In the current year, the discount rate used to measure total pension liability remained consistent with the prior year at 6.7%.

Operating statistics – The actuarial cost method used to attribute the actuarial present value of projected benefit payments of each Plan member is the entry age normal cost method. Under the entry age normal cost method, the actuarial present value of the projected benefits for each individual included in the actuarial valuation is allocated on a level basis over the earnings or service of the individual between entry age and assumed exit ages. The portion of this actuarial present value allocated to a valuation year is called the normal cost. The portion of this actuarial present value not provided for at a valuation date by the actuarial present value of future normal costs is the actuarial accrued liability.

The Organization's net pension liability is calculated as the total pension liability, defined as the portion of the actuarial present value of projected benefit payments that is attributed to past periods of member service, less the Plan fiduciary net position. A comparison of the components of the net position liability as of December 31, 2025, 2024 and 2023, is as follows:

	December 31,		
	2025	2024	2023
Total pension liability	$ 297,823,276	$ 271,164,820	$ 248,893,756
Plan fiduciary net position	(449,419,983)	(391,495,076)	(354,318,728)
Organization's net pension liability (asset)	$(151,596,707)	$(120,330,256)	$(105,424,972)
Organization's fiduciary net position as a percentage of total pension liability (asset)	150.90%	144.38%	142.36%

The following is the abbreviated statement of fiduciary net position (in thousands):

	December 31,		
	2025	2024	2023
Cash and investments	$ 449,179	$ 386,508	$ 350,717
Employer contribution receivable	-	5,000	3,500
Interest and dividends receivable	200	100	102
Net pending trades	-	(113)	-
Noninterest-bearing cash	41	-	-
Total fiduciary net position	$ 449,420	$ 391,495	$ 354,319

During the years ended December 31, 2025 and 2024, the Plan's fiduciary net position increased by 15% and 10%, respectively. The Plan's policies allow investments consisting of fixed income and equity marketable securities, alternatives, and cash.

The statement of changes in fiduciary net position reflects the employer contributions and investment return, net of investment expenses, and less benefits paid.

Changes in fiduciary net position are summarized as follows (in thousands):

	December 31,		
	2025	2024	2023
Investment income, net	$ 54,611	$ 35,332	$ 43,623
Employer contributions	19,500	17,000	14,000
Benefit payments	(16,140)	(15,125)	(12,953)
Administrative expenses	(46)	(31)	(24)
Change in fiduciary net position	$ 57,925	$ 37,176	$ 44,646

The increase in investment income is due to an increase in net appreciation in fair value of investments due to increased returns on the Plan's investments during the years ended December 31, 2025 and 2024.

Currently known facts, decisions or conditions – At present, there are no known facts or conditions that are expected to have a significant effect on the financial position or results of operations.

Financial Statements

El Camino Hospital Cash Balance Plan
Statements of Fiduciary Net Position
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at fair value		
Mutual funds	$ 285,175,159	$ 246,528,364
Limited liability company	77,465,368	67,317,240
Common stock	46,221,726	40,187,046
Partnerships	4,475,308	6,010,488
Pooled, common, and collective trusts	13,686,551	13,022,904
Corporate bonds	29,777	66,280
U.S. government securities	12,179,448	3,467,738
Cash and cash equivalents	9,945,883	9,907,587
Total investments, at fair value	449,179,220	386,507,647
Receivables		
Employer contributions	-	5,000,000
Interest and dividends	199,572	100,261
Net pending trades	-	(112,832)
Total receivables	199,572	4,987,429
Noninterest-bearing cash	41,191	-
NET POSITION RESTRICTED FOR PENSIONS	$ 449,419,983	$ 391,495,076

See accompanying notes.

El Camino Hospital Cash Balance Plan
Statements of Changes in Fiduciary Net Position
Years Ended December 31, 2025 and 2024

	2025	2024
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income		
Net appreciation in fair value of investments	$ 46,208,071	$ 27,894,382
Dividends	7,078,440	6,534,764
Interest	1,324,672	902,994
Total investment income	54,611,183	35,332,140
Contributions		
Employer contributions	19,500,000	17,000,000
DEDUCTIONS FROM NET POSITION ATTRIBUTED TO		
Benefits paid to participants	16,139,844	15,124,594
Administrative expenses	46,432	31,198
Total deductions	16,186,276	15,155,792
INCREASE IN NET POSITION	57,924,907	37,176,348
NET POSITION RESTRICTED FOR PENSIONS		
Beginning of year	391,495,076	354,318,728
End of year	$ 449,419,983	$ 391,495,076

See accompanying notes.

Note 1 – Description of Plan

The following description of El Camino Hospital Cash Balance Plan (the Plan), provides only general information. Participants should refer to the Plan agreement, as amended, for a more complete description of Plan provisions.

General – The Plan was originally adopted as a defined benefit plan and was amended and restated in its entirety to a cash-balance formula effective January 1, 1995. Effective January 1, 2014, the Plan was again restated and amended. The Plan is administered by the sponsor, El Camino Hospital (the Plan Administrator, or the Organization). Principal Bank (Principal) is the custodian of the Plan's assets. The Plan is a noncontributory defined benefit plan intended to qualify under Section 401(a) of the Internal Revenue Code (IRC). At December 31, 2025, there were 5,638 Plan participants consisting of 3,813 active participants and 1,825 inactive or separated participants; and at December 31, 2024, there were 5,610 Plan participants consisting of 3,797 active participants and 1,813 inactive or separated participants.

Participant accounts – The Plan maintains "participant account balances," equal to a participant's account balance established as of January 1, 1995, upon the conversion to the cash-balance formula, plus subsequent contribution credits and interest credits related to the participant's accumulated cash balance, participant match contribution credits, and participant match interest credits.

Contribution credits of 5% of eligible compensation for the year are credited to a participant's account as of the last day of the Plan year. Each year, interest credits related to a participant's cash balance are credited to the participant's account in an amount that is equal to a percentage of a participant's account balance at the beginning of the Plan year. The percentage rate used is the annual rate of return on 10-year treasury securities in effect for the third month (October) immediately preceding the first day of the applicable Plan year. The rates credited were 4.80% and 3.98% for the years beginning January 1, 2025 and 2024, respectively.

Employee contributions – Contributions by participants are not required or permitted by the Plan.

Employer contributions – The Organization's funding policy is to contribute amounts to the Plan necessary to meet minimum funding requirements. The Organization's contributions for 2025 and 2024 exceeded the minimum funding requirements of the Employee Retirement Income Security Act of 1974 (ERISA).

Although it has not expressed any intention to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Eligibility – Organization employees are eligible to participate on the first day of the month succeeding the later of the date on which they complete one year of service, which is defined as working 12 months for a minimum of 1,000 hours, and they reach age 21.

Funding policy – The amount of employer contributions is determined based on actuarial valuations and recommendations as to the amounts required to fund benefits. Contributions are made by the Organization based on the results of the actuarial recommendations. The Organization intends to make contributions in amounts not less than the minimum required by the funding standards of ERISA and is required to keep the Plan qualified under Section 401(a) of the IRC. Participants are not permitted to contribute to the Plan.

Vesting – Participants are fully vested with their third year of service.

Pension benefits – Monthly benefit payments, based upon a formula described in the Plan document, commence within 30 days of the normal retirement date, early retirement date, or deferred retirement date. A participant may elect to defer retirement past the normal retirement age, which will result in benefits greater than 100%, based on a published scale. The eligibility requirement for early retirement is age 55. Early retirement benefits are calculated by multiplying the accrued benefit as of the early retirement date by a percentage defined in the Plan document.

Benefit terms provide for annual cost-of-living adjustments to each member's retirement allowance subsequent to the member's retirement date. The annual adjustments are 2.00%, compounded annually.

On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of the participant's account balance or annuity payments based upon formulas described in the Plan document.

Death benefits – The Plan provides death benefits in the form of a qualified pre-retirement survivor annuity for life equal to the annuity that would have been payable to the spouse if the participant had retired on the day preceding the participant's death. At the option of the beneficiary, the benefit may be paid in a lump-sum amount.

Note 2 – Summary of Significant Accounting Policies

Basis of accounting – The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP) as applied to governmental units, using the accrual method of accounting. The Governmental Accounting Standards Board (GASB) is the accepted standard setting body for establishing governmental accounting and financial reporting principles.

Use of estimates – The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, 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. Actual results could differ from those estimates.

Investment valuation – 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 (the exit price) in an orderly transaction between market participants at the measurement date. See Note 6 for discussion of fair value measurements.

Income recognition – 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. The net appreciation or depreciation in fair value of investments consists of both the realized gains or losses, and unrealized appreciation (depreciation) of those investments.

Benefits paid to participants – Benefit payments to participants are recorded upon distribution.

Administrative expenses – Administrative fees, such as custodian, actuarial, and certain other administrative expenses, may be paid by the Plan or the Organization.

Subsequent events – Subsequent events are events or transactions that occur after the statement of fiduciary net position date but before the financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of fiduciary net position, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of fiduciary net position but arose after the statement of fiduciary net position date and before the financial statements are available to be issued.

The Plan has evaluated subsequent events through October 12, 2026, which is the date the financial statements were available to be issued.

Note 3 – Investments

Investment policy – The Retirement Plan Administrative Committee, appointed by the Organization's Board of Directors (the Board), is responsible for the oversight of the Plan's investments and investment policy. The investment policy presents ranges for investment types as follows:

Domestic equities	32%
International equities	18%
Alternatives	20%
Broad fixed income	25%
Cash	5%

The following table displays the expected long-term rates of return by asset class:

	Expected long-term real rate of return
Domestic equities	6.4%
International equities	8.2%
Alternatives	8.0%
Broad fixed income	4.4%
Cash	3.0%

Money-weighted rate of return – During the years ended December 31, 2025 and 2024, the annual money-weighted rate of return on the Plan's investments, net of investment expenses, was 13.97% and 10.06%, respectively. The money-weighted rate of return expresses investment performance, net of investment fees, adjusted for the changing amounts actually invested.

Long-term expected rate of return – The long-term expected rate of return was determined using a building-block method in which best-estimate ranges of expected future real rates of return are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighing the expected future real rates of return by the target asset allocation percentage adjusted for inflation.

Discount rate – The discount rate used to measure the total pension liability was 6.70%. The projection of cash flows used to determine the discount rate assumes that the Organization will continue to make annual contributions based on Internal Revenue Service (IRS) funding requirements without consideration of the funding relief rules under MAP-21, HATFA, and BBA 2015. Based on these assumptions, the Plan's fiduciary net position was projected to be available to make all projected future benefit payments to current Plan members. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

Sensitivity of the net pension liability to changes in the discount rate – The following presents the net pension liability, calculated using the discount rate of 6.70%, as well as what the net pension liability would be if it were calculated using a discount rate that is 1-percentage-point lower (5.70%) or 1-percentage-point higher (7.70%) than the current rate:

	1% Decrease (5.70%)	Current Discount Rate (6.70%)	1% Increase (7.70%)
Net pension liability (asset) as of December 31, 2025	$(122,543,506)	$(151,596,707)	$(176,609,521)
Net pension liability (asset) as of December 31, 2024	$ (89,484,855)	$(115,330,256)	$(137,650,497)

Investment risk – There are many factors that can affect the value of investments. Some, such as custodial credit risk, concentration of credit risk, and foreign currency risk may affect both equity and fixed income securities. Equity securities respond to such factors as economic conditions, individual company earnings performance, and market liquidity, while fixed income securities are particularly sensitive to credit risks and changes in interest rates. The Plan manages its investment risk factors by diversifying its portfolio.

Custodial credit risk – Custodial credit risk is the risk that in the event of a failure by the counterparty, the Plan will not be able to recover the value of its investments that are in the possession of an outside party. As of December 31, 2025, the Plan's investments are held by third-party safekeeping custodians selected by the Board and registered in the Plan's name. As a result, management believes custodial credit risk is remote.

Interest rate risk – Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of investments. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in market interest rates. The prices of fixed income securities with a longer time to maturity, measured by effective duration, tend to be more sensitive to changes in interest rates and more volatile than those with shorter durations.

Credit risk – Credit risk is the risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. This is measured by the assignment of a rating by a nationally recognized statistical rating organization. The Plan invests in mutual funds; limited liability companies; common stock; partnerships; pooled, common, and collective trusts; corporate bonds; U.S. government securities; and cash; however, information regarding the credit risk of the investments was not readily available.

Note 4 – Net Pension Liability (Asset) of the Organization

The components of the net pension liability (asset) of the Organization were as follows:

	December 31,		
	2025	2024	2023
Total pension liability	$ 297,823,276	$ 271,164,820	$ 248,893,756
Plan fiduciary net position	(449,419,983)	(391,495,076)	(354,318,728)
Organization's net pension liability (asset)	$(151,596,707)	$(120,330,256)	$(105,424,972)
Organization's fiduciary net position as a percentage of total pension liability (asset)	150.90%	144.38%	142.36%

Note 5 – Actuarial Present Value of Accumulated Plan Benefits

Actuarial present value of accumulated Plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions for services rendered by employees to the valuation date. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees, or their beneficiaries, and (b) present employees or their beneficiaries.

Gallagher Benefit Services, Inc., the consulting actuaries, estimates the actuarial present value of accumulated Plan benefits. This is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits earned by the participants to reflect the time value of money through discounts for interest and the probability of payment by means of decrements, such as for death, withdrawal, or retirement, between the valuation date and the expected date of payment.

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.

The actuarial present value of accumulated Plan benefits as of December 31, 2024, the beginning of the Plan year, was as follows:

Vested benefits	
Other participants	$ 189,840,612
Participants currently receiving payments	55,718,238
Total vested benefits	245,558,850
Nonvested benefits	6,873,690
Total benefits	$ 252,432,540

The changes in actuarial present value of accumulated Plan benefits for the Plan from December 31, 2023, to December 31, 2024, were as follows:

Actuarial present value of accumulated Plan benefits at beginning of the valuation period	$ 232,281,380
Increase (decrease) during the year attributable to	
Benefits accumulated	17,314,165
Assumption changes	2,897,197
Interest	15,064,392
Benefits paid	(15,124,594)
Actuarial present value of accumulated Plan benefits at end of the valuation period	$ 252,432,540

The significant actuarial assumptions underlying the actuarial valuation as of January 1, 2025 (beginning of the Plan year), were as follows:

Discount rate	6.70%
Mortality basis	Mortality is based on the Pri-2012 Total Employee and Retiree Mortality Tables (base year 2012) and projected with Mortality Improvement Scale MP-2021, except for current and future beneficiaries of deceased participants. For current and future beneficiaries of deceased participants, mortality is based on the Pri-2012 Contingent Survivor Mortality Tables and projected with Mortality Improvement Scale MP-2021.
Retirement	Normal retirement age is 65
Salary increase	4%
Expected long-term rate of return	6.70%
Mortality for cash balance	2025 Applicable Mortality Table under IRC Section 417(e)(3)
Assumed interest rate for	Three segment rates of 4.65%, 5.28%, and 5.63%

Note 6 – Fair Value Measurements

The framework for measuring fair value provides a 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 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 to the valuation methodology include 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; and 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's 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 observable inputs 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.

Mutual funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common stock – Shares of common stock are valued at the closing price reported on the active market on which the individual securities are traded.

Corporate bonds – Valued using pricing models maximizing the use of observable inputs for similar securities, which includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

U.S. government securities – Fixed income funds are valued at the 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.

Cash and cash equivalents – Cash and cash equivalents are valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer.

Pooled, common, and collective trusts – Units held in pooled investment accounts are valued using the NAV practical expedient of the pooled investment account as reported by the account managers. The NAV is based on the fair value of the underlying assets owned by the pooled investment account, minus its liabilities, and then divided by the number of units outstanding. The NAV of a pooled investment account is calculated based on a compilation of primarily observable market information. The Plan invests in the following pooled investment account:

The Wellington CIF Small Cap Value Fund (Fund) was established pursuant to the Wellington Trust Multiple Collective Investment Funds Plan and Declaration of Trust (Plan and Declaration of Trust) dated June 24, 1982, as most recently amended and restated as of September 1, 2010. The Fund's investment objective is long-term total return in excess of the Russell 2000 Value Index. Wellington Management Company, LLP, an affiliate of the custodian, serves as investment adviser to the fund. As a practical expedient, the investment manager uses published NAV to fair value this investment.

Limited liability company and partnerships – This category includes investments in private equity funds and private equity real estate. The valuation of 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 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 as reported by the asset manager and changes in general economic and market conditions subsequent to the last NAV reported by the asset manager. The Plan invests in the following private equity funds:

The Lighthouse Diversified Fund Limited seeks consistent stable returns by allocation of the fund's assets to a wide range of alternative investment strategies across the global financial markets. The fund's assets are managed primarily through investments in offshore investment funds, investment partnerships, and pooled investment vehicles, collectively referred to as investment funds. As a practical expedient the investment manager uses published NAV to fair value this investment.

The Pointer Offshore III, Ltd Fund was organized for purposes of trading and investing in securities, private investment companies, and other investments. The fund invests substantially all of its assets through a master-feeder structure in Pointer (QA) L.P. (the Master Fund), an investment company that has the same investment objectives of this fund. The Master Fund's investments include securities that are freely tradable and listed on a national securities exchange or reported on the NASDAQ national market at their last sales price as of the last business day of the year. If no sale occurred on such day, the Master Fund values these investments at the mean between the closing "bid" and "asked" prices on such day. The Master Fund's investments in private investment companies are valued utilizing the NAV practical expedient valuations provided by the underlying private investment companies.

The Oaktree Real Estate Opportunities Fund VI, L.P., seeks superior risk-adjusted returns through investments in real estate and real estate-related debt, companies, securities, and other assets, on a global basis, with a primary emphasis on investments in the United States. Distributions from the fund are at the sole discretion of the general partner.

The Walton Street Real Estate Fund VII, LP, was organized for the purpose of making investments in and acquisitions of real estate assets and to engage in any and all activities incidental or ancillary thereto. The fund's initial closing was May 2012, with several subsequent closings through January 2014. The fund's commitment period, during which the general partner may call capital from investors, went through November 2017, and the term of the fund will continue until the sixth anniversary of the expiration of the commitment period. Distributions from the fund are at the sole discretion of the general partner.

The Walton Street Real Estate Fund VIII, LP, was organized for the purpose of making investments in and acquisitions of real estate assets and to engage in any and all activities incidental or ancillary thereto. The fund's initial closing was October 2015, with several subsequent closings through April 2017. The fund's commitment period, during which the general partner may call capital from investors, went through April 2021, and the term of the fund will continue until the sixth anniversary of the expiration of the commitment period. Distributions from the fund are at the sole discretion of the general partner.

The following table provides additional information for investments in certain entities that calculate NAV per share (or its equivalent):

	Fair value 12/31/25	Fair value 12/31/24	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Limited Liability Company					
Lighthouse Diversified Fund					
Limited Class G2	$ -	$ 35,154,520	$ -	Monthly	90 days
Lighthouse Diversified Fund					
Limited Class G1	38,556,592	-	-	Monthly	90 days
Pointer Offshore III, Ltd	38,908,776	32,162,720	-	Semi-annual	*
Common Collective Trust					
Wellington CIF Small Cap Value	13,686,551	13,022,904	-	Daily	**
Partnerships					
Oaktree Real Estate					
Opportunities Fund VI	1,083,209	1,476,942	1,932,000	No redemptions	N/A
Walton Street Real Estate					
Fund VII, LP	314,497	746,170	301,388	No redemptions	N/A
Walton Street Real Estate					
Fund VIII, LP	3,077,602	3,787,376	1,821,487	No redemptions	N/A
Total fair value	$ 95,627,227	$ 86,350,632			

* Notice on March 15 for June 30 redemption and on September 15 for December 31 redemption.

** Contribution or redemption requests received by 4:00 pm eastern time on any given business day will be executed at that business day's NAV; instructions received after 4:00 pm eastern time will be executed using the next business day's NAV. Cash settlement of contributions and withdrawals generally takes place on the business day following the NAV date.

The following tables set forth, by level within the fair value hierarchy, the Plan's assets at fair value at December 31:

	2025			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 9,945,883	$ -	$ -	$ 9,945,883
Common stock	46,221,726	-	-	46,221,726
Corporate bonds	-	29,777	-	29,777
Mutual funds	285,175,159	-	-	285,175,159
U.S. government securities	12,179,448	-	-	12,179,448
Total assets in the fair value hierarchy	$ 353,522,216	$ 29,777	$ -	353,551,993
Investments measured at NAV practical expedient				95,627,227
Total assets, at fair value				$ 449,179,220

	2024			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 9,907,587	$ -	$ -	$ 9,907,587
Common stock	40,187,046	-	-	40,187,046
Corporate bonds	-	66,280	-	66,280
Mutual funds	246,528,364	-	-	246,528,364
U.S. government securities	3,467,738	-	-	3,467,738
Total assets in the fair value hierarchy	$ 300,090,735	$ 66,280	$ -	300,157,015
Investments measured at NAV practical expedient				86,350,632
Total assets, at fair value				$ 386,507,647

Note 7 – Tax Status

The IRS has determined and informed the Organization by a letter dated February 25, 2021, that stated that the Plan and related trust are designed in accordance with applicable sections of the IRC. 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.

In accordance with guidance on accounting for uncertainty in income taxes, the Plan Administrator has evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8 – Risks and Uncertainties

Plan contributions are made, and the actuarial present value of accumulated Plan benefits is 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.

Note 9 – Party-in-Interest Transactions

The Organization is the Plan sponsor and administrator. Trustees who serve on the Plan's administrative committee are also participants of the Plan.

The Plan's investments include a short-term investment fund and shares of corporate bonds managed by Principal. As Principal is the custodian of the Plan, transactions with this entity qualify as exempt party-in-interest transactions.

Note 10 – Plan Termination

Although it has not expressed any intention to do so, the Organization has the right to discontinue its contributions at any time and to terminate the Plan, subject to the provisions set forth in ERISA.

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:

- Benefits attributable to employee contributions, taking into account those paid out before termination, if any.
- 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.
- Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
- All other vested benefits (that is, vested benefits not insured by the PBGC).
- All nonvested benefits.

Certain benefits 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 types of benefits, 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.

Whether all participants receive their benefits, should the Plan be terminated at some future time, will depend on the sufficiency, at the 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.

Note 11 – Reconciliation to Form 5500

The Form 5500 has certain items that differ from amounts shown on the accompanying financial statements. These differences relate to classification only and have no effect upon the fiduciary net position for either period.

Supplemental Schedules – Required by the Department of Labor

El Camino Hospital Cash Balance Plan
Employer Identification Number: 94-3167314, Plan Number: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds			
	VANGUARD INSTITUTIONAL INDEX FUND	Mutual Fund; Shares: 125,452.442	$ 23,784,996	$ 69,258,530
	METROPOLITAN WEST TOTAL RETURN BOND	Mutual Fund; Shares: 5,104,496.960	51,037,427	43,898,674
	DODGE & COX INCOME FD COM #147	Mutual Fund; Shares: 3,675,036.320	50,304,619	47,224,217
	BNY MELLON INTERNATIONAL STOCK FUND	Mutual Fund; Shares: 1,014,745.014	16,268,150	22,202,621
	TOUCHSTONE SANDS CAPITAL SELECT GROWTH FUND	Mutual Fund; Shares: 1,337,443.905	17,159,257	27,644,965
	CAUSEWAY INTERNATIONAL VALUE FUND	Mutual Fund; Shares: 1,865,652.345	32,511,160	43,842,830
	CONESTOGA SMALL CAP FUND CLASS INST	Mutual Fund; Shares: 127,251.502	5,289,288	8,558,936
	HARDING LOEVNER INSTITUTIONAL EMERGING MARKETS FUND	Mutual Fund; Shares: 2,087,443.130	32,388,122	22,544,386
	Total Mutual Funds		228,743,019	285,175,159
	Common Stock			
	AECOM	Common Stock; Shares: 4,258	332,073	405,915
	AIR PRODS & CHEMS INC COM	Common Stock; Shares: 3,938	1,023,653	972,765
	ALPHABET INC CL A	Common Stock; Shares: 5,567	721,073	1,742,471
	AMERICAN EXPRESS CO	Common Stock; Shares: 2,803	217,216	1,036,970
	AMERICAN INTERNATIONAL GROUP, INC	Common Stock; Shares: 12,022	499,948	1,028,482
	APTIV PLC	Common Stock; Shares: 14,514	1,307,881	1,104,370
	AVANTOR INC	Common Stock; Shares: 46,633	1,028,066	534,414
	AXALTA COATING SYSTEMS	Common Stock; Shares: 24,833	744,022	802,354
	BANK N S HALIFAX	Common Stock; Shares: 12,378	581,245	912,135
	BANK OF AMERICA CORP	Common Stock; Shares: 30,757	1,210,668	1,691,635
	BERKSHIRE HATHAWAY INC.	Common Stock; Shares: 2,696	1,350,412	1,355,144
	CAPITAL ONE FINANCIAL CORP	Common Stock; Shares: 2,093	399,918	507,259
	CARNIVAL CORP	Common Stock; Shares: 60,403	966,676	1,844,708
	CHEVRON CORP	Common Stock; Shares: 6,129	587,518	934,121
	COGNIZANT TECH SOLUTIONS CRP COM	Common Stock; Shares: 5,198	299,686	431,434
	ELEVANCE HEALTH INC	Common Stock; Shares: 1,584	288,766	555,271
	ENTEGRIS INC	Common Stock; Shares: 12,007	1,018,629	1,011,590
	ENTERGY CORP NEW COM	Common Stock; Shares: 12,468	632,861	1,152,417
	EVEREST GROUP LTD	Common Stock; Shares: 1,179	431,334	400,094
	EXXON MOBIL CORPORATION	Common Stock; Shares: 9,873	879,325	1,188,117
	FIDELITY NATL INFORMATION SVCS INC	Common Stock; Shares: 14,934	1,165,325	992,514
	FORTIVE CORP	Common Stock; Shares: 12,532	672,912	691,892
	FREEPORT-MCMORAN INC.	Common Stock; Shares: 14,739	703,718	748,594
	GE HEALTHCARE TECHNOLOGIES INC	Common Stock; Shares: 8,239	645,751	675,763
	HALLIBURTON CO	Common Stock; Shares: 19,875	585,549	561,668
	HEWLETT PACKARD ENTERPRISE CO	Common Stock; Shares: 28,613	698,511	687,284
	HUNT J B RANS SVCS INC	Common Stock; Shares: 4,327	557,171	840,909
	JOHNSON CONTROLS INTERNATIONAL PLC	Common Stock; Shares: 10,202	690,972	1,221,689
	KEURIG DR PEPPER INC	Common Stock; Shares: 44,608	1,388,568	1,249,470
	LENNAR CORPORATION CLASS A COMMON	Common Stock; Shares: 3,926	498,624	403,593
	LPL FINANCIAL HOLDINGS INC	Common Stock; Shares: 2,036	692,664	727,198

El Camino Hospital Cash Balance Plan
Employer Identification Number: 94-3167314, Plan Number: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	MAGNUM ICE CREAM CO	Common Stock; Shares: 2,250	$ 36,078	$ 35,663
	MEDTRONIC, PLC	Common Stock; Shares: 9,516	820,936	914,107
	MERCK & CO INC NEW	Common Stock; Shares: 12,835	1,015,576	1,351,012
	MICROCHIP TECHNOLOGY INC COM	Common Stock; Shares: 18,295	1,115,852	1,165,757
	ORACLE CORPORATION	Common Stock; Shares: 4,276	348,208	833,435
	PERMIAN RESOURCES CORP CL A	Common Stock; Shares: 37,549	533,799	526,812
	PG&E CORP COM	Common Stock; Shares: 44,066	718,989	708,141
	PINNACLE WEST CAP CORP	Common Stock; Shares: 9,726	721,240	862,696
	PROLOGIS, INC	Common Stock; Shares: 5,007	542,706	639,194
	PUBLIC STORAGE INC COM	Common Stock; Shares: 3,018	819,659	783,171
	QUALCOMM INC	Common Stock; Shares: 5,969	560,393	1,020,997
	SANOFI-AVENTIS	Common Stock; Shares: 18,783	915,335	910,224
	SLM CORP	Common Stock; Shares: 17,463	529,628	472,549
	UNITEDHEALTH GROUP INC	Common Stock; Shares: 2,887	761,948	953,028
	UNILEVER PLC SPONSORED	Common Stock; Shares: 10,000.001	654,945	654,000
	VERTIV HOLDINGS LLC CL A	Common Stock; Shares: 3,644	331,170	590,364
	VICI PROPERTIES INC	Common Stock; Shares: 29,591	795,549	832,099
	WELLS FARGO & CO	Common Stock; Shares: 11,477	438,025	1,069,656
	WESTERN ALLIANCE BANCORPORATION	Common Stock; Shares: 9,671	875,161	813,041
	WILLIS TOWERS WATSON PUB LTDCO	Common Stock; Shares: 1,348	278,843	442,953
	WYNN RESORTS LTD	Common Stock; Shares: 9,745	1,011,727	1,172,616
	XCEL ENERGY INC	Common Stock; Shares: 14,324	919,080	1,057,971
	Total Common Stock		37,565,582	46,221,726
	Pooled, Common & Collective Trusts			
	WELLINGTON CIF SMALL CAP VALUE	Pooled investments; Shares: 772,814.872	6,905,683	13,686,551
	Total Pooled, Common & Collective Trusts		6,905,683	13,686,551
	Limited Liability Company			
	POINTER OFFSHORE III, LTD	Pooled investments; Shares: 13,734.094	17,900,000	38,908,776
	LIGHTHOUSE DIVERSIFIED FUND CLASS G1	Pooled investments; Shares: 21,617.351	37,661,717	38,556,592
	Total Limited Liability Company		55,561,717	77,465,368
	Partnerships			
	WALTON STREET REAL ESTATE FUND VIII, LP	Pooled investments; Shares: 296,018.090	296,018	3,077,602
	OAKTREE REAL ESTATE OPPORTUNITIES FUND VI	Pooled investments; Shares: 1	-	1,083,209
	WALTON STREET REAL ESTATE PARTNERS LP	Pooled investments; Shares: 1,906,653.420	1,906,653	314,497
	Total Partnerships		2,202,671	4,475,308
	Corporate Bonds			
	FED NATL MTG ASSN POOL #MA3932	US Government Mortgage Pool; Maturity Date: 02/01/2035; 3.500%; Shares: 10,384.640	10,849	10,154
	GM FINANCIAL REVOLVING	Corporate Backed Obligation; Maturity Date: 06/12/2034; 1.560%; Shares: 20,000	19,996	19,623
	Total Corporate Bonds		30,845	29,777

El Camino Hospital Cash Balance Plan
Employer Identification Number: 94-3167314, Plan Number: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	U.S. Government Securities			
	U.S. TREASURY NOTE	US Government; Maturity Date: 04/30/2026; 4.875%; Shares: 3,315,000	$ 3,335,968	$ 3,328,459
	U.S. TREASURY NOTE	US Government; Maturity Date: 08/31/2027; 3.625%; Shares: 4,325,000	4,336,735	4,334,644
	U.S. TREASURY NOTE	US Government; Maturity Date: 04/30/2029; 4.625%; Shares: 3,680,000	3,769,171	3,798,901
	U.S. TREASURY NOTE	US Government; Maturity Date: 08/31/2030; 3.625%; Shares: 720,000	719,955	717,444
	Total U.S. Government Securities		12,161,829	12,179,448
	Short-Term Investment Funds			
*	PRINCIPAL SHORT-TERM INVESTMENT FUND S10	Cash and cash equivalents	9,945,883	9,945,883
			$ 353,117,229	$ 449,179,220

* Indicates party-in-interest.

El Camino Hospital Cash Balance Plan
Employer Identification Number: 94-3167314, Plan Number: 001
Schedule H, Line 4(j) – Schedule of Reportable Transactions
For the Year Ended December 31, 2025

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain
Category (i) - single transactions in excess of 5% of Plan assets						
Lighthouse Diversified Fund Limited Class G2	Lighthouse Diversified Fund Limited Class G2					
	Single sales	$ -	$ 37,661,717	$ 21,000,000	$ 37,661,717	$ 16,661,717
Lighthouse Diversified Fund Limited Class G1	Lighthouse Diversified Fund Limited Class G1					
	Single purchases	$ 37,661,717	$ -	$ 37,661,717	$ 37,661,717	$ -
Category (ii) - series of transactions with same broker in excess of 5% of Plan assets						
Chase Securities Inc.	U.S. Treasury Note					
	Series of purchases	$ 18,319,716	$ -	$ 18,319,716	$ 18,319,716	$ -
	Series of sales	$ -	$ 11,533,528	$ 11,496,762	$ 11,533,528	$ 36,766
Miscellaneous	Wellington CIF Small Cap Value					
	Series of purchases	$ 285,968	$ -	$ 285,968	$ 285,968	$ -
	Series of sales	$ -	$ 187,190	$ 187,190	$ 187,190	$ -
Miscellaneous	Lighthouse Diversified Fund Limited Class G2					
	Series of sales	$ -	$ 37,661,717	$ 21,000,000	$ 37,661,717	$ 16,661,717
Miscellaneous	Lighthouse Diversified Fund Limited Class G1					
	Series of purchases	$ 37,661,717	$ -	$ 37,661,717	$ 37,661,717	$ -
Category (iii) - series of transactions of the same issue in excess of 5% of Plan assets						
Lighthouse Diversified Fund Limited Class G2	Lighthouse Diversified Fund Limited Class G2					
	Series of sales	$ -	$ 37,661,717	$ 21,000,000	$ 37,661,717	$ 16,661,717
Lighthouse Diversified Fund Limited Class G1	Lighthouse Diversified Fund Limited Class G1					
	Series of purchases	$ 37,661,717	$ -	$ 37,661,717	$ 37,661,717	$ -
* Principal	Short-Term Investment Fund A S1					
	Series of purchases	$ 26,563,161	$ -	$ 26,563,161	$ 26,563,161	$ -
	Series of sales	$ -	$ 36,470,751	$ 36,470,751	$ 36,470,751	$ -
* Principal	Short-Term Investment Fund S10					
	Series of purchases	$ 43,029,805	$ -	$ 43,029,805	$ 43,029,805	$ -
	Series of sales	$ -	$ 33,083,915	$ 33,083,915	$ 33,083,915	$ -

El Camino Hospital Cash Balance Plan
Employer Identification Number: 94-3167314, Plan Number: 001
Schedule H, Line 4(j) – Schedule of Reportable Transactions
For the Year Ended December 31, 2025

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain
Category (iv) - single transactions with same broker in excess of 5% of Plan assets						
Miscellaneous	Wellington CIF Small Cap Value					
	Single purchases	$ 285,968	$ -	$ 285,968	$ 285,968	$ -
	Single sales	$ -	$ 187,190	$ 187,190	$ 187,190	$ -
Miscellaneous	Lighthouse Diversified Fund Limited Class G2					
	Single sales	$ -	$ 37,661,717	$ 21,000,000	$ 37,661,717	$ 16,661,717
Miscellaneous	Lighthouse Diversified Fund Limited Class G1					
	Single purchases	$ 37,661,717	$ -	$ 37,661,717	$ 37,661,717	$ -

Columns (e) and (f) have not been presented, as this information is not applicable.
* Indicates party-in-interest.

Supplementary Information – Required by the Governmental Accounting Standards Board

El Camino Hospital Cash Balance Plan
Schedule of Changes in Employer Net Pension Liability and Related Ratios

	Year Ended December 31,									
	2025	2024	2023	2022	2021	2020	2019	2018	2017	2016
Total pension liability										
Service cost	$ 14,356,903	$ 11,933,402	$ 10,405,585	$ 10,459,872	$ 10,783,864	$ 10,165,677	$ 9,674,847	$ 8,891,267	$ 8,633,120	$ 8,948,471
Interest on total pension liability	18,598,036	16,976,960	15,747,161	13,788,889	13,736,854	13,206,647	12,743,566	12,303,667	11,847,891	11,892,812
Difference between expected and actual experience	4,323,380	6,106,139	2,111,394	2,025,034	(6,571,449)	(1,152,183)	(1,094,533)	(438,742)	2,228,006	(3,044,168)
Changes in actuarial assumptions	5,519,981	2,379,157	2,584,507	(7,423,018)	(2,262,872)	(550,252)	(651,502)	(9,464)	(1,876,569)	(6,663,585)
Benefit payments	(16,139,844)	(15,124,594)	(12,953,121)	(14,208,038)	(14,774,019)	(12,166,547)	(14,687,110)	(13,724,241)	(13,271,000)	(9,911,679)
Net change in total pension liability	26,658,456	22,271,064	17,895,526	4,642,739	912,378	9,503,342	5,985,268	7,022,487	7,561,448	1,221,851
Total pension liability										
Beginning of year	271,164,820	248,893,756	230,998,230	226,355,491	225,443,113	215,939,771	209,954,503	202,932,016	195,370,568	194,148,717
End of year (a)	$ 297,823,276	$ 271,164,820	$ 248,893,756	$ 230,998,230	$ 226,355,491	$ 225,443,113	$ 215,939,771	$ 209,954,503	$ 202,932,016	$ 195,370,568
Plan fiduciary net position										
Employer contributions	$ 19,500,000	$ 17,000,000	$ 14,000,000	$ 12,000,000	$ 6,500,000	$ 10,500,000	$ 13,000,000	$ 12,200,000	$ 10,900,000	$ 10,500,000
Net investment (loss) income	54,611,183	35,332,140	43,623,310	(53,125,208)	33,161,221	43,835,294	45,683,093	(6,920,907)	34,409,084	11,129,911
Pending investment settlements	-	-	-	155	23,712	136,397	42,416	10,033	47,975	16,424
Administrative expense	(46,432)	(31,198)	(24,212)	-	(10,569)	(54,131)	(100,775)	(264,092)	(122,741)	(281,202)
Benefit payments	(16,139,844)	(15,124,594)	(12,953,121)	(14,208,038)	(14,774,019)	(12,166,547)	(14,687,110)	(13,724,241)	(13,271,000)	(9,911,679)
Net change in plan fiduciary net position	57,924,907	37,176,348	44,645,977	(55,333,091)	24,900,345	42,251,013	43,937,624	(8,699,207)	31,963,318	11,453,454
Plan fiduciary net position										
Beginning of year	391,495,076	354,318,728	309,672,751	365,005,842	340,105,497	297,854,484	253,916,860	262,616,067	230,652,749	219,199,295
End of year (b)	$ 449,419,983	$ 391,495,076	$ 354,318,728	$ 309,672,751	$ 365,005,842	$ 340,105,497	$ 297,854,484	$ 253,916,860	$ 262,616,067	$ 230,652,749
Employer net pension liability (asset) (a) - (b)	$ (151,596,707)	$ (120,330,256)	$ (105,424,972)	$ (78,674,521)	$ (138,650,351)	$ (114,662,384)	$ (81,914,713)	$ (43,962,357)	$ (59,684,051)	$ (35,282,181)
Plan fiduciary net position as percentage of total pension liability	150.90%	144.38%	142.36%	134.06%	161.25%	150.86%	137.93%	120.94%	129.41%	118.06%
Covered payroll	$ 577,922,171	$ 541,258,307	$ 457,580,149	$ 409,091,528	$ 389,551,670	$ 359,321,685	$ 335,696,250	$ 315,317,002	$ 297,737,439	$ 283,435,064
Net pension liability (asset) as percentage of covered payroll	-26.23%	-22.23%	-23.04%	-19.23%	-35.59%	-31.91%	-24.40%	-13.94%	-20.05%	-12.45%

Notes to schedule

Changes in actuarial assumptions include the following:

1) The assumed mortality for lump sum payment and cash balance account annuity conversion was changed from the 2024 IRS 417(e) Applicable Mortality table for expected payments in 2024 and later years to the 2025 IRS 417(e) Applicable Mortality table for expected payments in 2025 and later years.
2) The assumed interest rate for lump sum payment and cash balance annuity conversion was changed from the three segment rates of 5.01%, 5.13% and 5.15% for 2024 to the three segment rates of 4.65%, 5.28% and 5.63% for 2025 to reflect required assumptions for the current year.

El Camino Hospital Cash Balance Plan
Schedule of Employer Contributions

Year Ended December 31,	Actuarially Determined Contribution	Actual Employer Contribution	Contribution Excess	Covered Payroll	Contribution as a % of Covered Payroll
2025	$ -	$ 19,500,000	$ 19,500,000	$ 577,922,171	3.37%
2024	4,872,235	17,000,000	12,127,765	541,258,307	3.14%
2023	-	14,000,000	14,000,000	457,580,149	3.06%
2022	-	12,000,000	12,000,000	409,091,528	2.93%
2021	-	6,500,000	6,500,000	389,551,670	1.67%
2020	-	10,500,000	10,500,000	359,321,685	2.92%
2019	7,801,280	13,000,000	5,198,720	335,696,250	3.87%
2018	10,887,573	12,200,000	1,312,427	315,317,002	3.87%
2017	10,154,514	10,900,000	745,486	297,737,439	3.66%
2016	8,444,702	10,500,000	2,055,298	283,435,064	3.70%

Notes to schedule

Valuation date	Actuarially determined contributions are calculated as of January 1, the first day of the fiscal year in which the contributions are reported
Methods and assumptions used:	
Actuarial cost method	Entry Age Normal
Discount rate	6.70%
Expected long-term rate of return	6.70%
Salary increases	4.00%
Normal retirement age	65
Mortality	Pri-2012 Total Employee and Retiree Mortality Tables (base year 2012)

El Camino Hospital Cash Balance Plan
Schedule of Investment Returns

	Year Ended December 31,								
	2025	2024	2023	2022	2021	2020	2019	2018	2017
Annual money-weighted rate of return, net of investment expenses	13.97%	10.06%	14.22%	-14.70%	9.95%	14.93%	18.18%	-2.77%	15.06%

This schedule is presented to illustrate the requirement to show information for 10 years. However, until a full 10-year trend is compiled, the Plan will present information for those years for which information is available.

El Camino Hospital Cash Balance Plan
EIN/PN: 94-3167314 / 001

Schedule SB, Line 26a - Schedule of Active Participant Data

Attained Age	Years of Credited Service																														
	Under 1			1 - 4			5 - 9			10 - 14			15 - 19			20 - 24			25 - 29			30 - 34			35 - 39			40 & up		
	Average			Average			Average			Average			Average			Average			Average			Average			Average			Average		
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
Under 25	17			36	88,490	6,897	1																							
25 - 29	35	92,762	4,460	234	134,108	15,079	28	119,667	26,071																					
30 - 34	26	114,052	5,483	293	139,961	17,446	150	140,683	39,057	14			1																	
35 - 39	35	122,970	5,912	268	143,402	18,723	205	136,500	41,069	57	128,702	64,606	18																	
40 - 44	23	95,894	4,610	175	135,652	17,574	149	137,509	44,374	107	166,381	79,499	63	131,200	90,347	14														
45 - 49	12			131	142,361	16,995	89	131,094	42,515	71	153,494	75,854	61	160,006	108,192	62	156,043	139,453	17											
50 - 54	15			101	147,628	19,192	76	139,365	46,830	70	154,950	78,418	101	171,122	116,983	59	160,076	150,127	60	161,413	169,423	5			1					
55 - 59	4			71	151,635	18,887	61	144,337	48,154	59	151,312	77,815	70	149,366	102,561	41	150,911	132,804	46	150,591	159,292	34	148,908	181,291	13					
60 - 64	2			45	158,948	20,283	43	154,343	47,167	42	145,540	82,354	53	152,392	100,786	41	135,584	129,458	26	138,397	174,226	20	154,108	181,352	27	171,170	197,553	9		
65 - 69				18			16			25	153,632	81,017	26	137,699	101,262	23	129,675	118,799	11			11			12			15		
70 & up	2			4			9			5			9			6			5			1			4			8		

El Camino Hospital Cash Balance Plan
EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Funding assumptions selection and rationale

Actuarial Standard of Practice No. 27 (ASOP 27) provides guidance to actuaries when selecting economic, demographic and other noneconomic assumptions for measuring pension obligations. Under this ASOP, for each assumption that has a significant effect on the measurement and that the actuary has not selected, the actuary should disclose the information and analysis used to support the actuary's determination that the assumption does not significantly conflict with what, in the actuary's professional judgment, is reasonable for the purpose of the measurement.

The economic assumptions that have a significant effect on the measurement and that the actuary has not selected are the funding interest rates. The funding interest rates are prescribed by law.

The demographic and other noneconomic assumptions that have a significant effect on the measurement and that the actuary has not selected are mortality and future mortality improvement. The assumptions for mortality and future mortality improvement are prescribed by law.

We perform periodic experience studies to assess the reasonableness of the retirement rates, termination rates, and the optional form elections assumed in our valuation. We review these studies with the plan sponsor and set these rates based on the analysis and our discussions. We monitor these assumptions annually through gain/loss analyses. The assumptions for retirement rates and withdrawal rates were selected by the actuary as a result of an experience study performed in June 2021. The actuary has determined that these demographic and other noneconomic assumptions are reasonable for the purpose of the measurement.

The asset valuation method was selected by the plan sponsor with the actuary's advice.

The expected rate of return (EROA) was checked for reasonability with tools provided by Gallagher's Financial Risk Management (FRM) team. A spreadsheet tool created by the FRM team converts averages, standard deviations, and correlations from Gallagher's Capital Market Assumptions (CMA) that are used for stochastic forecasting into approximate percentile ranges for the arithmetic and geometric average returns. Percentiles are based on standard matrix multiplication and normal approximations. This simplified model (disclosed here under ASOP 56) ignores inter-period dependence and the skewed nature of single year returns. As such it is intended to suggest possible reasonable ranges for EROA without attempting to predict or select a best estimate rate of return. Based on our analysis, including consistency with other assumptions used in the valuation and the percentiles generated by the spreadsheet described above, the actuary believes the assumptions are reasonable for the purpose of the measurement.

El Camino Hospital Cash Balance Plan
EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Use of Models

Actuarial Standard of Practice No. 56 (“ASOP 56”) provides guidance to actuaries when performing actuarial services with respect to designing, developing, selecting, modifying, using, reviewing, or evaluating models. Gallagher uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules specified in this report. Further, the model applies those funding rules to the liabilities derived and other inputs, such as plan assets and contributions, to generate many of the exhibits found in this report. Gallagher has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Gallagher also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding rules as well as the manner in which the model generates its output.

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the actuarial assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

El Camino Hospital Cash Balance Plan
EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

Interest rates

	2025 Plan Year	2024 Plan Year
Funding Rates – Constrained*		
First Segment Rate	5.00%	4.75%
Second Segment Rate	5.27%	4.96%
Third Segment Rate	5.50%	5.59%
Effective Interest Rate	5.36%	5.23%
Funding Rates – Unconstrained**		
First Segment Rate	5.00%	4.37%
Second Segment Rate	5.27%	4.96%
Third Segment Rate	5.40%	4.95%
Effective Interest Rate	5.31%	4.92%

* Used for minimum funding and benefit restriction purposes.

**Used for maximum tax-deduction and ERISA 4010 reporting purposes.

The interest rates used for funding purposes are the Segment Rates with no lookback, constrained in accordance with relevant legislation.

Mortality

Mortality tables mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, and as amended by IRS Notice 2024-42, applied on a fully generational basis using the IRS 2024 Adjusted Scale MP-2021 Rates mortality improvement scale.

Lump Sum interest and mortality:

Interest Rate:	Forward rates implied by the funding interest rates (annuity substitution rule)
Mortality:	2025 IRC 417(e) Applicable Mortality table, as amended by IRS Notice 2024-42

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including plan administrative expenses expected to be paid from plan assets during the year.

El Camino Hospital Cash Balance Plan
EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's Enrolled Actuary based on the best estimate of anticipated future experience under the plan. Demographic assumptions were determined based on the results of our June 2021 experience study. Economic assumptions were based on our June 2021 experience study and expected future experience, with input from the plan sponsor. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under the applicable provisions of the Internal Revenue Code and associated regulations.

Salary increases (based on our April 2016 experience study)

Current and Future Years:	4.00%
Prior Year:	4.00%

Social Security Wage Base

Current and Prior Years:	2.00%

Cash Balance interest crediting rate (based on expected long-term interest crediting rate)

Current and Future Years:	3.50%
Prior Year:	3.50%

Expenses

No loading for expenses. It is assumed that El Camino Hospital will pay current costs of administering the Plan from Company assets.

Benefit form election and benefit commencement date (based on our June 2021 experience study)

For active participants who terminate employment prior to age 60 and three years of service, 50% are assumed to elect an immediate lump sum, 30% are assumed to elect a lump sum deferred to age 65, and 20% are assumed to elect a life annuity deferred to age 65. For active participants who terminate employment after age 59, 70% are assumed to elect a lump sum and 30% are assumed to elect a life annuity payable immediately. PRN participants who terminate prior to age 60 are assumed to defer monthly payments to age 65. PRN participants who terminate after age 59 and three years of service are assumed to take an immediate benefit.

For terminated vested participants, 20% are assumed to elect a life annuity and 80% are assumed to elect a lump sum. Both forms are assumed to commence at ages in accordance with the assumed retirement rates shown below.

Marital percentage (based on our June 2021 experience study)

50% of participants are assumed to be married at death. Husbands are assumed to be 2 years older than their wives.

El Camino Hospital Cash Balance Plan
EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Retirement rates (based on our June 2021 experience study)

Age	Actives	Former Employees
60	8.00%	7.00%
61	8.00%	7.00%
62	10.00%	7.00%
63	10.00%	7.00%
64	10.00%	25.00%
65	20.00%	100.00%
66	25.00%	100.00%
67	25.00%	100.00%
68	20.00%	100.00%
69	20.00%	100.00%
70 and older	100.00%	100.00%

Withdrawal rates (based on our June 2021 experience study)

Sample rates as follows:

Age	Rate
29 and younger	13.00%
30-34	9.00%
35-39	7.00%
40-59	5.00%

El Camino Hospital Cash Balance Plan
EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including the discounted value of accrued contributions, reduced by 2/3 of the gain/(loss) for the immediately preceding plan year and reduced by 1/3 of the gain/(loss) for the plan year before that. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by current law and regulation to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

The expected rate of return (EROA) is based on the plan's asset allocation and forward-looking expected rates of return by asset category.

	Actuary's Assumption	Third Segment Rate	Reflecting Limit
2025 Expected Return	6.70%	5.50%	5.50%
2024 Expected Return	6.70%	5.59%	5.59%
2023 Expected Return	6.70%	5.74%	5.74%

Summary of Changes from the January 1, 2024 Valuation

- The assumed interest rate for funding purposes was changed from the constrained segment rates of 4.75%, 4.96% and 5.59% for 2024 to the constrained segment rates of 5.00%, 5.27% and 5.50% for 2025 in accordance with relevant legislation.
- The assumed mortality was changed as specified in Section 430, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, and as amended by IRS Notice 2024-42.
- The assumed interest rate for lump sum payment and cash balance annuity conversion was also updated to use forward rates implied by the funding interest rates (annuity substitution rule).
- The assumed mortality for lump sum payment and cash balance account annuity conversion was changed from the 2024 Applicable Mortality Table for 2024 to the 2025 Applicable Mortality Table for 2025 in accordance with IRS Section 417(e)(3).
- The net impact of these changes was a decrease in Funding Target of approximately $1.8 million.

El Camino Hospital Cash Balance Plan
Employer Identification Number: 94-3167314, Plan Number: 001
Schedule H, Line 4(j) – Schedule of Reportable Transactions
For the Year Ended December 31, 2025

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain
Category (i) - single transactions in excess of 5% of Plan assets						
Lighthouse Diversified Fund Limited Class G2	Lighthouse Diversified Fund Limited Class G2					
	Single sales	$ -	$ 37,661,717	$ 21,000,000	$ 37,661,717	$ 16,661,717
Lighthouse Diversified Fund Limited Class G1	Lighthouse Diversified Fund Limited Class G1					
	Single purchases	$ 37,661,717	$ -	$ 37,661,717	$ 37,661,717	$ -
Category (ii) - series of transactions with same broker in excess of 5% of Plan assets						
Chase Securities Inc.	U.S. Treasury Note					
	Series of purchases	$ 18,319,716	$ -	$ 18,319,716	$ 18,319,716	$ -
	Series of sales	$ -	$ 11,533,528	$ 11,496,762	$ 11,533,528	$ 36,766
Miscellaneous	Wellington CIF Small Cap Value					
	Series of purchases	$ 285,968	$ -	$ 285,968	$ 285,968	$ -
	Series of sales	$ -	$ 187,190	$ 187,190	$ 187,190	$ -
Miscellaneous	Lighthouse Diversified Fund Limited Class G2					
	Series of sales	$ -	$ 37,661,717	$ 21,000,000	$ 37,661,717	$ 16,661,717
Miscellaneous	Lighthouse Diversified Fund Limited Class G1					
	Series of purchases	$ 37,661,717	$ -	$ 37,661,717	$ 37,661,717	$ -
Category (iii) - series of transactions of the same issue in excess of 5% of Plan assets						
Lighthouse Diversified Fund Limited Class G2	Lighthouse Diversified Fund Limited Class G2					
	Series of sales	$ -	$ 37,661,717	$ 21,000,000	$ 37,661,717	$ 16,661,717
Lighthouse Diversified Fund Limited Class G1	Lighthouse Diversified Fund Limited Class G1					
	Series of purchases	$ 37,661,717	$ -	$ 37,661,717	$ 37,661,717	$ -
* Principal	Short-Term Investment Fund A S1					
	Series of purchases	$ 26,563,161	$ -	$ 26,563,161	$ 26,563,161	$ -
	Series of sales	$ -	$ 36,470,751	$ 36,470,751	$ 36,470,751	$ -
* Principal	Short-Term Investment Fund S10					
	Series of purchases	$ 43,029,805	$ -	$ 43,029,805	$ 43,029,805	$ -
	Series of sales	$ -	$ 33,083,915	$ 33,083,915	$ 33,083,915	$ -

El Camino Hospital Cash Balance Plan
Employer Identification Number: 94-3167314, Plan Number: 001
Schedule H, Line 4(j) – Schedule of Reportable Transactions
For the Year Ended December 31, 2025

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain
Category (iv) - single transactions with same broker in excess of 5% of Plan assets						
Miscellaneous	Wellington CIF Small Cap Value					
	Single purchases	$ 285,968	$ -	$ 285,968	$ 285,968	$ -
	Single sales	$ -	$ 187,190	$ 187,190	$ 187,190	$ -
Miscellaneous	Lighthouse Diversified Fund Limited Class G2					
	Single sales	$ -	$ 37,661,717	$ 21,000,000	$ 37,661,717	$ 16,661,717
Miscellaneous	Lighthouse Diversified Fund Limited Class G1					
	Single purchases	$ 37,661,717	$ -	$ 37,661,717	$ 37,661,717	$ -

Columns (e) and (f) have not been presented, as this information is not applicable.
* Indicates party-in-interest.

SB Actuary Signature

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
EL CAMINO HOSPITAL CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
EL CAMINO HOSPITAL

D Employer Identification Number (EIN)
94-3167314

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**	391,484,641
b Actuarial value	**2b**	372,405,803

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	698	60,270,690	60,270,690
b For terminated vested participants	1,112	36,832,937	36,833,560
c For active participants	3,797	181,545,631	190,691,888
d Total	5,607	278,649,258	287,796,138

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**	5.36%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	18,472,852
b Expected plan-related expenses	**6b**	0
c Target normal cost	**6c**	18,472,852

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

Misty Lam
Signature of actuary

10/13/2026
Date

MISTY LAM, EA, MSPA, MAAA
Type or print name of actuary

2606737
Most recent enrollment number

BUCK GLOBAL, LLC
Firm name

808-258-0315
Telephone number (including area code)

1050 QUEEN STREET, SUITE 100

HONOLULU HI 96814
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	80,941,955
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	80,941,955
10	Interest on line 9 using prior year's actual return of 10.04 %	0	8,126,572
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		11,517,361
	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 5.23 %		602,358
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		12,119,719
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	22,931,714
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	66,136,813

Part III Funding Percentages

14	Funding target attainment percentage	14	106.41 %
15	Adjusted funding target attainment percentage	15	129.39 %
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	104.08 %
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
04/15/2025	6,500,000	0			
07/25/2025	6,500,000	0			
10/17/2025	6,500,000	0			
			Totals ► 18(b)	19,500,000	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	18,952,931

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] 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

SB Actuary Signature

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.00 %	5.27 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	66

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**	18,472,852
b Excess assets, if applicable, but not greater than line 31a	**31b**	18,472,852

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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**	0

	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**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	18,952,931
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	18,952,931
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
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

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Schedule SB, Line 22 - Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
60	1,453.4472	0.0795	115.5846	6,935.0772
61	1,400.0550	0.0794	111.2191	6,784.3655
62	1,351.8306	0.0993	134.2038	8,320.6358
63	1,275.5082	0.0995	126.9579	7,998.3498
64	1,195.5722	0.0995	118.9635	7,613.6671
65	1,129.6154	0.1988	224.5328	14,594.6346
66	935.2039	0.2482	232.1370	15,321.0399
67	737.6248	0.2488	183.5130	12,295.3736
68	579.2492	0.1989	115.1892	7,832.8653
69	486.5041	0.1991	96.8587	6,683.2470
70	397.3166	0.9975	396.3166	27,742.1641
71	5.9447	0.8411	5.0000	355.0000
72	11.8920	0.9159	10.8920	784.2236
73	9.9434	0.8046	8.0000	584.0000
74	3.8276	0.7549	2.8893	213.8070
75	5.8794	1.0000	5.8794	440.9525
76	7.0000	1.0000	7.0000	532.0000
77	2.0000	1.0000	2.0000	154.0000
78	3.0000	1.0000	3.0000	234.0000
79	2.0000	1.0000	2.0000	158.0000
80	0.0000	1.0000	0.0000	0.0000
81	0.0000	1.0000	0.0000	0.0000
82	0.0000	1.0000	0.0000	0.0000
83	0.0000	1.0000	0.0000	0.0000
84	0.0000	1.0000	0.0000	0.0000
85	0.0000	1.0000	0.0000	0.0000
86	1.0000	1.0000	1.0000	86.0000
Total			**1,903.1370**	**125,663.4030**
Weighted Average Retirement Age = 125663.403 / 1903.137				**66.03**
Rounded Weighted Average Retirement Age				**66**

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

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Schedule SB, Line 26a - Schedule of Active Participant Data

Attained Age	Years of Credited Service																														
	Under 1			1 - 4			5 - 9			10 - 14			15 - 19			20 - 24			25 - 29			30 - 34			35 - 39			40 & up		
	Average			Average			Average			Average			Average			Average			Average			Average			Average			Average		
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
Under 25	17			36	88,490	6,897	1																							
25 - 29	35	92,762	4,460	234	134,108	15,079	28	119,667	26,071																					
30 - 34	26	114,052	5,483	293	139,961	17,446	150	140,683	39,057	14			1																	
35 - 39	35	122,970	5,912	268	143,402	18,723	205	136,500	41,069	57	128,702	64,606	18																	
40 - 44	23	95,894	4,610	175	135,652	17,574	149	137,509	44,374	107	166,381	79,499	63	131,200	90,347	14														
45 - 49	12			131	142,361	16,995	89	131,094	42,515	71	153,494	75,854	61	160,006	108,192	62	156,043	139,453	17											
50 - 54	15			101	147,628	19,192	76	139,365	46,830	70	154,950	78,418	101	171,122	116,983	59	160,076	150,127	60	161,413	169,423	5			1					
55 - 59	4			71	151,635	18,887	61	144,337	48,154	59	151,312	77,815	70	149,366	102,561	41	150,911	132,804	46	150,591	159,292	34	148,908	181,291	13					
60 - 64	2			45	158,948	20,283	43	154,343	47,167	42	145,540	82,354	53	152,392	100,786	41	135,584	129,458	26	138,397	174,226	20	154,108	181,352	27	171,170	197,553	9		
65 - 69				18			16			25	153,632	81,017	26	137,699	101,262	23	129,675	118,799	11			11			12			15		
70 & up	2			4			9			5			9			6			5			1			4			8		

El Camino Hospital Cash Balance Plan
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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	$ 15,806,955	$ 6,174,940	$ 6,637,960	$ 28,619,855
2026	$ 11,922,046	$ 1,307,253	$ 6,418,957	$ 19,648,256
2027	$ 11,701,580	$ 1,707,058	$ 6,191,976	$ 19,600,614
2028	$ 11,269,271	$ 1,920,628	$ 5,952,685	$ 19,142,584
2029	$ 11,057,151	$ 1,612,254	$ 5,699,558	$ 18,368,963
2030	$ 11,209,001	$ 1,365,231	$ 5,429,792	$ 18,004,024
2031	$ 10,870,234	$ 1,619,396	$ 5,159,350	$ 17,648,980
2032	$ 10,955,538	$ 1,866,945	$ 4,884,416	$ 17,706,899
2033	$ 11,031,291	$ 1,833,658	$ 4,598,926	$ 17,463,875
2034	$ 11,504,318	$ 1,718,524	$ 4,308,140	$ 17,530,982
2035	$ 11,399,457	$ 2,210,767	$ 4,026,979	$ 17,637,203
2036	$ 11,506,367	$ 2,004,550	$ 3,750,595	$ 17,261,512
2037	$ 11,614,762	$ 2,472,622	$ 3,469,326	$ 17,556,710
2038	$ 11,720,097	$ 2,388,672	$ 3,189,760	$ 17,298,529
2039	$ 12,577,600	$ 2,143,935	$ 2,883,627	$ 17,605,162
2040	$ 11,856,678	$ 2,563,941	$ 2,615,337	$ 17,035,956
2041	$ 11,225,771	$ 2,749,317	$ 2,374,306	$ 16,349,394
2042	$ 11,234,883	$ 2,085,788	$ 2,142,392	$ 15,463,063
2043	$ 11,252,046	$ 2,379,415	$ 1,910,198	$ 15,541,659
2044	$ 11,589,871	$ 2,261,786	$ 1,683,222	$ 15,534,879
2045	$ 10,845,092	$ 2,294,738	$ 1,483,293	$ 14,623,123
2046	$ 10,556,351	$ 2,472,260	$ 1,299,349	$ 14,327,960
2047	$ 10,693,438	$ 2,572,168	$ 1,131,482	$ 14,397,088
2048	$ 10,824,187	$ 2,360,379	$ 977,838	$ 14,162,404
2049	$ 10,138,807	$ 2,259,615	$ 836,508	$ 13,234,930
2050	$ 10,180,750	$ 2,395,968	$ 709,468	$ 13,286,186
2051	$ 10,264,274	$ 2,029,362	$ 596,473	$ 12,890,109
2052	$ 9,420,910	$ 1,781,248	$ 497,083	$ 11,699,241
2053	$ 9,608,375	$ 1,807,447	$ 410,675	$ 11,826,497
2054	$ 9,214,285	$ 1,728,627	$ 336,460	$ 11,279,372
2055	$ 9,021,486	$ 1,552,023	$ 273,514	$ 10,847,023
2056	$ 8,421,517	$ 1,474,796	$ 220,799	$ 10,117,112
2057	$ 8,153,780	$ 1,017,743	$ 177,214	$ 9,348,737
2058	$ 7,902,138	$ 1,027,574	$ 141,633	$ 9,071,345
2059	$ 7,344,462	$ 971,027	$ 112,947	$ 8,428,436
2060	$ 6,982,061	$ 753,541	$ 90,094	$ 7,825,696
2061	$ 6,524,973	$ 706,270	$ 72,082	$ 7,303,325
2062	$ 5,867,631	$ 586,430	$ 58,012	$ 6,512,073
2063	$ 5,343,987	$ 544,556	$ 47,092	$ 5,935,635
2064	$ 4,819,261	$ 507,677	$ 38,643	$ 5,365,581
2065	$ 4,498,009	$ 466,957	$ 32,097	$ 4,997,063
2066	$ 3,996,911	$ 438,562	$ 26,994	$ 4,462,467
2067	$ 3,646,180	$ 410,516	$ 22,966	$ 4,079,662
2068	$ 3,356,659	$ 382,886	$ 19,727	$ 3,759,272
2069	$ 3,093,208	$ 355,742	$ 17,062	$ 3,466,012
2070	$ 2,871,128	$ 329,163	$ 14,808	$ 3,215,099
2071	$ 2,653,136	$ 303,222	$ 12,852	$ 2,969,210
2072	$ 2,449,702	$ 278,002	$ 11,119	$ 2,738,823
2073	$ 2,255,876	$ 253,590	$ 9,561	$ 2,519,027
2074	$ 2,070,458	$ 230,068	$ 8,152	$ 2,308,678

El Camino Hospital Cash Balance Plan
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Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Funding assumptions selection and rationale

Actuarial Standard of Practice No. 27 (ASOP 27) provides guidance to actuaries when selecting economic, demographic and other noneconomic assumptions for measuring pension obligations. Under this ASOP, for each assumption that has a significant effect on the measurement and that the actuary has not selected, the actuary should disclose the information and analysis used to support the actuary's determination that the assumption does not significantly conflict with what, in the actuary's professional judgment, is reasonable for the purpose of the measurement.

The economic assumptions that have a significant effect on the measurement and that the actuary has not selected are the funding interest rates. The funding interest rates are prescribed by law.

The demographic and other noneconomic assumptions that have a significant effect on the measurement and that the actuary has not selected are mortality and future mortality improvement. The assumptions for mortality and future mortality improvement are prescribed by law.

We perform periodic experience studies to assess the reasonableness of the retirement rates, termination rates, and the optional form elections assumed in our valuation. We review these studies with the plan sponsor and set these rates based on the analysis and our discussions. We monitor these assumptions annually through gain/loss analyses. The assumptions for retirement rates and withdrawal rates were selected by the actuary as a result of an experience study performed in June 2021. The actuary has determined that these demographic and other noneconomic assumptions are reasonable for the purpose of the measurement.

The asset valuation method was selected by the plan sponsor with the actuary's advice.

The expected rate of return (EROA) was checked for reasonability with tools provided by Gallagher's Financial Risk Management (FRM) team. A spreadsheet tool created by the FRM team converts averages, standard deviations, and correlations from Gallagher's Capital Market Assumptions (CMA) that are used for stochastic forecasting into approximate percentile ranges for the arithmetic and geometric average returns. Percentiles are based on standard matrix multiplication and normal approximations. This simplified model (disclosed here under ASOP 56) ignores inter-period dependence and the skewed nature of single year returns. As such it is intended to suggest possible reasonable ranges for EROA without attempting to predict or select a best estimate rate of return. Based on our analysis, including consistency with other assumptions used in the valuation and the percentiles generated by the spreadsheet described above, the actuary believes the assumptions are reasonable for the purpose of the measurement.

El Camino Hospital Cash Balance Plan
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Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Use of Models

Actuarial Standard of Practice No. 56 (“ASOP 56”) provides guidance to actuaries when performing actuarial services with respect to designing, developing, selecting, modifying, using, reviewing, or evaluating models. Gallagher uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules specified in this report. Further, the model applies those funding rules to the liabilities derived and other inputs, such as plan assets and contributions, to generate many of the exhibits found in this report. Gallagher has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Gallagher also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding rules as well as the manner in which the model generates its output.

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the actuarial assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

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Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

Interest rates

	2025 Plan Year	2024 Plan Year
Funding Rates – Constrained*		
First Segment Rate	5.00%	4.75%
Second Segment Rate	5.27%	4.96%
Third Segment Rate	5.50%	5.59%
Effective Interest Rate	5.36%	5.23%
Funding Rates – Unconstrained**		
First Segment Rate	5.00%	4.37%
Second Segment Rate	5.27%	4.96%
Third Segment Rate	5.40%	4.95%
Effective Interest Rate	5.31%	4.92%

* Used for minimum funding and benefit restriction purposes.

**Used for maximum tax-deduction and ERISA 4010 reporting purposes.

The interest rates used for funding purposes are the Segment Rates with no lookback, constrained in accordance with relevant legislation.

Mortality

Mortality tables mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, and as amended by IRS Notice 2024-42, applied on a fully generational basis using the IRS 2024 Adjusted Scale MP-2021 Rates mortality improvement scale.

Lump Sum interest and mortality:

Interest Rate:	Forward rates implied by the funding interest rates (annuity substitution rule)
Mortality:	2025 IRC 417(e) Applicable Mortality table, as amended by IRS Notice 2024-42

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including plan administrative expenses expected to be paid from plan assets during the year.

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Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's Enrolled Actuary based on the best estimate of anticipated future experience under the plan. Demographic assumptions were determined based on the results of our June 2021 experience study. Economic assumptions were based on our June 2021 experience study and expected future experience, with input from the plan sponsor. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under the applicable provisions of the Internal Revenue Code and associated regulations.

Salary increases (based on our April 2016 experience study)

Current and Future Years:	4.00%
Prior Year:	4.00%

Social Security Wage Base

Current and Prior Years:	2.00%

Cash Balance interest crediting rate (based on expected long-term interest crediting rate)

Current and Future Years:	3.50%
Prior Year:	3.50%

Expenses

No loading for expenses. It is assumed that El Camino Hospital will pay current costs of administering the Plan from Company assets.

Benefit form election and benefit commencement date (based on our June 2021 experience study)

For active participants who terminate employment prior to age 60 and three years of service, 50% are assumed to elect an immediate lump sum, 30% are assumed to elect a lump sum deferred to age 65, and 20% are assumed to elect a life annuity deferred to age 65. For active participants who terminate employment after age 59, 70% are assumed to elect a lump sum and 30% are assumed to elect a life annuity payable immediately. PRN participants who terminate prior to age 60 are assumed to defer monthly payments to age 65. PRN participants who terminate after age 59 and three years of service are assumed to take an immediate benefit.

For terminated vested participants, 20% are assumed to elect a life annuity and 80% are assumed to elect a lump sum. Both forms are assumed to commence at ages in accordance with the assumed retirement rates shown below.

Marital percentage (based on our June 2021 experience study)

50% of participants are assumed to be married at death. Husbands are assumed to be 2 years older than their wives.

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Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Retirement rates (based on our June 2021 experience study)

Age	Actives	Former Employees
60	8.00%	7.00%
61	8.00%	7.00%
62	10.00%	7.00%
63	10.00%	7.00%
64	10.00%	25.00%
65	20.00%	100.00%
66	25.00%	100.00%
67	25.00%	100.00%
68	20.00%	100.00%
69	20.00%	100.00%
70 and older	100.00%	100.00%

Withdrawal rates (based on our June 2021 experience study)

Sample rates as follows:

Age	Rate
29 and younger	13.00%
30-34	9.00%
35-39	7.00%
40-59	5.00%

El Camino Hospital Cash Balance Plan
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Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including the discounted value of accrued contributions, reduced by 2/3 of the gain/(loss) for the immediately preceding plan year and reduced by 1/3 of the gain/(loss) for the plan year before that. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by current law and regulation to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

The expected rate of return (EROA) is based on the plan's asset allocation and forward-looking expected rates of return by asset category.

	Actuary's Assumption	Third Segment Rate	Reflecting Limit
2025 Expected Return	6.70%	5.50%	5.50%
2024 Expected Return	6.70%	5.59%	5.59%
2023 Expected Return	6.70%	5.74%	5.74%

Summary of Changes from the January 1, 2024 Valuation

- The assumed interest rate for funding purposes was changed from the constrained segment rates of 4.75%, 4.96% and 5.59% for 2024 to the constrained segment rates of 5.00%, 5.27% and 5.50% for 2025 in accordance with relevant legislation.
- The assumed mortality was changed as specified in Section 430, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, and as amended by IRS Notice 2024-42.
- The assumed interest rate for lump sum payment and cash balance annuity conversion was also updated to use forward rates implied by the funding interest rates (annuity substitution rule).
- The assumed mortality for lump sum payment and cash balance account annuity conversion was changed from the 2024 Applicable Mortality Table for 2024 to the 2025 Applicable Mortality Table for 2025 in accordance with IRS Section 417(e)(3).
- The net impact of these changes was a decrease in Funding Target of approximately $1.8 million.

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Schedule SB, Part V - Summary of Plan Provisions

The following provisions are applicable to all Plan participants, except as noted herein. Provisions identified as PRN Prior apply only to PRN members who have elected to have their benefits calculated under the Defined Benefit formula.

Effective Date

July 1, 1963

Latest Restatement

January 1, 2021

Plan Year

January 1 - December 31

Prior to January 1, 2000, the plan year was July 1 to June 30. Therefore, the period from July 1, 1999 through December 31, 1999 was a Short Plan year.

Eligibility

Each eligible employee who has attained age 21 becomes eligible for coverage on the first day of the month following completion of one year of service.

Retirement Dates

Normal

First day of the month following attainment of age 65 and completion of five years of service.

Early

Any age prior to the Normal Retirement Date.

PRN Prior Members

The first day of any month following the attainment of age 55 and completion of five years of service.

Postponed

The first day of any month following actual termination after Normal Retirement Date.

Automatic Form of Payments

Unless otherwise elected by the participant, the retirement benefit will be paid to a single participant in the form of a Life Annuity and to a married participant in the form of an actuarially reduced 50% Qualified Joint and Survivor Annuity.

El Camino Hospital Cash Balance Plan
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Schedule SB, Part V - Summary of Plan Provisions (continued)

Optional Forms of Payment

The cash balance benefit is payable in a single sum upon retirement or in an actuarially equivalent monthly annuity. The monthly annuity may be paid in the form of:

a) a life annuity
b) a joint and 100% survivor annuity,
c) a joint and 75% survivor annuity,
d) a joint and 50% survivor annuity, or
e) a life annuity with a certain period of 5, 10, 15 or 20 years.
f) a social security level income option

In no case shall the monthly benefit under the Cash Balance Plan be smaller than that accrued under the prior plan as of December 31, 1994 (June 30, 1996 for PRN Members who elect the cash balance formula).

PRN Prior Members

If elected by the participant, the retirement benefit may be paid in an amount actuarially equivalent to the Normal form (a life annuity) as:

a) a joint and 100% survivor annuity,
b) a joint and 75% survivor annuity,
c) a joint and 50% survivor annuity,
d) a life annuity with a certain period of 5, 10, 15 or 20 years.
e) a social security level income option

Retirement Benefit

Each participant's Cash Balance as of January 1, 1995 plus:

a) Effective July 1, 1999, Contribution Credits equal to 5% of compensation during the plan year, credited at the end of the plan year. Prior to July 1, 1999, the Contribution Credit equaled 3%. The increase to 5% applies only to those PRN participants who were active as of July 1, 2000 and those non-PRN participants who were active as of November 1, 1999.
b) Effective July 1, 1999, Interest Credit equal to the 10-year U.S. treasury securities rate applied to the cash balance as of the beginning of the plan year, credited at the end of the plan year. Prior to July 1, 1999, the Interest Credit equaled 4%. This change to the U.S. treasury securities rate applies only to those PRN participants who were active as of July 1, 2000 and those non-PRN participants who were active as of November 1, 1999.

January 1, 1995 Cash Balances are the actuarial equivalent of each participant's accrued benefit as of December 31, 1994, determined using the 1984 Unisex Pensioner Mortality table and the interest rates promulgated by the Pension Benefit Guaranty Corporation as of June 1, 1994.

For purposes of converting the participant's Cash Balance account to an annuity, the interest rate(s) and mortality table to be used is as defined in Code Section 417(e)(3). The interest rate(s) to be used are the annual interest rate(s) for the third calendar month preceding the beginning of the Plan Year (i.e., October interest rates published in November).

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Schedule SB, Part V - Summary of Plan Provisions (continued)

PRN Prior Members

40% of Average Monthly Earnings less 50% of monthly Social Security Benefit, reduced proportionately for less than 25 Years of Credited Service.

Average Monthly Earnings

Average of the highest consecutive five years of compensation with the Hospital divided by 12.

Social Security Benefit

Estimated Benefit payable at age 65 determined based upon the law at the time of termination or retirement and upon an assumption of no future earnings.

Years of Credited Service

Full years of continuous employment and fraction thereof while working at a rate of more than 1,000 hours per year.

SEIU (50 & 10 participants)

Effective January 1, 2004, for SEIU participants active as of July 16, 2003 who were active non-PRN participants at December 31, 1994 and had attained age 50 with 10 years of benefit service at December 31, 1994, the benefit is equal to the greater of the benefit determined under the (old) defined benefit formula and the benefit determined under the cash balance formula. Prior to January 1, 2004, benefits were determined under the cash balance formula only.

403(b) Match Benefits

Effective January 1, 2000, the Plan provides for a 100% match (up to 4% of compensation) for individual contributions made to the El Camino Hospital 403(b) Tax Deferred Annuity of Plan.

Effective January 1, 2004, for PRN plan participants with benefits determined under the cash balance formula, the 403(b) match is increased to: (i) 100% of the first 5% of compensation that is contributed to the 403(b) Plan, provided that the participant is credited with at least 15 years and less than 20 years of benefit service as of the last day of the Plan Year; and (ii) 100% of the first 6% of compensation that is contributed to the 403(b) Plan, provided that the participant is credited with at least 20 years of benefit service as of the last day of the Plan Year.

Effective January 1, 2009, no additional 403(b) match benefits are provided under the Plan.

Amounts of Other Benefits

Postponed Retirement

The greater of the participant's cash balance as of his Postponed Retirement Date payable as either a single sum or, at the election of the participant, as an actuarially equivalent annuity or, if larger, the participant's frozen accrued benefit as of December 31, 1994 increased to reflect delayed commencement of benefit payments.

PRN Prior Members

The greater of the participant's accrued benefit on his Postponed Retirement Date or his accrued benefit as of Normal Retirement Date increased to reflect delayed commencement of benefits.

El Camino Hospital Cash Balance Plan
EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Summary of Plan Provisions (continued)

Early Retirement

The participant's accrued cash balance as of his Early Retirement Date payable as either a single sum or as an actuarially equivalent annuity, at the election of the participant.

In no case shall monthly benefits at Early Retirement under the Cash Balance Plan be smaller than those accrued under the prior plan as of December 31, 1994 (June 30, 1996 for PRN Members who elected the cash balance formula), reduced to the participant's Early Retirement date according to the factors below.

PRN Prior Members:

The participant's accrued benefit as of his Early Retirement Date with payment commencing on participant's Normal Retirement Date. The participant may elect to receive a reduced amount commencing at an earlier date. The amount shall be the accrued benefit multiplied by the following factor:

Plan Years Preceding Normal Retirement Date	Benefit Percentage
0	100.0%
1	93.3%
2	86.6%
3	79.9%
4	73.2%
5	66.5%
6	63.2%
7	59.9%
8	56.6%
9	53.3%
10	50.0%

Certain PRN members who retired in 1996 in conjunction with an Early Retirement Window received unreduced early retirement benefits.

El Camino Hospital Cash Balance Plan
EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Summary of Plan Provisions (continued)

Death Benefit

Prior to Retirement

The Plan participant's accrued cash balance as of the date of death payable as either a single sum or, at the election of the designated beneficiary, as an actuarially equivalent monthly annuity.

PRN Prior Members

The actuarial equivalent of the benefit accrued by the Plan participant as of the date of death payable as either a lump sum or as a monthly annuity, at the election of the designated beneficiary.

After Retirement

In accordance with the annuity payment form in effect.

Disability Benefit

None.

Vesting of Accrued Benefit

Participants shall be vested in their accrued benefits according to the following schedule:

Year of Vesting Service	Vesting Percentage
0 - 2	0
3 or more	100%

PRN Prior Members

In the event of termination after completion of five Years of Service, a Plan participant shall have a vested right to pension benefits accrued to date of termination.

Maximum Annual Retirement Benefit

The annual retirement benefit that may be paid from the Plan is limited by Internal Revenue Code Section 415. For 2025, this amount is $280,000 and may be paid in the form of a single life annuity at Social Security Retirement Age.

Maximum Annual Plan Compensation

The annual compensation that may be used to determine Plan benefits is limited by Internal Revenue Code Section 401(a)(17). For 2025, this amount is $350,000.

For determining funding amounts, no future increases in the maximum annual retirement benefit and the maximum annual Plan compensation have been reflected.

El Camino Hospital Cash Balance Plan
EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Summary of Plan Provisions (continued)

Termination of Plan

In the event of termination of the Plan, funds are to be distributed, to the extent available, in the following order, in accordance with the requirements of the Section 4044 of ERISA:

a) benefits in “pay status” 3 years or those which could have been in pay status 3 years based on the Plan in effect 5 years prior to termination,
b) other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC),
c) vested benefits in excess of those insured by the PBGC, and
d) all other benefits.

Administration

Through the Plan Committee appointed by the Board of Directors.

Funding of Plan

Through a Trust with Wells Fargo Bank.

Summary of Changes from the January 1, 2024 Valuation

None.

El Camino Hospital Cash Balance Plan
EIN/PN: 94-3167314 / 001

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	$ 15,806,955	$ 6,174,940	$ 6,637,960	$ 28,619,855
2026	$ 11,922,046	$ 1,307,253	$ 6,418,957	$ 19,648,256
2027	$ 11,701,580	$ 1,707,058	$ 6,191,976	$ 19,600,614
2028	$ 11,269,271	$ 1,920,628	$ 5,952,685	$ 19,142,584
2029	$ 11,057,151	$ 1,612,254	$ 5,699,558	$ 18,368,963
2030	$ 11,209,001	$ 1,365,231	$ 5,429,792	$ 18,004,024
2031	$ 10,870,234	$ 1,619,396	$ 5,159,350	$ 17,648,980
2032	$ 10,955,538	$ 1,866,945	$ 4,884,416	$ 17,706,899
2033	$ 11,031,291	$ 1,833,658	$ 4,598,926	$ 17,463,875
2034	$ 11,504,318	$ 1,718,524	$ 4,308,140	$ 17,530,982
2035	$ 11,399,457	$ 2,210,767	$ 4,026,979	$ 17,637,203
2036	$ 11,506,367	$ 2,004,550	$ 3,750,595	$ 17,261,512
2037	$ 11,614,762	$ 2,472,622	$ 3,469,326	$ 17,556,710
2038	$ 11,720,097	$ 2,388,672	$ 3,189,760	$ 17,298,529
2039	$ 12,577,600	$ 2,143,935	$ 2,883,627	$ 17,605,162
2040	$ 11,856,678	$ 2,563,941	$ 2,615,337	$ 17,035,956
2041	$ 11,225,771	$ 2,749,317	$ 2,374,306	$ 16,349,394
2042	$ 11,234,883	$ 2,085,788	$ 2,142,392	$ 15,463,063
2043	$ 11,252,046	$ 2,379,415	$ 1,910,198	$ 15,541,659
2044	$ 11,589,871	$ 2,261,786	$ 1,683,222	$ 15,534,879
2045	$ 10,845,092	$ 2,294,738	$ 1,483,293	$ 14,623,123
2046	$ 10,556,351	$ 2,472,260	$ 1,299,349	$ 14,327,960
2047	$ 10,693,438	$ 2,572,168	$ 1,131,482	$ 14,397,088
2048	$ 10,824,187	$ 2,360,379	$ 977,838	$ 14,162,404
2049	$ 10,138,807	$ 2,259,615	$ 836,508	$ 13,234,930
2050	$ 10,180,750	$ 2,395,968	$ 709,468	$ 13,286,186
2051	$ 10,264,274	$ 2,029,362	$ 596,473	$ 12,890,109
2052	$ 9,420,910	$ 1,781,248	$ 497,083	$ 11,699,241
2053	$ 9,608,375	$ 1,807,447	$ 410,675	$ 11,826,497
2054	$ 9,214,285	$ 1,728,627	$ 336,460	$ 11,279,372
2055	$ 9,021,486	$ 1,552,023	$ 273,514	$ 10,847,023
2056	$ 8,421,517	$ 1,474,796	$ 220,799	$ 10,117,112
2057	$ 8,153,780	$ 1,017,743	$ 177,214	$ 9,348,737
2058	$ 7,902,138	$ 1,027,574	$ 141,633	$ 9,071,345
2059	$ 7,344,462	$ 971,027	$ 112,947	$ 8,428,436
2060	$ 6,982,061	$ 753,541	$ 90,094	$ 7,825,696
2061	$ 6,524,973	$ 706,270	$ 72,082	$ 7,303,325
2062	$ 5,867,631	$ 586,430	$ 58,012	$ 6,512,073
2063	$ 5,343,987	$ 544,556	$ 47,092	$ 5,935,635
2064	$ 4,819,261	$ 507,677	$ 38,643	$ 5,365,581
2065	$ 4,498,009	$ 466,957	$ 32,097	$ 4,997,063
2066	$ 3,996,911	$ 438,562	$ 26,994	$ 4,462,467
2067	$ 3,646,180	$ 410,516	$ 22,966	$ 4,079,662
2068	$ 3,356,659	$ 382,886	$ 19,727	$ 3,759,272
2069	$ 3,093,208	$ 355,742	$ 17,062	$ 3,466,012
2070	$ 2,871,128	$ 329,163	$ 14,808	$ 3,215,099
2071	$ 2,653,136	$ 303,222	$ 12,852	$ 2,969,210
2072	$ 2,449,702	$ 278,002	$ 11,119	$ 2,738,823
2073	$ 2,255,876	$ 253,590	$ 9,561	$ 2,519,027
2074	$ 2,070,458	$ 230,068	$ 8,152	$ 2,308,678

El Camino Hospital Cash Balance Plan
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Schedule SB, Line 22 - Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
60	1,453.4472	0.0795	115.5846	6,935.0772
61	1,400.0550	0.0794	111.2191	6,784.3655
62	1,351.8306	0.0993	134.2038	8,320.6358
63	1,275.5082	0.0995	126.9579	7,998.3498
64	1,195.5722	0.0995	118.9635	7,613.6671
65	1,129.6154	0.1988	224.5328	14,594.6346
66	935.2039	0.2482	232.1370	15,321.0399
67	737.6248	0.2488	183.5130	12,295.3736
68	579.2492	0.1989	115.1892	7,832.8653
69	486.5041	0.1991	96.8587	6,683.2470
70	397.3166	0.9975	396.3166	27,742.1641
71	5.9447	0.8411	5.0000	355.0000
72	11.8920	0.9159	10.8920	784.2236
73	9.9434	0.8046	8.0000	584.0000
74	3.8276	0.7549	2.8893	213.8070
75	5.8794	1.0000	5.8794	440.9525
76	7.0000	1.0000	7.0000	532.0000
77	2.0000	1.0000	2.0000	154.0000
78	3.0000	1.0000	3.0000	234.0000
79	2.0000	1.0000	2.0000	158.0000
80	0.0000	1.0000	0.0000	0.0000
81	0.0000	1.0000	0.0000	0.0000
82	0.0000	1.0000	0.0000	0.0000
83	0.0000	1.0000	0.0000	0.0000
84	0.0000	1.0000	0.0000	0.0000
85	0.0000	1.0000	0.0000	0.0000
86	1.0000	1.0000	1.0000	86.0000
Total			**1,903.1370**	**125,663.4030**
Weighted Average Retirement Age = 125663.403 / 1903.137				**66.03**
Rounded Weighted Average Retirement Age				**66**

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

El Camino Hospital Cash Balance Plan
EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Summary of Plan Provisions

The following provisions are applicable to all Plan participants, except as noted herein. Provisions identified as PRN Prior apply only to PRN members who have elected to have their benefits calculated under the Defined Benefit formula.

Effective Date

July 1, 1963

Latest Restatement

January 1, 2021

Plan Year

January 1 - December 31

Prior to January 1, 2000, the plan year was July 1 to June 30. Therefore, the period from July 1, 1999 through December 31, 1999 was a Short Plan year.

Eligibility

Each eligible employee who has attained age 21 becomes eligible for coverage on the first day of the month following completion of one year of service.

Retirement Dates

Normal

First day of the month following attainment of age 65 and completion of five years of service.

Early

Any age prior to the Normal Retirement Date.

PRN Prior Members

The first day of any month following the attainment of age 55 and completion of five years of service.

Postponed

The first day of any month following actual termination after Normal Retirement Date.

Automatic Form of Payments

Unless otherwise elected by the participant, the retirement benefit will be paid to a single participant in the form of a Life Annuity and to a married participant in the form of an actuarially reduced 50% Qualified Joint and Survivor Annuity.

El Camino Hospital Cash Balance Plan
EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Summary of Plan Provisions (continued)

Optional Forms of Payment

The cash balance benefit is payable in a single sum upon retirement or in an actuarially equivalent monthly annuity. The monthly annuity may be paid in the form of:

a) a life annuity
b) a joint and 100% survivor annuity,
c) a joint and 75% survivor annuity,
d) a joint and 50% survivor annuity, or
e) a life annuity with a certain period of 5, 10, 15 or 20 years.
f) a social security level income option

In no case shall the monthly benefit under the Cash Balance Plan be smaller than that accrued under the prior plan as of December 31, 1994 (June 30, 1996 for PRN Members who elect the cash balance formula).

PRN Prior Members

If elected by the participant, the retirement benefit may be paid in an amount actuarially equivalent to the Normal form (a life annuity) as:

a) a joint and 100% survivor annuity,
b) a joint and 75% survivor annuity,
c) a joint and 50% survivor annuity,
d) a life annuity with a certain period of 5, 10, 15 or 20 years.
e) a social security level income option

Retirement Benefit

Each participant's Cash Balance as of January 1, 1995 plus:

a) Effective July 1, 1999, Contribution Credits equal to 5% of compensation during the plan year, credited at the end of the plan year. Prior to July 1, 1999, the Contribution Credit equaled 3%. The increase to 5% applies only to those PRN participants who were active as of July 1, 2000 and those non-PRN participants who were active as of November 1, 1999.

b) Effective July 1, 1999, Interest Credit equal to the 10-year U.S. treasury securities rate applied to the cash balance as of the beginning of the plan year, credited at the end of the plan year. Prior to July 1, 1999, the Interest Credit equaled 4%. This change to the U.S. treasury securities rate applies only to those PRN participants who were active as of July 1, 2000 and those non-PRN participants who were active as of November 1, 1999.

January 1, 1995 Cash Balances are the actuarial equivalent of each participant's accrued benefit as of December 31, 1994, determined using the 1984 Unisex Pensioner Mortality table and the interest rates promulgated by the Pension Benefit Guaranty Corporation as of June 1, 1994.

For purposes of converting the participant's Cash Balance account to an annuity, the interest rate(s) and mortality table to be used is as defined in Code Section 417(e)(3). The interest rate(s) to be used are the annual interest rate(s) for the third calendar month preceding the beginning of the Plan Year (i.e., October interest rates published in November).

El Camino Hospital Cash Balance Plan
EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Summary of Plan Provisions (continued)

PRN Prior Members

40% of Average Monthly Earnings less 50% of monthly Social Security Benefit, reduced proportionately for less than 25 Years of Credited Service.

Average Monthly Earnings

Average of the highest consecutive five years of compensation with the Hospital divided by 12.

Social Security Benefit

Estimated Benefit payable at age 65 determined based upon the law at the time of termination or retirement and upon an assumption of no future earnings.

Years of Credited Service

Full years of continuous employment and fraction thereof while working at a rate of more than 1,000 hours per year.

SEIU (50 & 10 participants)

Effective January 1, 2004, for SEIU participants active as of July 16, 2003 who were active non-PRN participants at December 31, 1994 and had attained age 50 with 10 years of benefit service at December 31, 1994, the benefit is equal to the greater of the benefit determined under the (old) defined benefit formula and the benefit determined under the cash balance formula. Prior to January 1, 2004, benefits were determined under the cash balance formula only.

403(b) Match Benefits

Effective January 1, 2000, the Plan provides for a 100% match (up to 4% of compensation) for individual contributions made to the El Camino Hospital 403(b) Tax Deferred Annuity of Plan.

Effective January 1, 2004, for PRN plan participants with benefits determined under the cash balance formula, the 403(b) match is increased to: (i) 100% of the first 5% of compensation that is contributed to the 403(b) Plan, provided that the participant is credited with at least 15 years and less than 20 years of benefit service as of the last day of the Plan Year; and (ii) 100% of the first 6% of compensation that is contributed to the 403(b) Plan, provided that the participant is credited with at least 20 years of benefit service as of the last day of the Plan Year.

Effective January 1, 2009, no additional 403(b) match benefits are provided under the Plan.

Amounts of Other Benefits

Postponed Retirement

The greater of the participant's cash balance as of his Postponed Retirement Date payable as either a single sum or, at the election of the participant, as an actuarially equivalent annuity or, if larger, the participant's frozen accrued benefit as of December 31, 1994 increased to reflect delayed commencement of benefit payments.

PRN Prior Members

The greater of the participant's accrued benefit on his Postponed Retirement Date or his accrued benefit as of Normal Retirement Date increased to reflect delayed commencement of benefits.

El Camino Hospital Cash Balance Plan
EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Summary of Plan Provisions (continued)

Early Retirement

The participant's accrued cash balance as of his Early Retirement Date payable as either a single sum or as an actuarially equivalent annuity, at the election of the participant.

In no case shall monthly benefits at Early Retirement under the Cash Balance Plan be smaller than those accrued under the prior plan as of December 31, 1994 (June 30, 1996 for PRN Members who elected the cash balance formula), reduced to the participant's Early Retirement date according to the factors below.

PRN Prior Members:

The participant's accrued benefit as of his Early Retirement Date with payment commencing on participant's Normal Retirement Date. The participant may elect to receive a reduced amount commencing at an earlier date. The amount shall be the accrued benefit multiplied by the following factor:

Plan Years Preceding Normal Retirement Date	Benefit Percentage
0	100.0%
1	93.3%
2	86.6%
3	79.9%
4	73.2%
5	66.5%
6	63.2%
7	59.9%
8	56.6%
9	53.3%
10	50.0%

Certain PRN members who retired in 1996 in conjunction with an Early Retirement Window received unreduced early retirement benefits.

El Camino Hospital Cash Balance Plan
EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Summary of Plan Provisions (continued)

Death Benefit

Prior to Retirement

The Plan participant's accrued cash balance as of the date of death payable as either a single sum or, at the election of the designated beneficiary, as an actuarially equivalent monthly annuity.

PRN Prior Members

The actuarial equivalent of the benefit accrued by the Plan participant as of the date of death payable as either a lump sum or as a monthly annuity, at the election of the designated beneficiary.

After Retirement

In accordance with the annuity payment form in effect.

Disability Benefit

None.

Vesting of Accrued Benefit

Participants shall be vested in their accrued benefits according to the following schedule:

Year of Vesting Service	Vesting Percentage
0 - 2	0
3 or more	100%

PRN Prior Members

In the event of termination after completion of five Years of Service, a Plan participant shall have a vested right to pension benefits accrued to date of termination.

Maximum Annual Retirement Benefit

The annual retirement benefit that may be paid from the Plan is limited by Internal Revenue Code Section 415. For 2025, this amount is $280,000 and may be paid in the form of a single life annuity at Social Security Retirement Age.

Maximum Annual Plan Compensation

The annual compensation that may be used to determine Plan benefits is limited by Internal Revenue Code Section 401(a)(17). For 2025, this amount is $350,000.

For determining funding amounts, no future increases in the maximum annual retirement benefit and the maximum annual Plan compensation have been reflected.

El Camino Hospital Cash Balance Plan
EIN/PN: 94-3167314 / 001

Schedule SB, Part V - Summary of Plan Provisions (continued)

Termination of Plan

In the event of termination of the Plan, funds are to be distributed, to the extent available, in the following order, in accordance with the requirements of the Section 4044 of ERISA:

a) benefits in “pay status” 3 years or those which could have been in pay status 3 years based on the Plan in effect 5 years prior to termination,
b) other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC),
c) vested benefits in excess of those insured by the PBGC, and
d) all other benefits.

Administration

Through the Plan Committee appointed by the Board of Directors.

Funding of Plan

Through a Trust with Wells Fargo Bank.

Summary of Changes from the January 1, 2024 Valuation

None.

El Camino Hospital Cash Balance Plan
Employer Identification Number: 94-3167314, Plan Number: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Mutual Funds			
	VANGUARD INSTITUTIONAL INDEX FUND	Mutual Fund; Shares: 125,452.442	$ 23,784,996	$ 69,258,530
	METROPOLITAN WEST TOTAL RETURN BOND	Mutual Fund; Shares: 5,104,496.960	51,037,427	43,898,674
	DODGE & COX INCOME FD COM #147	Mutual Fund; Shares: 3,675,036.320	50,304,619	47,224,217
	BNY MELLON INTERNATIONAL STOCK FUND	Mutual Fund; Shares: 1,014,745.014	16,268,150	22,202,621
	TOUCHSTONE SANDS CAPITAL SELECT GROWTH FUND	Mutual Fund; Shares: 1,337,443.905	17,159,257	27,644,965
	CAUSEWAY INTERNATIONAL VALUE FUND	Mutual Fund; Shares: 1,865,652.345	32,511,160	43,842,830
	CONESTOGA SMALL CAP FUND CLASS INST	Mutual Fund; Shares: 127,251.502	5,289,288	8,558,936
	HARDING LOEVNER INSTITUTIONAL EMERGING MARKETS FUND	Mutual Fund; Shares: 2,087,443.130	32,388,122	22,544,386
	Total Mutual Funds		228,743,019	285,175,159
	Common Stock			
	AECOM	Common Stock; Shares: 4,258	332,073	405,915
	AIR PRODS & CHEMS INC COM	Common Stock; Shares: 3,938	1,023,653	972,765
	ALPHABET INC CL A	Common Stock; Shares: 5,567	721,073	1,742,471
	AMERICAN EXPRESS CO	Common Stock; Shares: 2,803	217,216	1,036,970
	AMERICAN INTERNATIONAL GROUP, INC	Common Stock; Shares: 12,022	499,948	1,028,482
	APTIV PLC	Common Stock; Shares: 14,514	1,307,881	1,104,370
	AVANTOR INC	Common Stock; Shares: 46,633	1,028,066	534,414
	AXALTA COATING SYSTEMS	Common Stock; Shares: 24,833	744,022	802,354
	BANK N S HALIFAX	Common Stock; Shares: 12,378	581,245	912,135
	BANK OF AMERICA CORP	Common Stock; Shares: 30,757	1,210,668	1,691,635
	BERKSHIRE HATHAWAY INC.	Common Stock; Shares: 2,696	1,350,412	1,355,144
	CAPITAL ONE FINANCIAL CORP	Common Stock; Shares: 2,093	399,918	507,259
	CARNIVAL CORP	Common Stock; Shares: 60,403	966,676	1,844,708
	CHEVRON CORP	Common Stock; Shares: 6,129	587,518	934,121
	COGNIZANT TECH SOLUTIONS CRP COM	Common Stock; Shares: 5,198	299,686	431,434
	ELEVANCE HEALTH INC	Common Stock; Shares: 1,584	288,766	555,271
	ENTEGRIS INC	Common Stock; Shares: 12,007	1,018,629	1,011,590
	ENTERGY CORP NEW COM	Common Stock; Shares: 12,468	632,861	1,152,417
	EVEREST GROUP LTD	Common Stock; Shares: 1,179	431,334	400,094
	EXXON MOBIL CORPORATION	Common Stock; Shares: 9,873	879,325	1,188,117
	FIDELITY NATL INFORMATION SVCS INC	Common Stock; Shares: 14,934	1,165,325	992,514
	FORTIVE CORP	Common Stock; Shares: 12,532	672,912	691,892
	FREEPORT-MCMORAN INC.	Common Stock; Shares: 14,739	703,718	748,594
	GE HEALTHCARE TECHNOLOGIES INC	Common Stock; Shares: 8,239	645,751	675,763
	HALLIBURTON CO	Common Stock; Shares: 19,875	585,549	561,668
	HEWLETT PACKARD ENTERPRISE CO	Common Stock; Shares: 28,613	698,511	687,284
	HUNT J B RANS SVCS INC	Common Stock; Shares: 4,327	557,171	840,909
	JOHNSON CONTROLS INTERNATIONAL PLC	Common Stock; Shares: 10,202	690,972	1,221,689
	KEURIG DR PEPPER INC	Common Stock; Shares: 44,608	1,388,568	1,249,470
	LENNAR CORPORATION CLASS A COMMON	Common Stock; Shares: 3,926	498,624	403,593
	LPL FINANCIAL HOLDINGS INC	Common Stock; Shares: 2,036	692,664	727,198

El Camino Hospital Cash Balance Plan
Employer Identification Number: 94-3167314, Plan Number: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	MAGNUM ICE CREAM CO	Common Stock; Shares: 2,250	$ 36,078	$ 35,663
	MEDTRONIC, PLC	Common Stock; Shares: 9,516	820,936	914,107
	MERCK & CO INC NEW	Common Stock; Shares: 12,835	1,015,576	1,351,012
	MICROCHIP TECHNOLOGY INC COM	Common Stock; Shares: 18,295	1,115,852	1,165,757
	ORACLE CORPORATION	Common Stock; Shares: 4,276	348,208	833,435
	PERMIAN RESOURCES CORP CL A	Common Stock; Shares: 37,549	533,799	526,812
	PG&E CORP COM	Common Stock; Shares: 44,066	718,989	708,141
	PINNACLE WEST CAP CORP	Common Stock; Shares: 9,726	721,240	862,696
	PROLOGIS, INC	Common Stock; Shares: 5,007	542,706	639,194
	PUBLIC STORAGE INC COM	Common Stock; Shares: 3,018	819,659	783,171
	QUALCOMM INC	Common Stock; Shares: 5,969	560,393	1,020,997
	SANOFI-AVENTIS	Common Stock; Shares: 18,783	915,335	910,224
	SLM CORP	Common Stock; Shares: 17,463	529,628	472,549
	UNITEDHEALTH GROUP INC	Common Stock; Shares: 2,887	761,948	953,028
	UNILEVER PLC SPONSORED	Common Stock; Shares: 10,000.001	654,945	654,000
	VERTIV HOLDINGS LLC CL A	Common Stock; Shares: 3,644	331,170	590,364
	VICI PROPERTIES INC	Common Stock; Shares: 29,591	795,549	832,099
	WELLS FARGO & CO	Common Stock; Shares: 11,477	438,025	1,069,656
	WESTERN ALLIANCE BANCORPORATION	Common Stock; Shares: 9,671	875,161	813,041
	WILLIS TOWERS WATSON PUB LTDCO	Common Stock; Shares: 1,348	278,843	442,953
	WYNN RESORTS LTD	Common Stock; Shares: 9,745	1,011,727	1,172,616
	XCEL ENERGY INC	Common Stock; Shares: 14,324	919,080	1,057,971
	Total Common Stock		37,565,582	46,221,726
	Pooled, Common & Collective Trusts			
	WELLINGTON CIF SMALL CAP VALUE	Pooled investments; Shares: 772,814.872	6,905,683	13,686,551
	Total Pooled, Common & Collective Trusts		6,905,683	13,686,551
	Limited Liability Company			
	POINTER OFFSHORE III, LTD	Pooled investments; Shares: 13,734.094	17,900,000	38,908,776
	LIGHTHOUSE DIVERSIFIED FUND CLASS G1	Pooled investments; Shares: 21,617.351	37,661,717	38,556,592
	Total Limited Liability Company		55,561,717	77,465,368
	Partnerships			
	WALTON STREET REAL ESTATE FUND VIII, LP	Pooled investments; Shares: 296,018.090	296,018	3,077,602
	OAKTREE REAL ESTATE OPPORTUNITIES FUND VI	Pooled investments; Shares: 1	-	1,083,209
	WALTON STREET REAL ESTATE PARTNERS LP	Pooled investments; Shares: 1,906,653.420	1,906,653	314,497
	Total Partnerships		2,202,671	4,475,308
	Corporate Bonds			
	FED NATL MTG ASSN POOL #MA3932	US Government Mortgage Pool; Maturity Date: 02/01/2035; 3.500%; Shares: 10,384.640	10,849	10,154
	GM FINANCIAL REVOLVING	Corporate Backed Obligation; Maturity Date: 06/12/2034; 1.560%; Shares: 20,000	19,996	19,623
	Total Corporate Bonds		30,845	29,777

El Camino Hospital Cash Balance Plan
Employer Identification Number: 94-3167314, Plan Number: 001
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	U.S. Government Securities			
	U.S. TREASURY NOTE	US Government; Maturity Date: 04/30/2026; 4.875%; Shares: 3,315,000	$ 3,335,968	$ 3,328,459
	U.S. TREASURY NOTE	US Government; Maturity Date: 08/31/2027; 3.625%; Shares: 4,325,000	4,336,735	4,334,644
	U.S. TREASURY NOTE	US Government; Maturity Date: 04/30/2029; 4.625%; Shares: 3,680,000	3,769,171	3,798,901
	U.S. TREASURY NOTE	US Government; Maturity Date: 08/31/2030; 3.625%; Shares: 720,000	719,955	717,444
	Total U.S. Government Securities		12,161,829	12,179,448
	Short-Term Investment Funds			
*	PRINCIPAL SHORT-TERM INVESTMENT FUND S10	Cash and cash equivalents	9,945,883	9,945,883
			$ 353,117,229	$ 449,179,220

* Indicates party-in-interest.