

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/>
D	Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ <input type="checkbox"/>

Part II	Basic Plan Information—enter all requested information
1a	Name of plan DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 10/01/1970
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) DESERET MUTUAL BENEFIT ADMINISTRATORS PO BOX 45530 SALT LAKE CITY, UT 84145 150 SOCIAL HALL AVENUE, SUITE 170 SLC, UT 84245
2b	Employer Identification Number (EIN) 87-0440163
2c	Plan Sponsor's telephone number 801-578-5795
2d	Business code (see instructions) 524290

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2024	MICHAEL J. RASBAND
	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 <input type="checkbox"/> Same as Plan Sponsor DESERET MUTUAL BENEFIT ADMINISTRATORS PO BOX 45530 SALT LAKE CITY, UT 84145		3b Administrator's EIN 87-0440163	
		3c Administrator's telephone number 801-578-5795	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN	
		4d PN	
5 Total number of participants at the beginning of the plan year		5	33888
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested			
		6a(1)	20686
		6a(2)	21482
		6b	10966
		6c	
		6d	32448
		6e	2194
		6f	
		6g(1)	
		6g(2)	
		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4A 4B 4D 4E 4F 4H			
9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)		b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached 6 (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____

<div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 DESERET MUTUAL BENEFIT ADMINISTRATORS	D Employer Identification Number (EIN) 87-0440163

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
CARELON BEHAVIORAL HEALTH

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
54-1414194	62199	0000000000000000	48926	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year.....	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	
	Specify nature of costs ▶		
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity		
	(3) <input type="checkbox"/> other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here <input type="checkbox"/>		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee		
	(3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b	Balance at the end of the previous year	7b	
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	
d	Total of balance and additions (add lines 7b and 7c(6))	7d	
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	723946
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 DESERET MUTUAL BENEFIT ADMINISTRATORS	D Employer Identification Number (EIN) 87-0440163

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	0	107572	517	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year.....	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b	Balance at the end of the previous year	7b	
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	
d	Total of balance and additions (add lines 7b and 7c(6))	7d	
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	3117717
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 DESERET MUTUAL BENEFIT ADMINISTRATORS	D Employer Identification Number (EIN) 87-0440163

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN INC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	33049	176	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year.....	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b	Balance at the end of the previous year	7b	
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	
d	Total of balance and additions (add lines 7b and 7c(6))	7d	
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1203169
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 DESERET MUTUAL BENEFIT ADMINISTRATORS	D Employer Identification Number (EIN) 87-0440163

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN OF HAWAII

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	60053	3568	346	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	1814857
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 DESERET MUTUAL BENEFIT ADMINISTRATORS	D Employer Identification Number (EIN) 87-0440163

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
MAPFRE LIFE INSURANCE COMPANY OF PR

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
66-0402309	77054	356745-002	13	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 9662	(b) Total amount of fees paid 0
--	------------------------------------

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MULTI AGENT SYSTEM CORP
PO BOX 1306
BAYAMON, PUERTO RICO 00960-1306 PR

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9662			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	193239
(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3)).....	9a(4)	193239
b Benefit charges (1) Claims paid.....	9b(1)	165165
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2)).....	9b(3)	165165
(4) Claims charged	9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies.....	9c(1)(F)	
(G) Other retention charges	9c(1)(G)	
(H) Total retention	9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....	9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
(2) Claim reserves	9d(2)	
(3) Other reserves.....	9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 DESERET MUTUAL BENEFIT ADMINISTRATORS	D Employer Identification Number (EIN) 87-0440163

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1227840	39616	30043025	16732	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 244009	(b) Total amount of fees paid 0
--	------------------------------------

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
244009			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	
6 Contracts With Allocated Funds:		
a State the basis of premium rates ▶		
b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	3465229
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
<div>A</div> Name of plan DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN	<div>B</div> Three-digit plan number (PN) ▶	501
<div>C</div> Plan sponsor's name as shown on line 2a of Form 5500 DESERET MUTUAL BENEFIT ADMINISTRATORS	<div>D</div> Employer Identification Number (EIN) 87-0440163	

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AMG FUNDS LLC
06-1298481

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ANGELO GORDON AND CO LP
190 ELGIN AVENUE GRAND CAYMAN, CAYMAN ISLANDS KY19007 GB

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ARTISAN PARTNERS LIMITED PARTNERSHI
30-0551775

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLACKROCK ADVISORS LLC
23-2784752

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

CBF MANAGER LP

82-3608385

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

CHARLESBANK CAPITAL PARTNERS LLC

200 CLARENDON STREET
54TH FLOOR
BOSTON, MA 02116

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

CLARION PARTNERS LLC

47-2899295

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

DELAWARE MANAGEMENT COMPANY

23-2859589

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

DIMENSIONAL FUND ADVISORS LP

30-0447847

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

FRONTEGRA ASSET MANAGEMENT INC

36-3968668

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

GMO

56-2427157

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

GOLDMAN SACHS ASSET MANAGEMENT

13-3575636

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

GOLDPOINT PARTNERS LLC

13-5582869

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

GRANDEUR PEAK GLOBAL ADVISORS

90-0732232

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

HARRISON STREET ADVISORS LLC

45-3147571

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

INVESCO CAPITAL MANAGEMENT LLC

3500 LACEY ROAD
SUITE 700
DOWNERS GROVE, IL 60515

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

JP MORGAN INVESTMENT MGMT

13-3200244

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

LEVINE LEICHTMAN CAPITAL PARTNERS I

95-4475693

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

LORD ABBETT AND CO LLC

13-5620131

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

MFS INVESTMENT MANAGEMENT

04-3287965

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

MONROE CAPITAL PRIVATE CREDIT FUND

98-1532848

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

MORGAN STANLEY REAL ESTATE ADVISOR

20-0109235

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

RREEF AMERICA LLC

82-1270846

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

SEVEN CANYONS ADVISORS LLC

82-2807223

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

SHENKMAN CAPITAL MANAGEMENT INC

13-3280361

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

THE VANGUARD GROUP

23-1945930

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

THOMAS J HERZFELD ADVISORS INC

59-2414380

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

TOUCHSTONE ADVISORS INC

31-1394672

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

USAA REAL ESTATE COMPANY LLC

46-1641879

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

VAN ECK ASSOCIATES CORPORATION

666 THIRD AVENUE
9TH FLOOR
NEW YORK, NY 10017

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

VICTORY CAPITAL MANAGEMENT INC

13-2700161

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

VIRTUS PARTNERS

95-4191764

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

VISTA EQUITY PARTNERS MANAGEMENT LL

26-0434499

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

VOYA INVESTMENTS LLC

52-2125227

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

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

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

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

UNITED HEALTHCARE INSURANCE CO

115 WEST WAUSAU AVE
WAUSAU, WI 54401

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	2768069	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RX SAVINGS SOLUTIONS

26-3642434

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	970788	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MILLIMAN

1301 FIFTH AVENUE
SUITE 3800
SEATTLE, WA 98101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NA	752721	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

DST HEALTH SOLUTIONS LLC

23-2423802

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NA	499670	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHANGE HEALTHCARE SOLUTIONS LLC

45-3637794

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	466424	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BITS IN GLASS US INC

633 17TH STREET
SUITE 1405
DENVER, CO 80202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NA	333754	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

NAYYA HEALTH INC

215 PARK AVE S
FL 4
NEW YORK, NY 10003

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	323121	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHANGE HEALTHCARE ENGAGEMENT SOLUTI

PO BOX 572490
MURRAY, UT 84157

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	298002	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LIVONGO HEALTH INC

26-3542036

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	284137	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

METLIFE

13-5581829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NA	264281	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SIDLEY AUSTIN LLP

36-4474078

(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?
29 50	NA	164743	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HEALTHTRIO LLC

26-0725535

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	163382	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

ZIONS

ONE SOUTH MAIN
FLOOR 11
SALT LAKE CITY, UT 84133

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NA	155055	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DELOITTE

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NA	153731	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GDIT

PO BOX 829968
PHILADELPHIA, PA 19182

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	143765	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

UTAH HEALTH INFORMATION NETWORK

1226 E 6600 S
SALT LAKE CITY, UT 84121

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	132270	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

OPTUMINSIGHT INC

41-1858498

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	130890	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LMD LLC

26-3246253

(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?
70 50	NA	83625	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

DESERET TRUST COMPANY

87-0291656

(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?
19 50	AFFILIATE OF SPONSOR	73699	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KIRTON MCCONKIE

87-0375296

(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?
29 50	NA	70262	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UPTODATE

04-3310941

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	33155	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

MDX

99-0283091

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	32078	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PSG CONSULTING LLC

27-2345574

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	30000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JP MORGAN CHASE BANK

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NA	27491	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

NUANCE INVESTMENTS LLC

26-3649176

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NA	26282	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EAGLE CAPITAL MANAGEMENT

22-3361201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68	NA	26187	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

LSV ASSET MANAGEMENT

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NA	23727	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

PARR BROWN GEE AND LOVELESS

87-0307691

(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?
29 50	NA	23091	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

IPD ANALYTICS

19950 W COUNTRY CLUB DR
SUITE 700
AVENTURA, FL 33180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	20900	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

OPTUM360

46-3328307

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	19872	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

ZAZOVE ASSOCIATES LLC

36-3984373

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68	NA	17417	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 52	NA	17207	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

NEWTON INVESTMENT MANAGEMENT

86-1751460

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NA	15042	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

FACTSET RESEARCH SYSTEMS INC

PO BOX 414756
BOSTON, MA 02241

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NA	12898	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FISHER INVESTMENTS

20-2480800

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NA	12078	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COLUMBIA MANAGEMENT INVESTMENT ADVI

13-3180631

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68	NA	11409	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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)

DELOITTE TAX

86-1065772

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NA	11225	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

IBM CORPORATION

PO BOX 534151
ATLANTA, GA 30353

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	9157	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CLEARWATER ANALYTICS

777 WEST MAIN STREET
SUITE 900
BOISE, ID 83702

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NA	9006	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

IMAXSOFT CORPORATION

13772 LEXINGTON CT
SARATOGA, CA 95070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	7379	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLOOMBERG FINANCE LP

731 LEXINGTON AVE
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NA	7252	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GROOM LAW GROUP

52-1219029

(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?
29 50	NA	7196	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

PRUDENTIAL INSURANCE CO

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 52	NA	6976	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

RAFI INDICES LLC

81-4400235

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NA	5623	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARKIT NORTH AMERICA INC

13-4153988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NA	5497	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

UNICOM SYSTEMS INC

95-4539998

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NA	5421	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2023</div> This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN</u>	B Three-digit plan number (PN) ►	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DESERET MUTUAL BENEFIT ADMINISTRATORS</u>	D Employer Identification Number (EIN) <u>87-0440163</u>	

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: <u>BNYM MELLON CF SL STOCK INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>26-6254705-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3854192</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PAM BANK LOAN FUND LP</u>		
b Name of sponsor of entity listed in (a): <u>PAM BANK LOAN GP LLC</u>		
c EIN-PN <u>46-5076716-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1588391</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATIONAL EQUITY LONG-ONLY FUND</u>		
b Name of sponsor of entity listed in (a): <u>FIERA CAPITAL INC.</u>		
c EIN-PN <u>47-5258900-002</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2379282</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MONDRIAN INT'L EQUITY FOCUSED FUND</u>		
b Name of sponsor of entity listed in (a): <u>MONDRIAN INVESTMENT GROUP US, INC.</u>		
c EIN-PN <u>86-1718364-016</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4524309</u>
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
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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
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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
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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
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2023 This Form is Open to Public Inspection
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN	B Three-digit plan number (PN) ►	501
C Plan sponsor's name as shown on line 2a of Form 5500 DESERET MUTUAL BENEFIT ADMINISTRATORS	D Employer Identification Number (EIN) 87-0440163	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	295983	349007
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	50817409	55251203
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11555954	27890961
(2) U.S. Government securities	1c(2)	2298568	2533649
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	23913698	23465970
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	1318824	941389
(B) Common	1c(4)(B)	26107371	26058112
(5) Partnership/joint venture interests	1c(5)	26917271	30125448
(6) Real estate (other than employer real property)	1c(6)	34523363	31689162
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	3509686	3854192
(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)	9500982	8491982
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	169992692	163192603
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	44486	47923

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	360796287	373891601
Liabilities			
g Benefit claims payable	1g	80652962	88428497
h Operating payables	1h	9243353	9812196
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	89896315	98240693
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	270899972	275650908

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)	424095440	
(B) Participants	2a(1)(B)	109963880	
(C) Others (including rollovers)	2a(1)(C)	17938543	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		551997863
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1330401	
(B) U.S. Government securities	2b(1)(B)	225134	
(C) Corporate debt instruments	2b(1)(C)	1803481	
(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)		3359016
(2) Dividends: (A) Preferred stock	2b(2)(A)	66423	
(B) Common stock	2b(2)(B)	611374	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	5675026	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		6352823
(3) Rents	2b(3)		890717
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	244461668	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	238326757	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-3660289	
(B) Other	2b(5)(B)	6346725	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		332211
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		9845012
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		581598989

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits.....	2e(2)	28211178	
(3) Other.....	2e(3)	532070077	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		560281255
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)	6206457	
(3) Recordkeeping fees.....	2i(3)	9006	
(4) IQPA audit fees.....	2i(4)	174983	
(5) Investment advisory and investment management fees	2i(5)	434265	
(6) Bank or trust company trustee/custodial fees	2i(6)	231160	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	301960	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	9208967	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		16566798
j Total expenses. Add all expense amounts in column (b) and enter total	2j		576848053

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4750936
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) ☒ 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) ☒ 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: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

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.)		<input checked="" type="checkbox"/>	
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.)		<input checked="" type="checkbox"/>	
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.)		<input checked="" type="checkbox"/>	
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.)		<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>		
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.)	<input checked="" type="checkbox"/>		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?		<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		<input checked="" type="checkbox"/>	
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.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

Deseret Healthcare Employee Benefits Plan

Employer ID No: 87 0440163
Plan Number: 501

Financial Statements as of December 31, 2023 and 2022,
and for the Year Ended December 31, 2023,
Supplemental Schedules as of and for the
Year Ended December 31, 2023, and
Independent Auditor's Report

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	

INDEPENDENT AUDITOR'S REPORT

Audit Committee of the
Deseret Healthcare Employee Benefits Plan

Opinion

We have audited the financial statements of Deseret Healthcare Employee Benefits Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of plan benefit obligations as of December 31, 2023 and 2022, and the related statement of changes in plan benefit obligations for the year ended December 31, 2023, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2023 and 2022, and the changes in its net assets available for benefits for the year ended December 31, 2023, and the plan benefit obligations as of December 31, 2023 and 2022, and the changes in its plan benefit obligations for the year ended December 31, 2023, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2023 and of reportable transactions for the year ended December 31, 2023 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 are 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.

Deloitte + Touche LLP

October 14, 2024

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2023 AND 2022 (In thousands)

	2023	2022
ASSETS:		
Investments—at fair value:		
U.S. government securities	\$ 2,179	\$ 2,299
Corporate debt securities	23,043	23,703
Common stocks	25,037	25,308
Preferred stocks	937	1,243
Collective trusts	3,854	3,510
Registered investment companies	163,193	169,993
Limited partnerships	38,617	36,418
Real estate funds	31,689	34,523
Other	48	44
Securities on loan—pledged to creditors	1,803	1,086
Collateral held under securities lending agreements	1,321	914
Total investments	<u>291,721</u>	<u>299,041</u>
Net assets held in Deseret Mutual Employee Pension Plan Trust restricted for 401(h) account	22,985	23,450
Cash and cash equivalents	26,570	10,642
Accrued investment income	362	277
Contributions receivable	349	296
Due from brokers - futures and options	35	0
Amounts recoverable from third-party insurers	19,625	17,297
Other receivables	35,230	33,243
Total assets	<u>396,877</u>	<u>384,246</u>
LIABILITIES:		
Obligations under securities lending agreements	1,321	914
Accrued expenses and other liabilities	8,491	8,329
Total liabilities	<u>9,812</u>	<u>9,243</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 387,065</u>	<u>\$ 375,003</u>

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2023 (In thousands)

CONTRIBUTIONS:

Plan sponsors	\$ 424,095
Active and retired employees	109,964
Third-party reimbursements	<u>17,939</u>
Total contributions	<u>551,998</u>

INVESTMENT INCOME:

Net appreciation in fair value of investments	18,999
Interest	3,359
Dividends	6,353
Rents	<u>891</u>
Net investment income	<u>29,602</u>

NET DECREASE IN NET ASSETS OF 401(H) ACCOUNT	<u>(465)</u>
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DEDUCTIONS:

Payments for benefits and claims:

Health, dental, prescription drug, and disability	514,740
Death	8,810
Policyholder funds	<u>744</u>
Benefits and claims payments	<u>524,294</u>

HMO premiums	10,518
Reinsurance premiums	<u>17,693</u>

Premiums paid to insurance companies	<u>28,211</u>
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Administrative expenses	<u>16,568</u>
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Total deductions	<u>569,073</u>
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INCREASE IN NET ASSETS	12,062
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NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>375,003</u>
End of year	<u><u>\$ 387,065</u></u>

See notes to financial statements.

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

STATEMENTS OF PLAN BENEFIT OBLIGATIONS AS OF DECEMBER 31, 2023 AND 2022 (In thousands)

	2023	2022
AMOUNTS CURRENTLY PAYABLE:		
Claims payable to benefit providers and beneficiaries	\$ 4,953	\$ 4,073
Claims incurred but not reported and policy reserves	<u>83,476</u>	<u>76,580</u>
Total currently payable	<u>88,429</u>	<u>80,653</u>
POSTEMPLOYMENT BENEFIT OBLIGATIONS— Net of amounts currently payable—long-term medical and life benefits for disabled employees and surviving spouses	<u>56,805</u>	<u>51,594</u>
POSTRETIREMENT BENEFIT OBLIGATIONS— Net of amounts currently payable:		
Retired participants	284,530	273,796
Other participants fully eligible for benefits	135,624	127,615
Participants not yet fully eligible for benefits	<u>199,456</u>	<u>191,254</u>
Total postretirement benefit obligations	<u>619,610</u>	<u>592,665</u>
TOTAL PLAN BENEFIT OBLIGATIONS	<u>\$ 764,844</u>	<u>\$ 724,912</u>

See notes to financial statements.

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

STATEMENT OF CHANGES IN PLAN BENEFIT OBLIGATIONS FOR THE YEAR ENDED DECEMBER 31, 2023 (In thousands)

AMOUNTS CURRENTLY PAYABLE:

Balance—beginning of year	\$ 80,653
Claims reported and approved for payment—including benefits reclassified from postemployment and postretirement benefit obligations	523,744
Change in claims incurred but not reported	8,326
Claims paid	<u>(524,294)</u>
Balance—end of year	<u>88,429</u>

POSTEMPLOYMENT BENEFIT OBLIGATIONS—Net of amounts currently payable:

Balance—beginning of year	51,594
Increase (decrease) in postemployment benefits attributable to:	
Benefits earned	807
Benefits reclassified to amounts currently payable	(18,223)
Interest	2,130
Changes in actuarial assumptions	4,933
Actuarial (gains) and losses and other changes	<u>15,564</u>
Balance—end of year	<u>56,805</u>

POSTRETIREMENT BENEFIT OBLIGATIONS—Net of amounts currently payable:

Balance—beginning of year	592,665
Increase (decrease) in postretirement benefits during the year attributable to:	
Benefits earned	12,921
Benefits reclassified to amounts currently payable	(41,564)
Interest	29,048
Changes in actuarial assumptions	19,505
Actuarial (gains) and losses and other changes	<u>7,035</u>
Balance—end of year	<u>619,610</u>

TOTAL PLAN BENEFIT OBLIGATIONS AT END OF YEAR	<u><u>\$ 764,844</u></u>
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See notes to financial statements.

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2023 AND 2022, AND FOR THE YEAR ENDED DECEMBER 31, 2023

1. DESCRIPTION OF THE PLAN

The following description of the Deseret Healthcare Employee Benefits Plan (the “Plan”) provides only general information. Participants should refer to the plan agreement for a complete description of the Plan’s provisions.

General—The Plan is a qualified employee health and welfare benefit plan for the benefit of companies and organizations affiliated with The Church of Jesus Christ of Latter-day Saints (the “Participating Employers”). The Plan offers group accident and health, group term life, long-term disability, waiver of premium and accidental death and dismemberment insurance coverages to substantially all eligible active and retired employees. Employee eligibility is based on each participating employer’s eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Deseret Mutual Benefit Administrators (DMBA) is the Plan Sponsor and trustee for the Deseret Healthcare Employee Benefits Trust (the “Trust”), which holds the assets for the Plan. DMBA is licensed as a Third-Party Administrator with the State of Utah. DMBA also provides the Plan with management and administrative services. DMBA is a nonprofit corporation affiliated with The Church of Jesus Christ of Latter-day Saints and provides additional administrative services for the Participating Employers. The majority of the directors and officers of DMBA are also officers or employees of the Participating Employers.

Benefits—The Plan provides life insurance benefits as well as health benefits (such as medical, hospital, and dental), including a paid prescription program and health maintenance organization coverage to employees who are regularly scheduled to work at least 30 hours per week and qualified dependents and spouses. The basic life insurance benefit for current employees and retirees is \$50,000 and \$12,000, respectively. Supplemental life insurance is available for an additional premium for up to six times an employee’s salary, to a maximum of \$1,000,000. Medical benefits are generally subject to individual and family deductibles as well as co-payment of expenses up to a defined limit.

The Plan also provides a long-term disability benefit for employees who are eligible for health benefits. Participants can receive payments of up to 67% of eligible compensation upon proof of temporary or permanent disability.

Continuation coverage is available through the Plan with certain time limitations to eligible employees whose employment is interrupted because of furlough, suspension or dismissal and employees whose hours are reduced to the extent that the employee is no longer eligible for benefits. Continuation coverage is subject to the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA). The Plan also offers life insurance conversion privileges.

DMBA processes all benefit claims for the Plan except for long-term disability and prescription drug benefits, which are paid by two outsourced service providers and then reimbursed by the Plan. The Plan pays premiums to several health maintenance organizations to provide coverage of health benefits for participants who elect coverage outside the options provided directly by the Plan. The Plan also

pays premiums to other insurance providers under risk sharing arrangements that limit the Plan's exposure for life, long-term disability, and group health benefits (see Note 4).

The Plan provides postretirement medical, dental, and life insurance benefits to full-time employees who meet minimum age and service requirements. These benefits extend to surviving spouses.

Contributions—The Plan is funded by premium contributions from Participating Employers and participating active and retired employees. Premium contribution amounts are determined annually by the Plan's actuaries and approved by the Board of Trustees.

Premiums related to postretirement benefits are shared by the Participating Employers and participating retirees. In addition to deductibles, coinsurance, and copayments, participating retirees' contributions in the current and prior year are described below. As of December 31, 2023 and 2022, retirees pay the cost of providing their postretirement benefits in excess of the employer's contribution as specified in the following abbreviated schedule of employer contribution "caps" (the schedule shows only the amounts for retirees with single coverage):

Participants Years	January 1, 2024 Retiree Contribution					January 1, 2023 Retiree Contribution		
	Retiring Ages	Service	Pre-65 Medical	Post-65 Medical	Life Insurance	Pre-65 Medical	Post-65 Medical	Life Insurance
Pre-1992	65 or later	5 plus years	Excess of \$547 per month, or about 20 % of the total cost	Excess of \$110 to \$160 per month (by age*), or about 54% of the total cost	Excess of \$30 per month (26% of the total cost)	Excess of \$459 per month, or about 27 % of the total cost	Excess of \$103 to \$153 per month (by age*), or about 53% of the total cost	Excess of \$30 per month (22% of the total cost)
Pre-1992	55 to 64	10 plus years						
1992–1996	55 or later	10 plus years						
1997 and after	55 or later	20 plus years						
Grading down by years of service to the following minimum service requirements: Caps grade down to the following minimum employer premium amounts:								
1992–1996	55 or later	5 years	Excess of \$273 per month, or about 60% of the total cost	Excess of \$55 to \$105 per month (by age*), or about 77% of the total cost	Excess of \$15 per month (63% of the total cost)	Excess of \$229 per month, or about 63% of the total cost	Excess of \$51 to \$101 per month (by age*), or about 76% of the total cost	Excess of \$15 per month (61% of the total cost)
1997 and after	55 or later	10–11 years						

* Employer contributes an additional \$50 per month for retirees who were age 80 and above as of August 1, 2004.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation—The accompanying financial statements are prepared in conformity with accounting principles generally accepted in the United States of America (GAAP).

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, benefit obligations and changes therein, claims incurred but not reported, claims payable, and disclosure of contingent assets and liabilities. Actual amounts could differ from those estimates. Estimated valuations are developed for investments in real estate funds and limited partnerships as well as certain debt and equity securities. Additional disclosures regarding these estimates are provided in Note 5. Estimates are also used in the valuation of liabilities under insurance policies, life and other contingencies.

Risks and Uncertainties—The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

The actuarial present value of postemployment and postretirement benefit obligations is reported based on certain assumptions pertaining to interest rates, health care 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 estimations and assumptions in the near term could materially affect the financial statements.

Claims Incurred But Not Reported—The Plan's liability for active participant claims incurred but unreported at year-end is estimated using actuarial methods that use historical trend information developed through studies of medical claim lag patterns incurred in the prior years. Factors were then applied to paid claims amounts to estimate claims incurred but not reported at year-end. The estimated liabilities for retired participants' health claims incurred but unreported as of December 31, 2023 and 2022, are included in the postretirement benefit obligation. These amounts are paid by the Plan only if claims are submitted and approved for payment.

Claims Paid—Claims are recorded as paid when paid by the claims administrator.

Investment Valuation and Income Recognition—Plan assets are contained in the Trust. The Plan's investments are stated at fair value. Fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for description of valuation methods.

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. Investment income is reported gross of investment expenses and includes net appreciation (depreciation), which represents the Plan's gains and losses on investments bought and sold as well as held during the year. Realized gains or losses on disposal of domestic equity securities, are determined on a weighted average cost basis. Realized gains or losses on disposal of real estate funds and limited partnerships are determined on a specific identification basis. Realized gains or losses on all other investments are determined on a first-in-first-out cost basis.

Obligations under Securities Lending Arrangements—The Plan participates in securities lending agreements, whereby certain securities are loaned and the Plan receives cash from the borrower, which serves as collateral. The Plan does not have the right to sell or pledge the collateral. Securities loaned are included in securities on loan—pledged to creditors in the financial statements and are stated at fair value. The fair value of securities loaned is measured against the cash collateral received on a daily basis.

Approximately \$1.8 million and \$1.1 million of the Plan's securities were on loan under the securities lending program at December 31, 2023 and 2022, respectively. The fair value of the collateral received as a percentage of the total current value of the securities on loan by the Plan was approximately 102% for both years presented. Collateral received is presented in the financial statements as collateral held under securities lending agreements. At December 31, 2023 and 2022, approximately \$0.5 million and \$0.2 million, respectively, of non-cash securities were not recognized in the financial statements as the

Plan did not have the right to sell or pledge these securities. Income from the program was not significant for the year ended December 31, 2023.

Plan assets on loan to third-party borrowers under securities lending agreements as of December 31, 2023 and 2022, are as follows (in thousands):

	2023	2022
Corporate debt securities	\$ 423	\$ 211
Common stocks	1,021	799
U.S. government securities	355	0
Preferred stocks	<u>4</u>	<u>76</u>
Securities on loan—pledged to creditors	<u>\$1,803</u>	<u>\$1,086</u>

Administrative Expenses—Expenses incurred for the administration of the Plan are based on customary and reasonable rates for such services. Participating Employers pay administrative fees to DMBA directly, and such amounts totaled approximately \$34 million for the year ended December 31, 2023. Other administrative expenses, including costs paid to the service organizations to process prescription drug claims and long-term disability claims, are paid from the assets of the Plan.

401(h) Account—Certain participants are covered under the Deseret Mutual Master Retirement Plan (the “Pension Plan”), which includes a medical benefit component in addition to the normal retirement benefit to fund a portion of the postretirement obligations for retirees and their beneficiaries in accordance with Section 401(h) of the Internal Revenue Code (IRC). An account has been established and maintained in the Pension Plan for such contributions. In accordance with IRC Section 401(h), the Pension Plan’s investments in the 401(h) Account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. The related obligations for health and welfare benefits are not included in the Pension Plan’s accumulated plan benefit obligations, but are reflected as an obligation in the financial statements of the Plan.

Postretirement Benefits—The postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employee service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired employees and their beneficiaries and dependents, and (2) active employees and their beneficiaries and dependents after retirement from service with the Participating Employers. The postretirement benefit obligation represents the amount that is to be funded from existing Plan assets and by contributions from the Participating Employers. Assets from the Deseret Mutual Retiree Medical and Life Plan Trust and from the 401(h) Account within the Pension Plan are set up to fund the postretirement benefit obligation. The postretirement benefit obligation at year end is estimated by the Plan’s actuary in accordance with accepted actuarial principles.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary, and is the amount that results from applying actuarial assumptions to estimated future costs expected to be funded by contributions from the Participating Employers and from existing Plan assets, adjusted for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, withdrawal, or retirement) between the valuation date and the expected date of payment.

For measurement purposes, a dynamic health care cost trend rate is used to predict estimated claims costs by age group and by claim type. The base trend rates for 2023 and 2022 were assumed to be 7.0% and 9.5%, respectively, for commercial medical claims, 7.0% and 6.0%, respectively, for Medicare supplement claims, and decrease to 4.1% for commercial medical claims and 4.1% for Medicare supplement claims in 2075 based on models published by the Society of Actuaries.

The health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the rate increased by one percentage point for each future year, the obligation as of December 31, 2023 and 2022, would increase by approximately \$70 million and \$71.0 million, respectively.

Other significant assumptions used to determine the postretirement benefit obligation at December 31, 2023 and 2022, were as follows:

- Weighted average discount rates of 4.8% and 5.0%, respectively.
- Average retirement age of 64.7 and 64.1 years old, respectively.
- Mortality rates from DMBA-adjusted White Collar Pri-2012 tables with projection scale MP-2021 (with COVID-19 adjustments through 2023).

The foregoing assumptions are based on the presumption that the Plan will continue. If the Plan terminated, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

On December 8, 2003, the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the “Act”) was signed into law. The Act introduces a prescription drug benefit under Medicare (“Medicare Part D”) as well as a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. The Plan sponsor and the actuarial advisors determined that benefits provided to certain participants are expected to be at least actuarially equivalent to Medicare Part D, and, accordingly, the Plan expects to be entitled to a federal subsidy under the Act. The Plan’s postretirement benefit obligation in the statements of plan benefit obligations as of December 31, 2023 and 2022, and the changes in the postretirement benefit obligation in the statement of changes in plan benefit obligations for the year ended December 31, 2023, do not reflect any amount associated with the Medicare subsidy because the Plan is not directly entitled to the Medicare subsidy. The postretirement benefit obligation in the Plan’s financial statements differs from that disclosed in the Trust financial statements since the Trust amounts are reported net of the Medicare subsidy in accordance with GAAP for the preparation of such financial statements.

Postemployment Benefit Obligations—Postemployment benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to employees’ services rendered prior to disability or death.

The assumptions used to determine the postemployment benefit obligation at December 31, 2023 and 2022, were as follows:

- Weighted average discount rates used of 4.8% and 5.0%, respectively.
- Disability termination rates were taken from the Group Long-Term Disability 2012 Valuation Table.

- Mortality rates from DMBA-adjusted White Collar Pri-2012 tables with projection scale MP-2021 (with COVID-19 adjustments through 2023).
- Annual premium rate increases for dental coverage of 2.5% next year beyond.

The foregoing 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 the postemployment benefit obligation.

Other Plan Benefits—Plan obligations at December 31, 2023 and 2022, for future disability payments to participants with long-term disabilities at December 31, 2023 and 2022, are estimated by the Plan's actuary in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying statement of plan benefit obligations at present value. The benefits payable are based on the 2012 Group Long Term Disability (GLTD) valuation table adjusted for the Plan's historical loss experience per the 2012 GLTD instructions at 4.8% and 4.5% interest rate for the years ended December 31, 2023 and 2022, respectively.

Plan obligations for accident and health and life claims incurred but not reported at year-end are estimated by the Plan's actuary in accordance with accepted actuarial principles. Amounts are developed using the estimated unpaid accident and health and life claims, and health and life policy reserves based on the Plan's actual loss experience.

Refunds—Refunds due from a Plan's pharmacy benefits manager are recorded when earned. Refunds due totaled approximately \$29.8 million as of the financial statement date and are reported in other receivables on the statements of net assets available for benefits, with the offset being netted against claims paid. Pharmacy rebates totaling \$45.4 million have been netted with claims paid in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2023.

3. BENEFIT OBLIGATIONS FUNDING

The Plan's deficiency of net assets over benefit obligations at December 31, 2023 and 2022, relates primarily to the postretirement benefit obligation, the funding of which is only partially covered by the contributions already provided by the Participating Employers. It is expected that the deficiency will be funded through future contributions provided by Participating Employers.

4. RISK SHARING ARRANGEMENTS WITH THIRD-PARTY INSURERS

The Plan has risk sharing stop loss arrangements with third party insurers providing medical catastrophe coverage for qualified claims involving three or more lives in excess of \$1.5 million per occurrence, up to a maximum of \$1.0 million per life. The medical catastrophe maximum is \$55 million per event. The Plan also has arrangements to provide coverage when qualified pandemic related medical claims exceed \$5 million with a maximum payable of \$55 million, up to a maximum of \$2.0 million per life. In addition, the Plan has arrangements that cede between 87.5% and 100% of risk for qualified life and accidental death claims.

The Plan entered into an agreement effective January 1, 2014, that cedes 90% of the risk for long-term disability claims which occurred after January 1, 2014. The Plan has not ceded any risk related to claims incurred prior to January 1, 2014.

Premiums paid to insurance companies under stop loss arrangements are summarized on the statement of changes in net assets available for benefits. During the year ended December 31, 2023, the Plan recovered or expects to recover approximately \$17.9 million of benefits and claims paid from third-party insurers as a result of these arrangements. Such amounts are netted against benefits and claims payments in the statement of changes in net assets available for benefits. Amounts recoverable at December 31, 2023 and 2022, are shown as amounts recoverable from third-party insurers on the statements of net assets available for benefits.

The Plan remains obligated for amounts ceded in the event that the third-party insurers do not meet their obligations.

5. FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows:

Level 1—refers to securities valued using unadjusted quoted prices from active markets for identical assets

Level 2—refers to securities not traded on an active market but for which observable market inputs are readily available

Level 3—refers to securities valued based on significant unobservable inputs.

Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Asset Valuation Techniques—Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value.

U.S. Government Securities—These investments are valued using pricing models maximizing the use of observable inputs for similar securities and are included in Level 2.

Corporate Debt Securities—These investments are valued using pricing models maximizing the use of observable inputs for similar securities and are primarily included in Level 2. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote, if available. In these cases, the securities are included in Level 3.

Registered Investment Companies—These investments are mutual funds valued at the daily closing price as reported by the registered investment company. Registered investment companies held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. All mutual funds held by the Plan with observable trading volume are deemed to be actively traded and are included in Level 1.

Common and Preferred Stocks—These investments are valued at the closing price reported on the active market on which the individual securities are traded and are included in Level 1. Preferred stocks with limited trading activity are deemed to be Level 2.

Government Agency and Private Mortgage-Backed Securities—These investments are valued using pricing models maximizing the use of observable inputs and are generally included in Level 2. These models first consider available trade information for identical or similar bonds. In the absence of available trade information, the securities are valued using an industry standard valuation tool to model cash flows for the tranche held. The significant inputs for the valuation model include the following: (a) prepayment and default projections based on historical statistics of the underlying collateral and current market data; (b) current yields of instruments with similar credit ratings; (c) consideration of liquidity risks.

The following tables present the Plan's fair value hierarchy for its assets measured at fair value, including securities on loan—pledged to creditors, as of December 31, 2023 (in thousands):

	Fair Value Measurements as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Investments—at fair value:				
U.S. government securities—government				
agency mortgage-backed securities	\$	\$ 2,534	\$	\$ 2,534
Corporate debt securities		22,191	1,275	23,466
Common stocks	26,058			26,058
Preferred stocks	941			941
Registered investment companies	163,193			163,193
Other	<u>18</u>	<u>30</u>		<u>48</u>
Total	<u>190,210</u>	<u>24,755</u>	<u>\$ 1,275</u>	216,240
Investments measured at NAV				74,160
Collateral held under securities lending agreements				<u>1,321</u>
Total investments—at fair value				<u>\$ 291,721</u>
Investments in 401(h) account:				
U.S. government securities—U.S. Treasury				
and agency debt	-	\$ 3,454	-	\$ 3,454
U.S. government securities—government				
agency mortgage-backed securities		496		496
Corporate debt securities		2,862	282	3,144
Corporate debt securities—private				
mortgage-backed securities		299	187	486
Preferred stocks	7		6	13
Common stocks	1,128			1,128
Registered investment companies	1,744			1,744
Other		<u>305</u>		<u>305</u>
Total	<u>\$ 2,879</u>	<u>\$ 7,416</u>	<u>\$ 475</u>	10,770
Investments measured at NAV				<u>11,780</u>
Total investments in 401(h) account				<u>\$ 22,550</u>

The following tables present the Plan's fair value hierarchy for its assets measured at fair value, including securities on loan—pledged to creditors (Note 2), as of December 31, 2022 (in thousands):

Fair Value Measurements as of December 31, 2022				
	Level 1	Level 2	Level 3	Total
Investments—at fair value:				
U.S. government securities—government				
agency mortgage-backed securities	\$ -	\$ 2,299	\$ -	\$ 2,299
Corporate debt securities	-	23,559	355	23,914
Common stocks	26,107	-	-	26,107
Preferred stocks	1,319	-	-	1,319
Registered investment companies	169,993	-	-	169,993
Other	-	44	-	44
Total	<u>197,419</u>	<u>25,902</u>	<u>\$ 355</u>	223,676
Investments measured at NAV				74,451
Collateral held under securities lending agreements				<u>914</u>
Total investments—at fair value				<u>\$299,041</u>
Investments in 401(h) account:				
U.S. government securities—U.S. Treasury				
and agency debt	\$ -	\$ 2,846	\$ -	\$ 2,846
U.S. government securities—government			-	-
agency mortgage-backed securities	-	438	-	438
Corporate debt securities	-	3,059	61	3,120
Corporate debt securities—private	-	-	-	-
mortgage-backed securities	-	281	8	289
Preferred stocks	22	-	5	27
Common stocks	1,195	-	2	1,197
Registered investment companies	2,594	-	-	2,594
Other	-	180	-	180
Total	<u>\$ 3,811</u>	<u>\$ 6,804</u>	<u>\$ 76</u>	10,691
Investments measured at NAV				<u>12,182</u>
Total investments in 401(h) account				<u>\$ 22,873</u>

Investments Measured Using Net Asset Value—The following table shows investments that are valued using net asset value. The net asset value is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value. In addition, the table provides unfunded commitment amounts and a general description of the terms and conditions upon which the Plan may redeem these investments as of December 31, 2023 and 2022 (in thousands).

Fair Value Measurements of Investments in Entities that Calculate Net Asset Value as of December 31, 2023				
	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Investments—at fair value:				
Collective trusts	\$ 3,854	\$	Daily	5 days
Real estate—open end funds	30,305	500	Quarterly/annually	Management discretion or 45 days-90 days
Real estate—closed end funds	1,384	135	N/A	N/A
Limited partnerships—open end funds	16,000		Semi-monthly-annually	Management discretion or 5 days-90 days
Limited partnerships—closed end funds	<u>22,617</u>	<u>5,920</u>	N/A	N/A
Total	<u>\$ 74,160</u>	<u>\$ 6,555</u>		
Investments in 401(h) account:				
Pooled separate accounts	\$ 453	\$	2 days-monthly	Same day-30 days
Collective trusts	1,959		Quarterly-annually	Management discretion or 45 days-90 days
Real estate—open end funds	1,714	29	Quarterly-annually	Management discretion or 45 days-90 days
Real estate—closed end funds	244	79	N/A	N/A
Limited partnerships—open end	875	20	Semi-monthly-annually	Management discretion or 5 days-90 days
Limited partnerships—closed end	<u>6,535</u>	<u>1,552</u>	N/A	N/A
Total	<u>\$ 11,780</u>	<u>\$ 1,680</u>		

Fair Value Measurements of Investments in Entities that Calculate Net Asset Value as of December 31, 2022				
	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Investments—at fair value:				
Collective trusts	\$ 3,510	\$ -	Daily	5 days
Real estate—open end funds	32,189	1,000	Quarterly/annually	Management discretion or 45 days-90 days
Real estate—closed end funds	2,334	135	N/A	N/A
Limited partnerships—open end funds	14,356	-	Semi-monthly-annually	Management discretion or 5 days-90 days
Limited partnerships—closed end funds	<u>22,062</u>	<u>6,349</u>	N/A	N/A
Total	<u>\$74,451</u>	<u>\$7,484</u>		
Investments in 401(h) account:				
Pooled separate accounts	\$ 607	\$ -	2 days-monthly	Same day-30 days
Collective trusts	1,890	-	Quarterly-annually	Management discretion or 45 days-90 days
Real estate—open end funds	2,049	49	Quarterly-annually	Management discretion or 45 days-90 days
Real estate—closed end funds	296	102	N/A	N/A
Limited partnerships—open end	725	21	Semi-monthly-annually	Management discretion or 5 days-90 days
Limited partnerships—closed end	<u>6,615</u>	<u>2,103</u>	N/A	N/A
Total	<u>\$12,182</u>	<u>\$2,275</u>		

Real Estate—Open End Funds, Pooled Separate Accounts and Collective Trusts—These categories include several real estate funds that invest primarily in core, well-leased, operating U.S. commercial real estate with a focus on income. The fair values of the investments in these categories are estimated using the net asset value of the fund. These investments can be redeemed from the funds, at the discretion of fund management, quarterly through a redemption request. The request must give notice varying from 45 days to 90 days before the redemption will be made. In 2023 and 2022, all redemption requests were fulfilled.

Real Estate—Closed End Funds—This category includes several real estate funds that invest primarily in U.S. commercial real estate. The fair values of the investments in this category are estimated using the net asset value of the Plan's ownership interest in partners' capital. These investments can never be redeemed with the funds. Distributions from each fund will be received as the underlying investments of the fund are liquidated. It is estimated that the underlying assets of the fund will be liquidated over the next two to six years.

Limited Partnerships—Open End—This category includes a hedge fund. The fair value of this investment is estimated based upon the net asset value of the Plan's ownership interest in the partner's capital. The investment may be redeemed semi-monthly.

Limited Partnerships—Closed End—This category includes several private equity funds that invest in special situations, mezzanine and distressed debt. The fair values of the investments in this category are estimated based upon the net asset value of the Plan's ownership interest in partners' capital. These investments can never be redeemed with the funds. Instead, the nature of the investments in this category is that distributions are received through the liquidation of the underlying assets of the fund. If these investments were held, it is estimated that the underlying assets of the fund would be liquidated over four to nine years.

6. 401(h) ACCOUNT

A portion of the Plan's obligation is funded through contributions to the Deseret Mutual Master Retirement Plan in accordance with Section 401(h) of the Internal Revenue Code. The following table presents the components of the net assets available for such postretirement benefit obligations and the related changes in net assets available for benefits as of December 31, 2023 and 2022, and for the year ended December 31, 2023 (in thousands):

Statements of Net Assets Available for Benefits	2023	2022
Assets:		
Investments—at fair value	\$ 22,550	\$ 22,873
Cash and cash equivalents	873	879
Accrued investment income	72	74
Collateral—future and options	42	30
Other receivables	<u>83</u>	<u>4</u>
Total assets	<u>23,620</u>	<u>23,860</u>
Liabilities:		
Obligations under securities lending	395	328
Accrued expense and other liabilities	<u>240</u>	<u>82</u>
Total liabilities	<u>635</u>	<u>410</u>
Net assets available for benefits in 401(h) Account	<u>\$ 22,985</u>	<u>\$ 23,450</u>

Statement of Changes in Net Assets Available for Benefits	2023
Additions:	
Contributions	\$ 199
Investment income:	
Net appreciation in fair value of investments	190
Interest	461
Dividends	116
Rents	49
Net investment income	816
Total additions	1,015
Deductions:	
Benefit payments	1,414
Administrative expenses	66
Total deductions	1,480
Net decrease in net assets available	\$ (465)

7. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Fees paid to DMBA during the year for administrative services rendered were based on customary and reasonable rates for such services and are paid directly by the Participating Employers.

8. FEDERAL INCOME TAX STATUS

The Trust funding the Plan has received an exemption letter from the Internal Revenue Service (IRS) dated August 28, 1990, stating that the Trust is tax-exempt under the provisions of Section 501(c)(9) of the IRC as a Voluntary Employee Beneficiary Association. The Plan and Trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the Trust. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes the related Trust is tax exempt. No provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2023 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in 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.

9. PLAN TERMINATION PROVISIONS

Although there is no intent to do so, Participating Employers have the right under the Plan to modify benefits, discontinue contributions, and terminate the Plan subject to the provisions set forth in ERISA. Upon termination, the assets then remaining shall be subject to the applicable provisions of the Plan then in effect and shall be used until exhausted to pay benefits to employees in the order of their entitlement.

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

A reconciliation of amounts reported in the Plan's financial statements to amounts reported in the Form 5500 is required by ERISA. The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2023 and 2022 (in thousands):

	2023	2022
Net assets available for benefits per the financial statements	\$ 387,065	\$ 375,003
Less:		
Claims payable, claims incurred but not reported, and policy reserves	(88,429)	(80,653)
Net assets held in Deseret Mutual Employee Pension Plan Trust restricted for 401(h) account	<u>(22,985)</u>	<u>(23,450)</u>
Net assets available for benefits per the Form 5500	<u>\$ 275,651</u>	<u>\$ 270,900</u>

The following is a reconciliation of the changes in net assets per the financial statements to the Form 5500 for the year ended December 31, 2023 (in thousands):

Increase in net assets per the financial statements	\$ 12,062
Changes in 401(h) account	465
Claims payable, claims incurred but not reported, and policy reserves—December 31, 2023	(88,429)
Claims payable, claims incurred but not reported, and policy reserves—December 31, 2022	<u>80,653</u>
Net income per the Form 5500	<u>\$ 4,751</u>

11. SUBSEQUENT EVENTS

The Plan has performed an evaluation of its subsequent events through October 14, 2024, which is the date the financial statements were available to be issued, and noted no events requiring recognition or disclosure.

* * * * *

SUPPLEMENTAL SCHEDULES

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163

Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2023

(c) Description of Investment, Including:						
(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	Coupon rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
U.S. GOVERNMENT SECURITIES:						
38374D8E2	GNR 2013-058 C	2.500	04/20/2043	230,549	228,364	190,523
3133ENZH6	FEDERAL FARM CREDIT BANKS FUNDING CORP	5.480	06/27/2042	2,000,000	2,000,000	1,959,896
912796CX5	UNITED STATES TREASURY	0.000	04/18/2024	360,000	354,233	354,445
912796Z28	UNITED STATES TREASURY	-	2/22/2024	29,000	28,780	28,785
				2,619,549	2,611,377	2,533,649
CORPORATE DEBT INSTRUMENTS:						
61746BCY0	MORGAN STANLEY	6.250	08/09/2026	1,000,000	1,059,418	1,031,662
166754AP6	CHEVRON PHILLIPS CHEMICAL COMPANY LLC	3.400	12/01/2026	1,000,000	999,256	959,190
525ESC8C6	LEHMAN BROTHERS HOLDINGS	6.000	01/01/2049	440,000	-	189
05348EBA6	AVALONBAY COMMUNITIES INC	3.350	05/15/2027	350,000	349,126	334,635
233851CU6	MERCEDES-BENZ FINANCE NORTH AMERICA LLC	3.450	01/06/2027	1,000,000	998,639	966,668
20030NBY6	COMCAST CORP	3.300	02/01/2027	1,000,000	999,331	965,331
92343VDY7	VERIZON COMMUNICATIONS INC	4.125	03/16/2027	1,000,000	997,270	986,013
67077MAE8	NUTRIEN LTD	4.000	12/15/2026	1,000,000	996,872	977,395
313747AY3	FEDERAL REALTY OP LP	3.250	07/15/2027	500,000	498,213	467,301
06051GFB0	BANK OF AMERICA CORP	4.125	01/22/2024	1,000,000	1,000,261	999,180
828807CY1	SIMON PROPERTY GROUP LP	3.250	11/30/2026	1,000,000	990,408	959,930
456866AK8	TRANE TECHNOLOGIES CO LLC	6.391	11/15/2027	400,000	400,000	415,256
82938NAC8	SINOPEC GROUP OVERSEAS DEVELOPMENT (2017) LTD	3.625	04/12/2027	1,000,000	997,613	975,310
06051GJL4	BANK OF AMERICA CORP	1.922	10/24/2031	400,000	393,439	325,253
29364N108	ENTERGY MISSISSIPPI LLC	4.900	10/01/2066	101,562	2,537,299	2,260,780
05580M827	B RILEY FINANCIAL INC	5.500	03/31/2026	9,560	239,000	170,550
90365EAA7	UIRC-GSA HOLDINGS III LLC	3.500	04/30/2026	1,000,000	1,000,000	951,680
233331859	DTE ENERGY CO	5.250	12/01/2077	58,400	1,460,000	1,437,808
24718PAA5	BORGWARNER JERSEY LTD	5.000	10/01/2025	450,000	471,715	440,793
039483AM4	ARCHER-DANIELS-MIDLAND CO	7.500	03/15/2027	550,000	653,236	598,076
29364WAT5	ENTERGY LOUISIANA LLC	5.000	07/15/2044	600,000	611,096	545,902
05580M793	B RILEY FINANCIAL INC	5.000	12/31/2026	7,232	180,800	114,561
637432MT9	NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORP	8.562	04/30/2043	200,000	199,305	197,909
29364W108	ENTERGY LOUISIANA LLC	4.875	09/01/2066	60,000	1,498,806	1,278,600
53636CAA2	LIQUIGLIDE INC.	5.500	02/24/2026	230,000	230,000	216,430
14115DAA2	CARBON REVOLUTION PUBLIC LIMITED COMPANY	8.500	05/15/2027	800,000	800,000	804,000
12656VAD5	C3NANO INC.	10.000	09/15/2027	125,000	125,000	125,000
816851BM0	SEMPRA	4.125	04/01/2052	550,000	454,949	471,993
025537AU5	AMERICAN ELECTRIC POWER COMPANY INC	3.875	02/15/2062	170,000	139,900	142,677
347508AB9	FORT KNOX MILITARY HOUSING PRIVATIZATION PROJECT	5.816	02/15/2052	917,207	736,175	709,478
25470MAD1	DISH NETWORK CORP	2.375	03/15/2024	23,000	22,852	22,770
62957HAB1	NABORS INDUSTRIES INC	0.750	01/15/2024	29,000	28,921	28,029
001ESC9D6	AMR CORP ESCROW	0.000	12/29/2049	10,000	2,428	-
55272XAA0	MFA FINANCIAL INC	6.250	06/15/2024	25,000	25,023	24,875
530715AL5	LIBERTY INTERACTIVE LLC	3.750	02/15/2030	26,123	21,148	6,531
200300606V2	Comcast Corporation 2.0% Debentures	2.000	11/15/2029	700	51,418	39,900
21870UAC0	COREENERGY INFRASTRUCTURE TRUST INC	5.875	08/15/2025	38,000	35,607	25,649
34984VAC4	FORUM ENERGY TECHNOLOGIES INC	9.000	04/08/2025	11,342	11,157	10,972
163092AF6	CHEGG INC	0.000	09/01/2026	27,000	24,132	22,410
81141RAG5	SEA LTD	0.250	09/15/2026	24,000	20,717	19,740
70932AAFO	PENNYMAC CORP	5.500	03/15/2026	15,000	15,000	13,820
F54833CS9	CLARIANE SE	0.875	03/06/2027	22,151	123,989	15,934
405024AB6	HAEMONETICS CORP	0.000	03/01/2026	22,000	20,054	19,580
256163AD8	DOCUSIGN INC	0.000	01/15/2024	20,000	19,958	19,900
679295AF2	OKTA INC	0.375	06/15/2026	29,000	25,050	25,636
76680RAH0	RINGCENTRAL INC	0.000	03/15/2026	56,000	47,235	48,230
483548AF0	KAMAN CORP	3.250	05/01/2024	47,000	46,224	45,590
229050AC3	CRYOPORT INC	0.750	12/01/2026	26,000	20,544	20,670
55087PAB0	LYFT INC	1.500	05/15/2025	26,000	24,211	24,609
852234AJ2	BLOCK INC	0.000	05/01/2026	31,000	26,362	27,106
958102AP0	WESTERN DIGITAL CORP	1.500	02/01/2024	52,000	51,807	51,792
549498AA1	LUCID GROUP INC	1.250	12/15/2026	18,000	12,351	9,304
30212PBE4	EXPEDIA GROUP INC	0.000	02/15/2026	22,000	19,663	20,801
10482BAB7	BRAEMAR HOTELS & RESORTS INC	4.500	06/01/2026	82,000	78,579	72,323
84921RAB6	SPOTIFY USA INC	0.000	03/15/2026	27,000	23,435	23,760
88331LAA6	BEAUTY HEALTH CO	1.250	10/01/2026	89,000	77,958	66,252
22410JAB2	CRACKER BARREL OLD COUNTRY STORE INC	0.625	06/15/2026	27,000	22,785	23,255
65341BAG1	NEXTERA ENERGY PARTNERS LP	2.500	06/15/2026	27,000	23,425	24,192
67011XAB9	NOVOCURE LTD	0.000	11/01/2025	17,000	14,763	14,588
12685JAE5	CABLE ONE INC	0.000	03/15/2026	27,000	22,659	22,910
06739GCF4	BARCLAYS BANK PLC	0.000	02/18/2025	90,000	93,191	97,664
404139AG2	INNOVATE CORP.	7.500	08/01/2026	30,000	30,059	13,107
629377CG5	NRG ENERGY INC	2.750	06/01/2048	45,000	47,539	57,825

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163

Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4 -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2023

(c) Description of Investment, Including:						
(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	Coupon rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
866082AA8	SUMMIT HOTEL PROPERTIES INC	1.500	02/15/2026	15,000	15,334	13,298
71639TAB2	PETIQ INC	4.000	06/01/2026	55,000	58,909	55,484
472145AF8	JAZZ INVESTMENTS I LTD	2.000	06/15/2026	60,000	64,819	60,510
596278AB7	MIDDLEBY CORP	1.000	09/01/2025	45,000	47,801	54,810
13469VAA6	CAMTEK LTD	0.000	12/01/2026	30,000	30,708	38,700
40131MAB5	GUARDANT HEALTH INC	0.000	11/15/2027	20,000	20,241	14,000
844741BG2	SOUTHWEST AIRLINES CO	1.250	05/01/2025	80,000	86,196	80,840
345370CZ1	FORD MOTOR CO	0.000	03/15/2026	55,000	53,734	54,725
477839AB0	JOHN BEAN TECHNOLOGIES CORP	0.250	05/15/2026	15,000	15,533	13,536
17330FSU1	CITIGROUP GLOBAL MARKETS HOLDINGS INC	0.125	06/17/2027	80,000	79,999	85,624
784730AB9	SSR MINING INC	2.500	04/01/2039	80,000	85,322	75,320
48133DL24	JPMORGAN CHASE FINANCIAL COMPANY LLC	0.500	06/15/2027	65,000	69,372	86,190
09709UV70	BOFA FINANCE LLC	0.600	05/25/2027	80,000	84,859	86,702
252131AK3	DEXCOM INC	0.250	11/15/2025	40,000	41,752	41,760
92214XAB2	VAREX IMAGING CORP	4.000	06/01/2025	25,000	27,067	29,140
70202LAB8	PARSONS CORP	0.250	08/15/2025	20,000	21,266	28,610
69352PAR4	PPL CAPITAL FUNDING INC	2.875	03/15/2028	65,000	65,000	62,953
531229AN2	LIBERTY MEDIA CORP	3.750	03/15/2028	60,000	60,032	71,610
04351PAD3	ASCENDIS PHARMA A/S	2.250	04/01/2028	45,000	39,727	46,012
125896BW9	CMS ENERGY CORP	3.375	05/01/2028	10,000	10,000	9,890
95041AAB4	WELLTOWER OP LLC	2.750	05/15/2028	50,000	50,000	55,280
92277GAY3	VENTAS REALTY LP	3.750	06/01/2026	35,000	35,465	36,925
232109AD0	CUTERA INC	2.250	06/01/2028	10,000	7,424	2,525
03040WBB0	AMERICAN WATER CAPITAL CORP	3.625	06/15/2026	15,000	14,837	14,977
45245EAJ8	IMAX CORP	0.500	04/01/2026	25,000	23,004	22,187
05605EUW5	BNP PARIBAS SA	2.000	08/01/2028	90,000	90,000	82,791
29415FAC8	ENVISTA HOLDINGS CORP	1.750	08/15/2028	55,000	53,066	50,050
82489TAA2	SHOCKWAVE MEDICAL INC	1.000	08/15/2028	55,000	53,880	53,543
00971TAM3	AKAMAI TECHNOLOGIES INC	1.125	02/15/2029	40,000	40,000	43,260
89377MAA7	TRANSMEDICS GROUP INC	1.500	06/01/2028	15,000	14,491	16,932
007973AD2	ADVANCED ENERGY INDUSTRIES INC	2.500	09/15/2028	30,000	30,118	31,575
02043QAB3	ALNYLAM PHARMACEUTICALS INC	1.000	09/15/2027	40,000	37,990	39,300
29446YAA4	EQUINOX GOLD CORP	4.750	10/15/2028	15,000	15,009	15,778
207410AH4	CONMED CORP	2.250	06/15/2027	20,000	18,917	19,988
665531AJ8	NORTHERN OIL AND GAS INC	3.625	04/15/2029	15,000	16,114	17,685
61775MVX1	MORGAN STANLEY FINANCE LLC	2.500	11/06/2026	10,000	10,261	10,528
69331CAK4	PG&E CORP	4.250	12/01/2027	40,000	40,110	41,920
589889AA2	MERIT MEDICAL SYSTEMS INC	3.000	02/01/2029	20,000	20,370	22,130
61775ML38	MORGAN STANLEY FINANCE LLC	2.500	11/06/2026	70,000	72,807	74,018
252131AL1	DEXCOM INC	0.375	05/15/2028	10,000	10,067	10,240
232109AG3	CUTERA INC	4.000	06/01/2029	25,000	18,873	5,350
				19,610,277	24,797,845	23,465,970
PREFERRED STOCK:						
29364D100PRFD	ENTERGY ARKANSAS LLC	4.875	09/01/2066	25,000	625,000	533,000
283678209	EL PASO ENERGY CAPITAL TRUST I	4.750	03/31/2028	434	18,769	20,441
US74965L2007	RLJ LODGING TRUST	7.800	---	957	26,030	23,973
00170F209	AMG CAPITAL TRUST II	5.150	10/15/2037	1,999	105,567	97,451
38983D409	GREAT AJAX CORP	7.250	04/30/2024	27	701	664
64944P307	NEW YORK COMMUNITY CAPITAL TRUST V	6.000	11/01/2051	527	25,442	21,876
294600200	EQUITRANS MIDSTREAM CORP	9.750	---	1,210	26,620	26,922
59156R850	METLIFE INC	4.750	---	1,743	38,645	36,185
902973155	US BANCORP	6.255	---	2,211	47,468	45,569
59156R876	METLIFE INC	5.625	---	1,132	27,959	27,790
42550U208	HENKEL AND PRF	0.000	---	3,682	64,017	74,087
808513600	CHARLES SCHWAB CORP	5.950	---	1,322	31,954	33,431
				40,244	1,038,172	941,389
COMMON STOCK:						
345370860	FORD MOTOR ORD	---	---	6,010	74,083	73,262
718546104	PHILLIPS 66 ORD	---	---	516	27,482	68,700
231021106	CUMMINS ORD	---	---	342	73,619	81,933
501044101	KROGER ORD	---	---	1,728	67,733	78,987
70959W103	PENSKE AUTOMOTIVE GROUP VTG ORD	---	---	106	5,319	17,014
254709108	DISCOVER FINANCIAL SERVICES ORD	---	---	286	13,490	32,146
750236101	RADIAN GROUP ORD	---	---	500	8,241	14,275
031162100	AMGEN ORD	---	---	993	224,402	286,004
56585A102	MARATHON PETROLEUM ORD	---	---	449	30,972	66,614
931427108	WALGREEN BOOTS ALLIANCE ORD	---	---	2,069	93,192	54,022
G3223R108	EVEREST GROUP ORD	---	---	80	10,489	28,286
91913Y100	VALERO ENERGY ORD	---	---	284	24,151	36,920

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163

Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2023

(c) Description of Investment, Including:						
(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	Coupon rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
038222105	APPLIED MATERIAL ORD	---	---	1,063	120,950	172,280
446413106	HUNTINGTON INGALLS INDUSTRIES ORD	---	---	128	26,308	33,234
001084102	AGCO ORD	---	---	355	30,992	43,101
493267108	KEYCORP ORD	---	---	477	6,947	6,869
N53745100	LYONDELLBASELL INDUSTRIES CL A ORD	---	---	779	72,020	74,067
37045V100	GENERAL MOTORS ORD	---	---	2,093	84,509	75,181
928298108	VISHAY INTERTECH ORD	---	---	1,557	20,673	37,321
500255104	KOHL'S ORD	---	---	390	18,516	11,185
521865204	LEAR ORD	---	---	82	6,502	11,579
060505104	BANK OF AMERICA ORD	---	---	2,814	93,289	94,747
086516101	BEST BUY ORD	---	---	852	76,668	66,695
42824C109	HEWLETT PACKARD ENTERPRISE ORD	---	---	1,457	19,463	24,740
745867101	PULTEGROUP ORD	---	---	458	13,772	47,275
277432100	EASTMAN CHEMICAL ORD	---	---	218	16,428	19,581
23355L106	DXC TECHNOLOGY ORD	---	---	162	5,985	3,705
857477103	STATE STREET ORD	---	---	679	43,654	52,595
17275R102	CISCO SYSTEMS ORD	---	---	6,966	343,096	351,922
025932104	AMERICAN FINANCIAL GROUP ORD	---	---	144	8,418	17,120
92343V104	VERIZON COMMUNICATIONS ORD	---	---	4,827	239,489	181,978
416515104	HARTFORD FINANCIAL SERVICES GRUP ORD	---	---	1,022	54,934	82,148
38141G104	GOLDMAN SACHS GROUP ORD	---	---	554	159,409	213,717
14040H105	CAPITAL ONE FINANCIAL ORD	---	---	1,103	113,071	144,625
91529Y106	UNUM ORD	---	---	561	15,437	25,368
172967424	CITIGROUP ORD	---	---	2,090	117,494	107,510
316773100	FIFTH THIRD BANCORP ORD	---	---	922	23,786	31,800
247361702	DELTA AIR LINES ORD	---	---	360	17,887	14,483
14149Y108	CARDINAL HEALTH ORD	---	---	662	46,036	66,730
534187109	LINCOLN NATIONAL ORD	---	---	467	28,850	12,595
457187102	INGREDION ORD	---	---	257	23,299	27,892
40412C101	HCA HEALTHCARE ORD	---	---	369	75,355	99,881
064058100	BANK OF NEW YORK MELLON ORD	---	---	769	40,682	40,026
126650100	CVS HEALTH ORD	---	---	2,072	172,377	163,605
96145D105	WESTROCK ORD	---	---	531	24,749	22,047
042735100	ARROW ELECTRONICS ORD	---	---	285	27,605	34,841
163851108	CHEMOURS ORD	---	---	300	10,179	9,462
40434L105	HP ORD	---	---	3,519	95,668	105,887
344849104	FOOT LOCKER ORD	---	---	770	41,178	23,986
883203101	TEXTRON ORD	---	---	547	31,680	43,990
G50871105	JAZZ PHARMACEUTICALS ORD	---	---	253	35,820	31,119
92840M102	VISTRA ORD	---	---	818	20,968	31,509
81761L102	SERVICE PROPERTIES TRUST ORD	---	---	300	8,084	2,562
110122108	BRISTOL MYERS SQUIBB ORD	---	---	2,235	142,101	114,678
929089100	VOYA FINANCIAL ORD	---	---	300	17,902	21,888
92556H206	PARAMOUNT GLOBAL CL B ORD	---	---	954	43,403	14,110
278642103	EBAY ORD	---	---	1,173	57,548	51,166
08579W103	BERRY GLOBAL GROUP ORD	---	---	360	17,100	24,260
58155Q103	MCKESSON ORD	---	---	159	36,878	73,614
G3198U102	ESSENT GROUP ORD	---	---	500	18,215	26,370
23918K108	DAVITA ORD	---	---	395	40,777	41,380
717081103	PFIZER ORD	---	---	5,272	203,015	151,781
833034101	SNAP ON ORD	---	---	130	23,268	37,549
92556V106	VIATRIS ORD	---	---	1,502	16,425	16,267
00508Y102	ACUITY BRANDS ORD	---	---	100	11,888	20,483
65336K103	NEXSTAR MEDIA GROUP ORD	---	---	170	18,297	26,648
001055102	AFLAC ORD	---	---	919	50,517	75,818
205887102	CONAGRA BRANDS ORD	---	---	1,076	37,098	30,838
500754106	KRAFT HEINZ ORD	---	---	1,832	65,014	67,747
85208M102	SPROUTS FARMERS MARKET ORD	---	---	700	15,599	33,677
87165B103	SYNCHRONY FINANCIAL ORD	---	---	2,128	81,998	81,268
174610105	CITIZENS FINANCIAL GROUP ORD	---	---	782	34,556	25,915
68622V106	ORGANON ORD	---	---	1,240	38,441	17,881
58933Y105	MERCK & CO ORD	---	---	3,308	253,771	360,638
00287Y109	ABBVIE ORD	---	---	1,303	185,526	201,926
35137L105	FOX CL A ORD	---	---	1,151	41,393	34,150
30231G102	EXXON MOBIL ORD	---	---	1,746	128,293	174,565
254543101	DIODES ORD	---	---	250	23,070	20,130
783549108	RYDER SYSTEM ORD	---	---	300	25,367	34,518
828806109	SIMON PROP GRP REIT ORD	---	---	358	46,742	51,065
403949100	HF SINCLAIR ORD	---	---	334	10,998	18,560
00206R102	AT&T ORD	---	---	8,251	157,401	138,452
949746101	WELLS FARGO ORD	---	---	5,507	234,200	271,055
902681105	UGI ORD	---	---	647	27,110	15,916
459200101	INTERNATIONAL BUSINESS MACHINES ORD	---	---	2,091	272,760	341,983

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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AS OF DECEMBER 31, 2023

(c) Description of Investment, Including:						
(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	Coupon rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
447011107	HUNTSMAN ORD	---	---	600	14,856	15,078
747525103	QUALCOMM ORD	---	---	1,770	236,169	255,995
59156R108	METLIFE ORD	---	---	732	45,321	48,407
31428X106	FEDEX ORD	---	---	208	37,580	52,618
375558103	GILEAD SCIENCES ORD	---	---	3,859	271,002	312,618
565849106	MARATHON OIL ORD	---	---	837	17,491	20,222
7591EP100	REGIONS FINANCIAL ORD	---	---	1,401	28,797	27,151
458140100	INTEL ORD	---	---	2,822	121,707	141,806
44107P104	HOST HOTELS & RESORTS REIT ORD	---	---	818	13,666	15,926
125523100	CIGNA ORD	---	---	179	48,016	53,602
526057104	LENNAR CL A ORD	---	---	363	29,143	54,102
03076C106	AMERIPRISE FINANCE ORD	---	---	118	30,181	44,820
03743Q108	APA ORD	---	---	300	10,404	10,764
759509102	RELiance STEEL ORD	---	---	118	20,468	33,002
382550101	GOODYEAR TIRE AND RUBBER ORD	---	---	2,215	29,315	31,719
25179M103	DEVON ENERGY ORD	---	---	283	15,904	12,820
617446448	MORGAN STANLEY ORD	---	---	389	31,463	36,274
12008R107	BUILDERS FIRSTSOURCE ORD	---	---	221	14,589	36,894
629377508	NRG ENERGY ORD	---	---	741	30,037	38,310
039483102	ARCHER DANIELS MIDLAND ORD	---	---	669	45,303	48,315
969904101	WILLIAMS SONOMA ORD	---	---	160	20,435	32,285
24703L202	DELL TECHNOLOGIES CL C ORD	---	---	775	28,150	59,288
963320106	WHIRLPOOL ORD	---	---	134	20,168	16,317
035710839	ANNALY CAPITAL MANAGEMENT REIT ORD	---	---	829	18,087	16,058
094235108	BLOOMIN BRANDS ORD	---	---	300	6,746	8,445
539830109	LOCKHEED MARTIN ORD	---	---	366	138,717	165,886
30303M102	META PLATFORMS CL A ORD	---	---	1,819	456,369	643,853
Y2573F102	FLEX ORD	---	---	1,434	33,648	43,680
89832Q109	TRUIST FINANCIAL ORD	---	---	719	33,830	26,545
224441105	CRANE NXT ORD	---	---	260	5,140	14,786
20030N101	COMCAST CL A ORD	---	---	5,926	274,934	259,855
388689101	GRAPHIC PACKAGING HOLDING ORD	---	---	1,204	29,830	29,679
910047109	UNITED AIRLINES HOLDINGS ORD	---	---	342	15,037	14,111
026874784	AMERICAN INTERNATIONAL GROUP ORD	---	---	883	44,368	59,823
860630102	STIFEL FINANCIAL ORD	---	---	592	27,838	40,937
US8713321029	SYLVAMO ORD	---	---	200	8,062	9,822
320517105	FIRST HORIZON ORD	---	---	2,709	33,262	38,359
70450Y103	PAYPAL HOLDINGS ORD	---	---	678	53,115	41,636
478160104	JOHNSON & JOHNSON ORD	---	---	1,659	273,686	260,032
443320106	HUB GROUP CL A ORD	---	---	416	22,947	38,247
55261F104	M&T BANK ORD	---	---	140	19,512	19,191
M5425M103	INMODE ORD	---	---	400	17,073	8,896
693718108	PACCAR ORD	---	---	386	30,790	37,693
688239201	OSHKOSH ORD	---	---	300	28,187	32,523
45337C102	INCYTE ORD	---	---	541	30,453	33,969
CH1300646267	BUNGE ORD	---	---	250	24,875	25,238
84790A105	SPECTRUM BRANDS HOLDINGS ORD	---	---	50	4,020	3,989
91324P102	UNITEDHEALTH GRP ORD	---	---	333	109,620	175,315
594918104	MICROSOFT ORD	---	---	1,087	234,697	408,755
530307305	LIBERTY BROADBAND SRS C ORD	---	---	1,060	130,416	85,425
N00985106	AERCAP HOLDINGS ORD	---	---	1,679	91,471	124,783
02079K107	ALPHABET CL C ORD	---	---	1,659	181,339	233,803
023135106	AMAZON COM ORD	---	---	2,457	286,206	373,317
980745103	WOODWARD ORD	---	---	445	51,778	60,578
43300A203	HILTON WORLDWIDE HOLDINGS ORD	---	---	447	47,312	81,394
74365P108	PROSUS NV SPONSORED NETHERLANDS ADR	---	---	12,825	85,384	76,460
G0403H108	AON CL A ORD	---	---	433	126,262	126,012
571903202	MARRIOTT INTERNATIONAL CL A ORD	---	---	404	54,358	91,106
036752103	ELEVANCE HEALTH ORD	---	---	276	112,840	130,151
786584102	SAFRAN ADR	---	---	3,124	95,400	137,572
92826C839	VISA CL A ORD	---	---	690	147,002	179,642
64110L106	NETFLIX ORD	---	---	311	64,143	151,420
20825C104	CONOCOPHILLIPS ORD	---	---	1,985	198,213	230,399
780259305	SHELL ADR EACH REP 2 ORD	---	---	2,613	147,377	171,935
16119P108	CHARTER COMMUNICATIONS CL A ORD	---	---	209	90,196	81,234
369604301	GENERAL ELECTRIC ORD	---	---	1,281	94,093	163,494
072730302	BAYER AKTIENGESELLSCHAFT EACH RE ADR	---	---	6,035	90,816	56,049
803054204	SAP ADR REP 1 ORD	---	---	630	84,193	97,392
874039100	TAIWAN SEMICONDUCTOR MNFTG ADR 5 ORD	---	---	827	76,077	86,008
674599105	OCCIDENTAL PETROLEUM ORD	---	---	531	30,074	31,706
537008104	LITTELFUSE ORD	---	---	105	16,239	28,094
31847R102	FIRST AMERICAN FINANCIAL ORD	---	---	349	14,747	22,490
880779103	TEREX CORP	---	---	709	23,307	40,739

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37637Q105	GLACIER BANCORP ORD	---	---	585	19,418	24,172
75281A109	RANGE RESOURCES ORD	---	---	841	14,228	25,600
902788108	UMB FINANCIAL ORD	---	---	274	19,488	22,893
743606105	PROSPERITY BANCSHARES ORD	---	---	223	14,582	15,104
754730109	RAYMOND JAMES ORD	---	---	256	14,276	28,544
74965L101	RLJ LODGING REIT ORD	---	---	605	15,874	7,091
533900106	LINCOLN ELECTRIC HOLDINGS ORD	---	---	208	14,877	45,232
758750103	REGAL REYNORD ORD	---	---	109	8,861	16,134
27579R104	EAST WEST BANCORP ORD	---	---	392	13,307	28,204
48666K109	KB HOME ORD	---	---	703	11,231	43,909
947890109	WEBSTER FINANCIAL ORD	---	---	356	12,072	18,071
97650W108	WINTRUST FINANCIAL ORD	---	---	241	13,162	22,353
422806109	HEICO ORD	---	---	64	1,756	11,448
G54050102	LAZARD ORD	---	---	947	30,602	32,956
04316A108	ARTISAN PARTNERS ASSET MGMT CL A ORD	---	---	474	15,646	20,941
G4474Y214	JANUS HENDERSON GROUP ORD	---	---	895	21,959	26,984
01988P108	VERADIGM ORD	---	---	1,110	10,003	11,644
16115Q308	CHART INDUSTRIES ORD	---	---	218	17,785	29,720
74112D101	PRESTIGE CONSUMER HEALTHCARE ORD	---	---	92	4,731	5,632
090572207	BIO RAD LABORATORIES CL A ORD	---	---	46	10,276	14,853
156431108	CENTURY ALUMINUM ORD	---	---	1,140	15,226	13,840
74736K101	QORVO ORD	---	---	218	8,664	24,549
87157D109	SYNAPTICS ORD	---	---	417	16,321	47,571
073685109	BEACON ROOFING SUPPLY ORD	---	---	418	15,924	36,374
922417100	VEECO INSTRUMENTS ORD	---	---	379	13,174	11,760
59001A102	MERITAGE HOMES ORD	---	---	307	12,213	53,479
G4388N106	HELEN OF TROY ORD	---	---	169	15,473	20,417
816850101	SEMTECH ORD	---	---	486	26,346	10,648
423452101	HELMERICH AND PAYNE ORD	---	---	682	29,344	24,702
114340102	AZENTA ORD	---	---	656	24,856	42,732
683344105	ONTO INNOVATION ORD	---	---	405	16,778	61,925
55024U109	LUMENTUM HOLDINGS ORD	---	---	187	13,709	9,803
185899101	CLEVELAND CLIFFS ORD	---	---	2,532	13,972	51,703
974637100	WINNEBAGO INDS ORD	---	---	528	28,618	38,481
01741R102	ATI ORD	---	---	464	7,913	21,098
985817105	YELP ORD	---	---	489	11,742	23,149
131193104	TOPGOLF CALLAWAY BRANDS ORD	---	---	1,018	19,494	14,598
013872106	ALCOA ORD	---	---	1,009	16,319	34,306
79546E104	SALLY BEAUTY HOLDINGS ORD	---	---	1,450	20,060	19,256
489170100	KENNAMETAL ORD	---	---	1,071	28,372	27,621
92343X100	VERINT SYSTEMS ORD	---	---	326	5,723	8,812
09058V103	BIOCRYST PHARMACEUTICALS ORD	---	---	1,461	18,507	8,751
405024100	HAEMONETICS ORD	---	---	298	18,882	25,482
268158201	DYNAVAX TECHNOLOGIES ORD	---	---	805	9,088	11,254
12740C103	CADENCE BANK ORD	---	---	726	17,867	21,482
69047Q102	OVINTIV ORD	---	---	834	37,725	36,629
24665A103	DELEK US HOLDINGS ORD	---	---	805	18,858	20,769
29404K106	ENVESTNET ORD	---	---	225	15,220	11,142
29109X106	ASPEN TECHNOLOGY ORD	---	---	64	11,776	14,090
09627Y109	BLUEPRINT MEDICINES ORD	---	---	189	10,021	17,433
92337F107	VERACYTE ORD	---	---	415	9,455	11,417
00847X104	AGIOS PHARMACEUTICALS ORD	---	---	430	9,559	9,576
78667J108	SAGE THERAPEUTICS ORD	---	---	260	8,953	5,634
G0084W101	ADIANT ORD	---	---	390	15,104	14,180
235825205	DANA INCORPORATED ORD	---	---	846	14,469	12,360
554382101	MACERICH REIT ORD	---	---	1,303	15,191	20,105
393657101	GREENBRIER ORD	---	---	322	11,949	14,226
48123V102	ZIFF DAVIS ORD	---	---	163	12,112	10,952
29977A105	EVERCORE CL A ORD	---	---	106	11,218	18,131
42704L104	HERC HOLDINGS ORD	---	---	216	26,958	32,160
898402102	TRUSTMARK ORD	---	---	604	19,646	16,840
90984P303	UNITED COMMUNITY BANKS ORD	---	---	791	26,853	23,145
320817109	FIRST MERCHANTS ORD	---	---	607	24,164	22,508
87724P106	TAYLOR MORRISON HOME ORD	---	---	429	12,590	22,887
02553E106	AMERICAN EAGLE OUTFITTERS ORD	---	---	834	13,171	17,647
529043101	LXP INDUSTRIAL ORD	---	---	1,085	11,508	10,763
379378201	GLOBAL NET LEASE ORD	---	---	851	11,578	8,467
45378A106	INDEPENDENCE REALTY ORD	---	---	637	11,492	9,746
05368V106	AVIENT ORD	---	---	403	13,982	16,753
91704F104	URBAN EDGE PROPERTIES ORD	---	---	746	11,254	13,652
82981J109	SITE CENTERS ORD	---	---	853	11,569	11,626
896818101	TRIUMPH GROUP ORD	---	---	1,618	18,876	26,826
29275Y102	ENERSYS ORD	---	---	213	17,597	21,504

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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387328107	GRANITE CONSTRUCTION ORD	---	---	316	12,976	16,072
197236102	COLUMBIA BANKING SYSTEM ORD	---	---	865	25,509	23,078
680033107	OLD NATIONAL BANCORP ORD	---	---	1,600	24,251	27,024
840441109	SOUTHSTATE ORD	---	---	269	19,748	22,717
436893200	HOME BANCSHARES ORD	---	---	904	20,181	22,898
909907107	UNITED BANKSHARES ORD	---	---	648	22,931	24,332
360271100	FULTON FINANCIAL ORD	---	---	1,295	18,299	21,316
703481101	PATTERSON UTI ENERGY ORD	---	---	1,930	23,505	20,844
379577208	GLOBUS MEDICAL CL A ORD	---	---	219	10,533	11,671
002896207	ABERCROMBIE AND FITCH CL A ORD	---	---	136	7,438	11,998
21867A105	CORE LABORATORIES ORD	---	---	546	12,630	9,642
42330P107	HELIX ENERGY SOLUTIONS GROUP ORD	---	---	1,172	12,841	12,048
626717102	MURPHY OIL ORD	---	---	474	21,853	20,221
576485205	MATADOR RESOURCES ORD	---	---	290	18,140	16,489
45166A102	IDEAYA BIOSCIENCES ORD	---	---	236	8,273	8,397
22663K107	CRINETICS PHARMACEUTICALS ORD	---	---	225	7,734	8,006
23282W605	CYTOKINETICS ORD	---	---	220	8,038	18,368
G48833118	WEATHERFORD INTERNATIONAL ORD	---	---	467	13,543	45,687
387432107	GRANITE RIDGE RESOURCES ORD	---	---	3,667	15,614	22,075
759351604	REINSURANCE GROUP OF AMER ORD	---	---	765	99,560	123,762
89214P109	TOWNE BANK ORD	---	---	1,518	41,035	45,176
294628102	EQUITY COMMONWEALTH REIT ORD	---	---	3,375	86,981	64,800
784305104	SIJW GROUP ORD	---	---	813	50,545	53,130
89417E109	TRAVELERS COMPANIES ORD	---	---	920	130,348	175,251
60510V108	MISSION PRODUCE ORD	---	---	2,636	31,721	26,597
624758108	MUELLER WATER PRODUCTS SER A ORD	---	---	8,625	106,388	124,200
128030202	CAL MAINE FOODS ORD	---	---	1,146	54,131	65,769
05379B107	AVISTA ORD	---	---	1,312	54,017	46,891
130788102	CALIFORNIA WATER SERVICE GROUP ORD	---	---	1,429	75,709	74,122
128246105	CALAVO GROWERS ORD	---	---	1,002	37,716	29,469
42550U109	HENKEL AND ORD	---	---	7,392	130,472	132,650
950755108	WERNER ENTERPRISES ORD	---	---	1,504	60,069	63,724
494368103	KIMBERLY CLARK ORD	---	---	1,821	230,557	221,270
88579Y101	3M ORD	---	---	3,515	437,811	384,260
736508847	PORTLAND GENERAL ELECTRIC ORD	---	---	967	45,562	41,910
030420103	AMERICAN WATER WORKS ORD	---	---	427	59,980	56,360
665859104	NORTHERN TRUST ORD	---	---	2,098	167,949	177,029
24906P109	DENTSPLY SIRONA ORD	---	---	7,575	243,502	269,594
384109104	GRACO ORD	---	---	213	14,763	18,480
535555106	LINDSAY ORD	---	---	201	28,436	25,961
038336103	APTARGROUP ORD	---	---	217	23,852	26,826
91311E102	UNITED UTILITIES GROUP ADR	---	---	4,505	115,584	121,693
499180107	KNORR BREMSE ADR	---	---	4,598	61,315	74,664
42226K105	HEALTHCARE REALTY TRUST CL A ORD	---	---	7,094	171,592	122,230
708326202	PENNON GROUP ADR	---	---	3,773	69,741	72,291
42250P103	HEALTHPEAK PROPERTIES ORD	---	---	2,500	58,795	49,500
189054109	CLOROX ORD	---	---	722	97,771	102,950
032095101	AMPHENOL CL A ORD	---	---	140	9,844	13,878
913903100	UNIVERSAL HEALTH SERVICES CL B ORD	---	---	219	29,636	33,384
453836108	INDEPENDENT BANK ORD	---	---	880	54,744	57,913
H1467J104	CHUBB ORD	---	---	148	27,331	33,448
29415F104	ENVISTA HOLDINGS ORD	---	---	2,892	71,335	69,582
87612E106	TARGET ORD	---	---	1,317	241,607	187,567
29670G102	ESSENTIAL UTILITIES ORD	---	---	448	16,866	16,733
524671104	LEGRAND ADR	---	---	460	7,862	9,563
941848103	WATERS ORD	---	---	324	86,273	106,671
37959E102	GLOBE LIFE ORD	---	---	210	24,286	25,561
26614N102	DUPONT DE NEMOURS ORD	---	---	386	28,150	29,695
844741108	SOUTHWEST AIRLINES ORD	---	---	705	19,195	20,360
N72482123	QIAGEN ORD	---	---	633	25,966	27,491
806407102	HENRY SCHEIN ORD	---	---	973	66,849	73,666
452327109	ILLUMINA ORD	---	---	477	54,734	66,417
74834L100	QUEST DIAGNOSTICS ORD	---	---	498	69,041	68,664
436440101	HOLOGIC ORD	---	---	324	23,285	23,150
012653101	ALBEMARLE ORD	---	---	64	9,124	9,247
013091103	ALBERTSONS COMPANIES CL A ORD	---	---	96	2,225	2,208
440452100	HORMEL FOODS ORD	---	---	124	5,403	3,982
194162103	COLGATE PALMOLIVE ORD	---	---	729	56,043	58,109
134429109	CAMPBELL SOUP ORD	---	---	131	5,776	5,663
311900104	FASTENAL ORD	---	---	332	17,067	21,504
26875P101	EOG RESOURCES ORD	---	---	69	5,198	8,346
548661107	LOWE'S COMPANIES ORD	---	---	584	120,912	129,969
150870103	CELANESE ORD	---	---	196	27,056	30,453

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163

Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2023

(c) Description of Investment, Including:						
(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	Coupon rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
59522J103	MID AMERICA APT COMMUNITI REIT ORD	---	---	13	1,906	1,748
57636Q104	MASTERCARD CL A ORD	---	---	221	75,494	94,259
G1151C101	ACCENTURE CL A ORD	---	---	335	107,008	117,555
682680103	ONEOK ORD	---	---	84	4,313	5,898
149123101	CATERPILLAR ORD	---	---	349	71,385	103,189
03027X100	AMERICAN TOWER REIT	---	---	29	6,911	6,261
742718109	PROCTER & GAMBLE ORD	---	---	1,170	165,048	171,452
35671D857	FREEPORT MCMORAN ORD	---	---	143	4,914	6,088
369550108	GENERAL DYNAMICS ORD	---	---	44	7,957	11,425
98978V103	ZOETIS CL A ORD	---	---	131	24,996	25,855
237194105	DARDEN RESTAURANTS ORD	---	---	121	17,905	19,880
370334104	GENERAL MILLS ORD	---	---	392	23,355	25,535
002824100	ABBOTT LABORATORIES ORD	---	---	174	20,194	19,152
693475105	PNC FINANCIAL SERVICES GROUP ORD	---	---	122	20,331	18,892
68389X105	ORACLE ORD	---	---	2,927	260,696	308,594
64110D104	NETAPP ORD	---	---	290	24,298	25,566
98421M106	XEROX HOLDINGS ORD	---	---	118	2,902	2,163
302130109	EXPEDITORS INTNL OF WASHTN CL A ORD	---	---	116	13,779	14,755
437076102	HOME DEPOT ORD	---	---	764	249,980	264,764
92939U106	WEC ENERGY GROUP ORD	---	---	50	4,678	4,209
94106B101	WASTE CONNECTIONS ORD	---	---	9	984	1,343
693506107	PPG INDUSTRIES ORD	---	---	198	28,327	29,611
418056107	HASBRO ORD	---	---	20	1,909	1,021
74762E102	QUANTA SERVICES ORD	---	---	19	1,694	4,100
61174X109	MONSTER BEVERAGE ORD	---	---	530	25,671	30,533
48020Q107	JONES LANG LASALLE ORD	---	---	19	3,492	3,589
020002101	ALLSTATE ORD	---	---	131	15,906	18,337
256677105	DOLLAR GENERAL ORD	---	---	185	39,074	25,151
22052L104	CORTEVA ORD	---	---	340	15,510	16,293
74915M100	QURATE RETAIL SRS A ORD	---	---	1,138	11,909	997
31620M106	FIDELITY NATIONAL INFORMATN SVCS ORD	---	---	141	13,464	8,470
723484101	PINNACLE WEST ORD	---	---	37	3,027	2,658
550241103	LUMEN TECHNOLOGIES ORD	---	---	955	10,620	1,748
911363109	UNITED RENTAL ORD	---	---	9	2,985	5,161
69331C108	PG&E ORD	---	---	180	2,324	3,245
502431109	L3HARRIS TECHNOLOGIES ORD	---	---	112	24,179	23,589
446150104	HUNTINGTON BANCSHARES ORD	---	---	334	4,928	4,248
75513E101	RTX ORD	---	---	216	17,216	18,174
532457108	ELI LILLY ORD	---	---	471	134,283	274,555
143130102	CARMAX ORD	---	---	44	4,712	3,377
00123Q104	AGNC INVESTMENT REIT ORD	---	---	394	6,440	3,865
053484101	AVALONBAY COMMUNITIES REIT ORD	---	---	17	3,177	3,183
00766T100	AECOM ORD	---	---	168	11,712	15,528
34959J108	FORTIVE ORD	---	---	35	2,482	2,577
573284106	MARTIN MARIETTA MATERIALS ORD	---	---	7	2,337	3,492
025537101	AMERICAN ELECTRIC POWER ORD	---	---	98	8,346	7,960
67066G104	NVIDIA ORD	---	---	36	5,596	17,828
384802104	WW GRAINGER ORD	---	---	52	23,961	43,092
98389B100	XCEL ENERGY ORD	---	---	89	5,949	5,510
285512109	ELECTRONIC ARTS ORD	---	---	125	16,345	17,101
518439104	ESTEE LAUDER CL A ORD	---	---	14	3,939	2,048
00130H105	THE AES CORPORATION	---	---	524	13,228	10,087
071813109	BAXTER INTERNATIONAL ORD	---	---	235	17,457	9,085
015271109	ALEXANDRIA REAL ESTATE EQ REIT ORD	---	---	17	3,105	2,155
00751Y106	ADVANCE AUTO PARTS ORD	---	---	12	2,232	732
83088M102	SKYWORKS SOLUTIONS ORD	---	---	28	3,918	3,148
95040Q104	WELLTOWER ORD	---	---	67	4,908	6,041
354613101	FRANKLIN RESOURCES ORD	---	---	154	4,645	4,588
72147K108	PILGRIMS PRIDE ORD	---	---	24	586	664
49456B101	KINDER MORGAN CL P ORD	---	---	517	8,706	9,120
244199105	DEERE ORD	---	---	27	10,088	10,796
512807108	LAM RESEARCH ORD	---	---	108	64,817	84,592
65473P105	NISOURCE ORD	---	---	79	1,902	2,097
30212P303	EXPEDIA GROUP ORD	---	---	24	4,222	3,643
931142103	WALMART ORD	---	---	928	130,644	146,299
92532F100	VERTEX PHARMACEUTICALS ORD	---	---	13	2,854	5,290
053015103	AUTOMATIC DATA PROCESSING ORD	---	---	226	45,513	52,651
023608102	AMEREN ORD	---	---	41	3,322	2,966
960413102	WESTLAKE ORD	---	---	12	1,099	1,680
260557103	DOW ORD	---	---	200	11,876	10,968
37247D106	GENWORTH FINANCIAL CL A ORD	---	---	287	979	1,917
30034W106	EVERGY ORD	---	---	80	4,794	4,176
988498101	YUM BRANDS ORD	---	---	312	38,378	40,766

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163

Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2023

(c) Description of Investment, Including:						
(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	Coupon rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
172062101	CINCINNATI FINANCIAL ORD	---	---	29	3,020	3,000
101137107	BOSTON SCIENTIFIC ORD	---	---	111	4,335	6,417
90353T100	UBER TECHNOLOGIES ORD	---	---	104	4,155	6,403
871607107	SYNOPSYS ORD	---	---	6	1,996	3,089
03073E105	CENCORA ORD	---	---	105	15,925	21,565
668771108	GEN DIGITAL ORD	---	---	1,000	24,859	22,820
615369105	MOODYS ORD	---	---	19	6,600	7,421
92276F100	VENTAS REIT ORD	---	---	87	4,733	4,336
007903107	ADVANCED MICRO DEVICES ORD	---	---	61	5,999	8,992
82968B103	SIRIUS XM HOLDINGS ORD	---	---	44	276	241
654106103	NIKE CL B ORD	---	---	407	57,751	44,188
595017104	MICROCHIP TECHNOLOGY ORD	---	---	46	3,684	4,148
872540109	TIJX ORD	---	---	787	64,628	73,828
651229106	NEWELL BRANDS ORD	---	---	85	2,300	738
907818108	UNION PACIFIC ORD	---	---	674	136,761	165,548
693656100	PVH ORD	---	---	28	2,827	3,419
256746108	DOLLAR TREE ORD	---	---	76	7,327	10,796
704326107	PAYCHEX ORD	---	---	174	18,895	20,725
69351T106	PPL ORD	---	---	224	6,458	6,070
053807103	AVNET ORD	---	---	59	2,479	2,974
084423102	WR BERKLEY ORD	---	---	36	1,836	2,546
363576109	ARTHUR J GALLAGHER ORD	---	---	46	6,489	10,344
929740108	WABTEC ORD	---	---	27	2,354	3,426
45866F104	INTERCONTINENTAL EXCHANGE ORD	---	---	159	18,320	20,420
682189105	ON SEMICONDUCTOR ORD	---	---	36	2,155	3,007
29444U700	EQUINIX REIT ORD	---	---	12	8,952	9,665
05329W102	AUTONATION ORD	---	---	124	16,703	18,622
253393102	DICKS SPORTING ORD	---	---	107	13,756	15,724
23331A109	D R HORTON ORD	---	---	62	5,239	9,423
65249B109	NEWS CL A ORD	---	---	122	3,179	2,995
032654105	ANALOG DEVICES ORD	---	---	48	7,546	9,531
05351W103	AVANGRID ORD	---	---	21	1,055	681
912008109	US FOODS ORD	---	---	77	2,914	3,497
743315103	PROGRESSIVE ORD	---	---	207	20,269	32,971
337738108	FISERV ORD	---	---	45	5,283	5,978
29452E101	EQUITABLE HOLDINGS ORD	---	---	96	3,169	3,197
981475106	WORLD KINECT ORD	---	---	94	3,013	2,141
651639106	NEWMONT ORD	---	---	354	19,113	14,652
171340102	CHURCH AND DWIGHT ORD	---	---	211	17,838	19,952
28176E108	EDWARDS LIFESCIENCES ORD	---	---	21	2,355	1,601
482480100	KLA ORD	---	---	74	27,147	43,016
15135B101	CENTENE ORD	---	---	155	10,511	11,503
209115104	CONSOLIDATED EDISON ORD	---	---	69	5,170	6,277
25746U109	DOMINION ENERGY ORD	---	---	180	12,571	8,460
22822V101	CROWN CASTLE ORD	---	---	49	7,675	5,644
02079K305	ALPHABET CL A ORD	---	---	1,072	115,983	149,748
962166104	WEYERHAEUSER REIT	---	---	159	5,858	5,528
883556102	THERMO FISHER SCIENTIFIC ORD	---	---	27	12,979	14,331
00846U101	AGILENT TECHNOLOGIES ORD	---	---	28	3,700	3,893
30040W108	EVERSOURCE ENERGY ORD	---	---	65	5,621	4,012
571748102	MARSH & MCLENNAN ORD	---	---	269	41,131	50,967
773903109	ROCKWELL AUTOMAT ORD	---	---	14	3,688	4,347
751212101	RALPH LAUREN CL A ORD	---	---	16	1,919	2,307
337932107	FIRSTENERGY ORD	---	---	106	3,637	3,886
540424108	LOEWS ORD	---	---	63	3,292	4,384
574599106	MASCO ORD	---	---	275	15,588	18,420
631103108	NASDAQ ORD	---	---	72	4,530	4,186
11135F101	BROADCOM ORD	---	---	151	83,952	168,554
191216100	COCA-COLA ORD	---	---	2,831	154,349	166,831
025816109	AMERICAN EXPRESS ORD	---	---	79	11,421	14,800
525327102	LEIDOS HOLDINGS ORD	---	---	94	8,967	10,175
172908105	CINTAS ORD	---	---	48	19,456	28,928
79466L302	SALESFORCE ORD	---	---	56	10,832	14,736
00971T101	AKAMAI TECHNOLOGIES ORD	---	---	60	6,462	7,101
744573106	PUBLIC SERVICE ENTERPRISE GROUP ORD	---	---	100	5,967	6,115
461202103	INTUIT ORD	---	---	14	5,501	8,750
713448108	PEPSICO ORD	---	---	1,195	183,837	202,959
09260D107	BLACKSTONE ORD	---	---	307	36,865	40,192
808513105	CHARLES SCHWAB ORD	---	---	120	8,206	8,256
125269100	CF INDUSTRIES HOLDINGS ORD	---	---	28	1,285	2,226
219350105	CORNING ORD	---	---	951	36,861	28,958
912909108	US STEEL ORD	---	---	111	3,604	5,400
12572Q105	CME GROUP CL A ORD	---	---	87	16,806	18,322

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163

Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2023

(c) Description of Investment, Including:						
(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	Coupon rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
02156K103	ALTICE USA CL A ORD	---	---	145	2,710	471
459506101	INTERNATIONAL FLAVORS & FRAGRANS ORD	---	---	52	5,050	4,210
31620R303	FIDELITY NATIONAL FINANCIAL ORD	---	---	59	2,436	3,010
46284V101	IRON MOUNTAIN ORD	---	---	324	16,059	22,674
74340W103	PROLOGIS REIT	---	---	54	5,895	7,198
14448C104	CARRIER GLOBAL ORD	---	---	449	20,268	25,795
62955J103	NOV ORD	---	---	126	1,788	2,555
438516106	HONEYWELL INTERNATIONAL ORD	---	---	103	21,832	21,600
143658300	CARNIVAL ORD	---	---	331	7,252	6,137
315616102	F5 ORD	---	---	11	2,322	1,969
620076307	MOTOROLA SOLUTIONS ORD	---	---	90	21,272	28,178
22160K105	COSTCO WHOLESALE ORD	---	---	123	52,428	81,190
580135101	MCDONALD'S ORD	---	---	562	134,796	166,639
74144T108	T ROWE PRICE GROUP ORD	---	---	368	64,758	39,630
68902V107	OTIS WORLDWIDE ORD	---	---	256	20,715	22,904
876030107	TAPESTRY ORD	---	---	61	2,503	2,245
009158106	AIR PRODUCTS AND CHEMICALS ORD	---	---	20	5,494	5,476
46625H100	JPMORGAN CHASE ORD	---	---	673	97,967	114,477
126408103	CSX ORD	---	---	1,955	59,900	67,780
872590104	T MOBILE US ORD	---	---	181	24,537	29,020
911312106	UNITED PARCEL SERVICE CL B ORD	---	---	542	100,056	85,219
12504L109	CBRE GROUP CL A ORD	---	---	52	4,117	4,841
858119100	STEEL DYNAMICS ORD	---	---	35	1,784	4,134
42809H107	HESS ORD	---	---	23	1,713	3,316
94106L109	WASTE MANAGEMENT ORD	---	---	107	15,468	19,164
443201108	HOWMET AEROSPACE ORD	---	---	457	16,074	24,733
892356106	TRACTOR SUPPLY ORD	---	---	52	10,773	11,182
760759100	REPUBLIC SERVICES ORD	---	---	64	7,304	10,554
37940X102	GLOBAL PAYMENTS ORD	---	---	51	7,278	6,477
372460105	GENUINE PARTS ORD	---	---	50	6,511	6,925
25470M109	DISH NETWORK CL A ORD	---	---	315	2,885	1,818
09247X101	BLACKROCK ORD	---	---	18	13,288	14,612
25278X109	DIAMONDBACK ENERGY ORD	---	---	16	2,053	2,481
816851109	SEMPRA ORD	---	---	82	5,399	6,128
63938C108	NAVIENT ORD	---	---	273	4,614	5,083
031100100	AMETEK ORD	---	---	19	2,445	3,133
444859102	HUMANA ORD	---	---	40	16,606	18,312
744320102	PRUDENTIAL FINANCIAL ORD	---	---	139	12,887	14,416
126117100	CNA FINANCIAL ORD	---	---	17	779	719
364760108	GAP ORD	---	---	728	16,666	15,222
902973304	US BANCORP ORD	---	---	465	23,201	20,125
989701107	ZIONS BANCORPORATION ORD	---	---	81	4,257	3,553
445658107	JB HUNT TRANSPORT SERVICES ORD	---	---	64	10,879	12,783
680223104	OLD REPUBLIC INTERNATIONAL ORD	---	---	88	1,927	2,587
602602103	AMDOCS ORD	---	---	96	7,194	8,437
69318G106	PBF ENERGY CL A ORD	---	---	47	733	2,066
125896100	CMS ENERGY ORD	---	---	56	3,417	3,252
78409V104	S&P GLOBAL ORD	---	---	84	35,375	37,004
166764100	CHEVRON ORD	---	---	375	41,381	55,935
871829107	SYSCO ORD	---	---	477	36,782	34,883
756109104	REALTY INCOME REIT ORD	---	---	68	4,094	3,905
65339F101	NEXTERA ENERGY ORD	---	---	196	14,523	11,905
29364G103	ENTERGY ORD	---	---	43	4,321	4,351
74251V102	PRINCIPAL FINANCIAL GROUP ORD	---	---	56	3,408	4,406
959802109	WESTERN UNION ORD	---	---	886	17,625	10,561
15189T107	CENTERPOINT ENERGY ORD	---	---	133	3,012	3,800
278865100	ECOLAB ORD	---	---	29	6,048	5,752
084670702	BERKSHIRE HATHAWAY CL B ORD	---	---	419	119,964	149,441
863667101	STRYKER ORD	---	---	24	5,866	7,187
88160R101	TESLA ORD	---	---	33	8,902	8,200
776696106	ROPER TECHNOLOGIES ORD	---	---	17	7,406	9,268
260003108	DOVER ORD	---	---	19	2,621	2,922
690742101	OWENS CORNING ORD	---	---	26	2,439	3,854
G51502105	JOHNSON CONTROLS INTERNATIONAL ORD	---	---	116	6,996	6,686
127387108	CADENCE DESIGN SYSTEMS ORD	---	---	10	1,773	2,724
770323103	ROBERT HALF ORD	---	---	173	16,851	15,210
00724F101	ADOBE ORD	---	---	26	11,383	15,512
09062X103	BIOGEN ORD	---	---	211	58,546	54,600
29476L107	EQUITY RESIDENTIAL REIT ORD	---	---	52	3,771	3,180
842587107	SOUTHERN ORD	---	---	173	10,847	12,131
12541W209	CH ROBINSON WORLDWIDE ORD	---	---	283	25,671	24,448
666807102	NORTHROP GRUMMAN ORD	---	---	120	44,823	56,177
V7780T103	ROYAL CARIBBEAN GROUP ORD	---	---	29	2,513	3,755

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163

Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2023

(c) Description of Investment, Including:						
(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	Coupon rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
570535104	MARKEL GROUP ORD	---	---	2	2,314	2,840
05722G100	BAKER HUGHES CL A ORD	---	---	249	5,411	8,511
466313103	JABIL ORD	---	---	26	1,377	3,312
G491BT108	INVESCO ORD	---	---	167	4,300	2,979
297178105	ESSEX PROPERTY REIT ORD	---	---	7	1,935	1,736
806857108	SCHLUMBERGER ORD	---	---	176	4,946	9,159
958102105	WESTERN DIGITAL ORD	---	---	169	9,955	8,851
254687106	WALT DISNEY ORD	---	---	270	42,378	24,378
200340107	COMERICA ORD	---	---	71	4,692	3,963
G025OX107	AMCOR ORD	---	---	1,410	16,773	13,592
902494103	TYSON FOODS CL A ORD	---	---	344	24,645	18,490
655844108	NORFOLK SOUTHERN ORD	---	---	47	12,488	11,110
427866108	HERSHEY FOODS ORD	---	---	101	17,751	18,830
969457100	WILLIAMS ORD	---	---	186	4,445	6,478
75886F107	REGENERON PHARMACEUTICALS ORD	---	---	94	64,265	82,559
929042109	VORNADO REALTY REIT ORD	---	---	62	2,876	1,752
61945C103	MOSAIC ORD	---	---	65	2,032	2,322
87612G101	TARGA RESOURCES ORD	---	---	39	1,252	3,388
281020107	EDISON INTERNATIONAL ORD	---	---	74	4,360	5,290
018802108	ALLIANT ENERGY ORD	---	---	49	2,664	2,514
142339100	CARLISLE COMPANIES ORD	---	---	10	1,930	3,124
695156109	PACKAGING CORP OF AMERICA ORD	---	---	23	3,321	3,747
G96629103	WILLIS TOWERS WATSON ORD	---	---	44	10,105	10,613
882508104	TEXAS INSTRUMENTS ORD	---	---	694	130,448	118,299
74460D109	PUBLIC STORAGE REIT ORD	---	---	10	2,519	3,050
64828T201	RITHM CAPITAL ORD	---	---	573	5,792	6,120
918204108	VF ORD	---	---	422	25,028	7,934
097023105	BOEING ORD	---	---	68	16,527	17,725
253868103	DIGITAL REALTY REIT ORD	---	---	37	4,785	4,979
608190104	MOHAWK INDUSTRIES ORD	---	---	23	3,741	2,381
02005N100	ALLY FINANCIAL ORD	---	---	185	7,533	6,460
46266C105	IQVIA HOLDINGS ORD	---	---	21	4,159	4,859
26441C204	DUKE ENERGY ORD	---	---	170	16,434	16,497
929160109	VULCAN MATERIALS ORD	---	---	12	1,997	2,724
48203R104	JUNIPER NETWORKS ORD	---	---	336	9,425	9,905
854502101	STANLEY BLACK AND DECKER ORD	---	---	56	7,335	5,494
291011104	EMERSON ELECTRIC ORD	---	---	520	48,509	50,612
G29183103	EATON ORD	---	---	53	7,393	12,763
824348106	SHERWIN WILLIAMS ORD	---	---	85	22,266	26,512
67103H107	O REILLY AUTOMOTIVE ORD	---	---	73	46,207	69,356
670346105	NUCOR ORD	---	---	220	30,026	38,289
56418H100	MANPOWERGROUP ORD	---	---	31	3,140	2,463
406216101	HALLIBURTON ORD	---	---	121	2,652	4,374
101121101	BOSTON PROPERTIES REIT ORD	---	---	23	2,398	1,614
55616P104	MACYS ORD	---	---	203	3,191	4,084
701094104	PARKER HANNIFIN ORD	---	---	14	4,427	6,450
778296103	ROSS STORES ORD	---	---	35	3,997	4,844
037833100	APPLE ORD	---	---	3,089	426,245	594,725
09857L108	BOOKING HOLDINGS ORD	---	---	42	99,769	148,983
681919106	OMNICOM GROUP ORD	---	---	359	26,272	31,057
609207105	MONDELEZ INTERNATIONAL CL A ORD	---	---	576	34,957	41,720
723787107	PIONEER NATURAL RESOURCE ORD	---	---	22	3,844	4,947
452308109	ILLINOIS TOOL ORD	---	---	217	46,246	56,841
192446102	COGNIZANT TECHNOLOGY SOLUTN CL A ORD	---	---	136	10,194	10,272
893641100	TRANSDIGM GROUP ORD	---	---	15	9,714	15,174
595112103	MICRON TECHNOLOGY ORD	---	---	263	21,451	22,444
501889208	LKQ ORD	---	---	49	2,105	2,342
12514G108	CDW ORD	---	---	104	19,448	23,641
46120E602	INTUITIVE SURGICAL ORD	---	---	14	3,314	4,723
573874104	MARVELL TECHNOLOGY ORD	---	---	83	3,820	5,006
G7997R103	SEAGATE TECHNOLOGY HOLDINGS ORD	---	---	385	29,435	32,867
233331107	DTE ENERGY ORD	---	---	35	3,962	3,859
460146103	INTERNATIONAL PAPER ORD	---	---	159	7,306	5,748
50155Q100	KYNDRYL HOLDINGS ORD	---	---	149	2,372	3,096
30161N101	EXELON ORD	---	---	196	6,055	7,036
98956P102	ZIMMER BIOMET HOLDINGS ORD	---	---	30	4,657	3,651
075887109	BECTON DICKINSON ORD	---	---	80	19,778	19,506
934423104	WARNER BROS. DISCOVERY SRS A ORD	---	---	700	18,541	7,966
48251W104	KKR AND CO ORD	---	---	66	3,742	5,468
889478103	TOLL BROTHERS ORD	---	---	30	1,391	3,084
H84989104	TE CONNECTIVITY ORD	---	---	49	5,775	6,885
339041105	FLEETCOR TECHNOLOGIES ORD	---	---	29	5,328	8,196
46982L108	JACOBS SOLUTIONS ORD	---	---	35	4,513	4,543

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163

Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2023

(c) Description of Investment, Including:						
(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	Coupon rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
679580100	OLD DOMINION FREIGHT LINE ORD	---	---	5	1,321	2,027
34964C106	FORTUNE BRANDS INNOVATIONS ORD	---	---	22	1,864	1,675
47233W109	JEFFERIES FINANCIAL GROUP ORD	---	---	59	1,716	2,384
IE00059YS762USD	LINDE ORD	---	---	74	23,708	30,392
127097103	COTERRA ENERGY ORD	---	---	63	1,542	1,608
21037T109	CONSTELLATION ENERGY ORD	---	---	35	3,580	4,091
058498106	BALL ORD	---	---	105	5,872	6,040
50540R409	LABORATORY CORPRTN OF AMER HLDGS ORD	---	---	16	3,385	3,637
34965K107	FORTREA HOLDINGS ORD	---	---	16	568	558
099724106	BORGWARNER ORD	---	---	95	3,699	3,406
71880K101	PHINIA ORD	---	---	19	555	576
531229722	LIBERTY MEDIA LIBERTY LIVE SRS C ORD	---	---	25	1,179	935
531229789	LIBRTY MEDIA LRTY SIRIUSXM SRS C ORD	---	---	101	3,408	2,907
68268W103	ONEMAIN HOLDINGS ORD	---	---	39	1,580	1,919
60855R100	MOLINA HEALTHCARE ORD	---	---	5	1,636	1,806
499049104	KNIGHT SWIFT TRANSPRTATN CL A ORD	---	---	25	1,349	1,441
60770K107	MODERNA ORD	---	---	18	1,916	1,790
76954A103	RIVIAN AUTOMOTIVE CL A ORD	---	---	84	2,016	1,971
49446R109	KIMCO REALTY REIT ORD	---	---	71	1,333	1,513
880770102	TERADYNE ORD	---	---	112	11,139	12,154
487836108	KELLANOVA ORD	---	---	380	22,604	21,246
03852U106	ARAMARK ORD	---	---	62	1,752	1,742
235851102	DANAHER ORD	---	---	39	7,929	9,022
92942W107	WK KELLOGG ORD	---	---	94	1,445	1,235
US29430C1027	VESTIS ORD	---	---	31	620	655
US92338C1036	VERALTO ORD	---	---	13	1,047	1,069
G61188127	LIBERTY GLOBAL CL C ORD	---	---	601	14,556	11,203
62944T105	NVR ORD	---	---	3	18,750	21,001
				396,586	22,611,052	26,058,112
COLLECTIVE TRUSTS:						
999508583DMBA	CF DAILY VALUED OPEN END FUND	---	---	1,952	3,760,861	3,854,192
				1,952	3,760,861	3,854,192
REGISTERED INVESTMENT COMPANIES:						
04314H402	ARTISAN:INTERNATL INST	---	---	172,729	4,638,039	4,651,604
24610J209	DELAWARE HI YLD OPP R6	---	---	131,897	486,147	456,363
23320G471	DFA WLD EX US VAL I	---	---	326,280	3,624,998	4,075,238
233203819	DFA US SMALL CAP VAL I	---	---	34,510	1,107,518	1,550,888
362008260	GMO:QUALITY III	---	---	218,631	5,197,859	6,281,261
317609352	GRANDEUR ITL OPP INST	---	---	999,463	3,465,572	3,568,084
4812C0159	JPMORGAN:MTGE SECS R6	---	---	868,079	9,826,390	8,828,366
00170K745	AMG TIMESSQUAREMCG Z	---	---	189,098	3,599,375	3,139,024
89155T524	TOUCHSTONE:SEL GRO INST	---	---	260,183	3,595,292	3,764,846
922908868	VANGUARD GRO IDX INST	---	---	41,413	5,431,906	6,626,099
922031877	VANGUARD SH-TM INV INST	---	---	597,003	6,014,599	6,107,343
922031810	VANGUARD INT-TM INV ADM	---	---	71,136	660,078	617,461
922908819	VANGUARD SC G ID INS	---	---	15,044	962,499	1,023,876
54401E622	LORD ABBETT SH DUR R6	---	---	1,693,267	6,985,453	6,536,009
091936153	BLACKROCK:IS TUS SM K	---	---	47,559	646,827	1,044,388
922040209	VANGUARD INSTL INDX INSP	---	---	2,998	836,991	1,179,680
46641Q837	JPMORGAN:ULTRA-SHORT INC	---	---	140,250	7,014,586	7,044,758
92913L569	VOYA:INTMDT BD R6	---	---	115,428	1,185,796	1,014,610
54401E432	LORD ABBETT UL SHT BD R6	---	---	5,605,228	55,946,816	55,772,018
552746356	MFS INTL GROWTH R6	---	---	63,594	2,370,809	2,558,382
46641U564	JPMORGAN:US VALUE R6	---	---	83,028	4,372,592	6,205,547
92189F437	VANECK:FA HIGH YLD BOND	---	---	37,718	1,149,719	1,085,524
92189F486	VANECK:IG FLOATING RATE	---	---	435,023	11,048,190	10,940,828
92646A815	VICTORY:SM CO OPP I	---	---	41,577	2,132,125	2,012,754
921939203	VANGUARD INTL VAL INV	---	---	110,973	4,555,954	4,478,858
921909818	VANGUARD TOT I S ADM	---	---	3,968	133,069	123,511
IE00BGCBZ301	SH INVT GRD EM DBT M USD ACC	---	---	51,664	5,000,000	4,920,955
IE00BDFM1316	STONEHARBR INVGRECORDT MUSDAC	---	---	35,000	3,500,000	3,568,950
46138J619	INVESCO RUSSEL 1000 DM	---	---	78,105	3,999,858	4,015,378
				12,470,845	159,489,057	163,192,603
REAL ESTATE:						
HARRICRED	HARRISON STREET CORE PROPERTY FUND	---	---	3,482	4,291,696	5,167,576
LIONITRED	LION INDUSTRIAL TRUST PROPERTIES	---	---	2,926	5,052,442	11,284,897
MORGSPRED	MORGAN STANLEY PRIME PROPERTY FUND	---	---	350	5,085,569	7,091,449

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163

Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2023

(c) Description of Investment, Including:						
(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	Coupon rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
PRISLPRED	PRISA LP DHC	---	---	833	733,801	1,705,259
SENH05RED	SENIOR HOUSING PARTNERS V	---	---	1,293,422	1,293,422	1,316,180
RREEF2RED	RREEF AMERICA REIT II	---	---	20,651	2,633,083	2,678,043
UBSTRURED	UBS TRUMBULL PROPERTY FUND DHC	---	---	99	809,862	922,546
USAAEARED	USAA EAGLE PRM/DHC RE	---	---	713,150	713,150	1,455,614
TAFDIRED	THE REALTY ASSOCIATES FUND XI	---	---	38,013	38,013	67,598
				<u>2,072,926</u>	<u>20,651,038</u>	<u>31,689,162</u>
LIMITED PARTNERSHIPS:						
CERLL2DAD	CERBERUS OFFSHORE LEVERAGED LOAN FD II	---	---	1	1	332,349
LEVNE4FID	LEVINE LEICHTMAN CAPITAL PARTNERS IV FI	---	---	1,125,996	1,125,996	418,611
LEVNE5FID	LEVINE LEICHTMAN CAPITAL PARTNERS V	---	---	76,364	76,364	64,094
PAPE3CFID	PA PRIVATE EQUITY FUND III, CLASS C	---	---	94,834	94,834	74,419
CERLL3DAD	CERBERUS OFFSHORE LEVERAGE LOAN FD III	---	---	394,571	394,571	598,765
GOLDP4NID	GOLDPOINT IV NIGD	---	---	1,774,346	1,774,346	1,652,318
JPMCBGEMO	JPMCB GLOBAL EM	---	---	197,591	4,070,844	4,034,806
CERLIVDAD	Cerberus	---	---	1,010,341	1,010,341	1,154,425
CHRBK2NID	CHARLESBK OPP II	---	---	1,769,431	1,769,431	1,825,796
VISCR3PED	VISTA CREDIT PARTNERS III	---	---	1,457,864	1,457,864	1,574,651
ANGEL4NGD	ANGELO GORDON IV LP	---	---	1,935,848	1,935,848	2,016,139
SHENKTNID	SHENKMAN TACTICAL CF	---	---	1,108,074	1,108,074	1,367,098
MONCAPNID	MONROE CAPITAL FEEDER FD IV	---	---	1,703,198	1,703,198	1,733,327
HERZFEND	HCM Cayman Feeder Ltd	---	---	7,000,000	7,000,000	7,425,900
SEVARKEMD	Seven Canyons	---	---	1,500,000	1,500,000	1,669,558
KOPERNHFD	KOPERNIK	---	---	3,900,000	3,900,000	4,183,192
				<u>25,048,458</u>	<u>28,921,712</u>	<u>30,125,448</u>
103-12 INVESTMENT ENTITIES:						
PACIBLCMD	PACIFIC BANK LOAN CO-MINGLED FUND	---	---	1,026,423	1,258,320	1,588,391
FIERA0LPD	FIERA INTL EQUITY LONG LP	---	---	1,737,091	1,850,000	2,379,282
MONDRILPD	MONDRIAN INTERNATIONAL EQUITY FOCUSED FUND, LP	---	---	393,107	3,931,072	4,524,309
				<u>3,156,622</u>	<u>7,039,392</u>	<u>8,491,982</u>
OTHER:						
427098116	HERCULES TRUST II	---	---	85	-	1,854
13781Y111	CANO HEALTH EQY WARRANT	---	---	7,500	3,073	8
64107A113	RICE ACQUISITION CORP. II	---	---	4,220	12,292	9,284
60471A119	MIRION TECHNOLOG	---	---	4,925	5,902	9,998
42806J148	HERTZ GLOBAL HLDGS EQY WARRANT	---	06/30/2051	1,520	10,049	8,330
3EG4C-4700-DMBA	CALL FEB 24 CME MINIS&PW3 OPTION 4700.0 EURO STYLE	0.000	---	1	2,512	8,012
3EG4C-4750-DMBA	CALL FEB 24 CME MINIS&PW3 OPTION 4750.0 EURO STYLE	0.000	---	1	2,275	6,150
ESH4C-4850-DMBA	CALL MAR 24 EMINI S&P 500 OPTION 4850.0 AMER STYLE	0.000	---	1	2,989	4,287
				<u>18,253</u>	<u>39,092</u>	<u>47,923</u>
COLLATERAL HELD UNDER SECURITIES LENDING AGREEMENTS:						
---	Cash*	---	---	1,320,887	1,320,887	1,320,887
					<u>272,280,485</u>	<u>291,721,317</u>

* The cash included in this supplemental schedule is restricted and held as collateral under a securities lending arrangement. See accompanying independent auditor's report.

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-0440163

Plan No: 501

FORM 5500, SCHEDULE H, PART IV LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS AS OF DECEMBER 31, 2023

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity In Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	Number of Transactions	(f) Expense Incurred With Transaction*	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
SINGLE TRANSACTIONS									
No transactions to report									
SERIES IN SAME SECURITY									
X9USDDGCM	Dreyfus Government Cash Management Fund	\$ 125,441,986	\$ -	\$ -	953	\$ -	\$ 125,441,986	\$ 125,441,986	\$ -
X9USDDGCM	Dreyfus Government Cash Management Fund	-	112,120,077	-	269	-	112,120,077	112,120,077	-
X9USDDRET	Dreyfus Treasury Obligations Cash Management	47,075,513	-	-	7	-	47,075,513	47,075,513	-
X9USDDRET	Dreyfus Treasury Obligations Cash Management	-	47,075,513	-	8	-	47,075,513	47,075,513	-

* The commissions and fees related to purchases and sales of investments are included in the cost of the investment or the proceeds from the sale and are not separately defined by the Trustee.

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163

Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2023

(c) Description of Investment, Including:						
(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	Coupon rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
U.S. GOVERNMENT SECURITIES:						
38374D8E2	GNR 2013-058 C	2.500	04/20/2043	230,549	228,364	190,523
3133ENZH6	FEDERAL FARM CREDIT BANKS FUNDING CORP	5.480	06/27/2042	2,000,000	2,000,000	1,959,896
912796CX5	UNITED STATES TREASURY	0.000	04/18/2024	360,000	354,233	354,445
912796Z28	UNITED STATES TREASURY	-	2/22/2024	29,000	28,780	28,785
				2,619,549	2,611,377	2,533,649
CORPORATE DEBT INSTRUMENTS:						
61746BCY0	MORGAN STANLEY	6.250	08/09/2026	1,000,000	1,059,418	1,031,662
166754AP6	CHEVRON PHILLIPS CHEMICAL COMPANY LLC	3.400	12/01/2026	1,000,000	999,256	959,190
525ESC8C6	LEHMAN BROTHERS HOLDINGS	6.000	01/01/2049	440,000	-	189
05348EBA6	AVALONBAY COMMUNITIES INC	3.350	05/15/2027	350,000	349,126	334,635
233851CU6	MERCEDES-BENZ FINANCE NORTH AMERICA LLC	3.450	01/06/2027	1,000,000	998,639	966,668
20030NBY6	COMCAST CORP	3.300	02/01/2027	1,000,000	999,331	965,331
92343VDY7	VERIZON COMMUNICATIONS INC	4.125	03/16/2027	1,000,000	997,270	986,013
67077MAE8	NUTRIEN LTD	4.000	12/15/2026	1,000,000	996,872	977,395
313747AY3	FEDERAL REALTY OP LP	3.250	07/15/2027	500,000	498,213	467,301
06051GFB0	BANK OF AMERICA CORP	4.125	01/22/2024	1,000,000	1,000,261	999,180
828807CY1	SIMON PROPERTY GROUP LP	3.250	11/30/2026	1,000,000	990,408	959,930
456866AK8	TRANE TECHNOLOGIES CO LLC	6.391	11/15/2027	400,000	400,000	415,256
82938NAC8	SINOPEC GROUP OVERSEAS DEVELOPMENT (2017) LTD	3.625	04/12/2027	1,000,000	997,613	975,310
06051GJL4	BANK OF AMERICA CORP	1.922	10/24/2031	400,000	393,439	325,253
29364N108	ENTERGY MISSISSIPPI LLC	4.900	10/01/2066	101,562	2,537,299	2,260,780
05580M827	B RILEY FINANCIAL INC	5.500	03/31/2026	9,560	239,000	170,550
90365EAA7	UIRC-GSA HOLDINGS III LLC	3.500	04/30/2026	1,000,000	1,000,000	951,680
233331859	DTE ENERGY CO	5.250	12/01/2077	58,400	1,460,000	1,437,808
24718PAA5	BORGWARNER JERSEY LTD	5.000	10/01/2025	450,000	471,715	440,793
039483AM4	ARCHER-DANIELS-MIDLAND CO	7.500	03/15/2027	550,000	653,236	598,076
29364WAT5	ENTERGY LOUISIANA LLC	5.000	07/15/2044	600,000	611,096	545,902
05580M793	B RILEY FINANCIAL INC	5.000	12/31/2026	7,232	180,800	114,561
637432MT9	NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORP	8.562	04/30/2043	200,000	199,305	197,909
29364W108	ENTERGY LOUISIANA LLC	4.875	09/01/2066	60,000	1,498,806	1,278,600
53636CAA2	LIQUIGLIDE INC.	5.500	02/24/2026	230,000	230,000	216,430
14115DAA2	CARBON REVOLUTION PUBLIC LIMITED COMPANY	8.500	05/15/2027	800,000	800,000	804,000
12656VAD5	C3NANO INC.	10.000	09/15/2027	125,000	125,000	125,000
816851BM0	SEMPRA	4.125	04/01/2052	550,000	454,949	471,993
025537AU5	AMERICAN ELECTRIC POWER COMPANY INC	3.875	02/15/2062	170,000	139,900	142,677
347508AB9	FORT KNOX MILITARY HOUSING PRIVATIZATION PROJECT	5.816	02/15/2052	917,207	736,175	709,478
25470MAD1	DISH NETWORK CORP	2.375	03/15/2024	23,000	22,852	22,770
62957HAB1	NABORS INDUSTRIES INC	0.750	01/15/2024	29,000	28,921	28,029
001ESC9D6	AMR CORP ESCROW	0.000	12/29/2049	10,000	2,428	-
55272XAA0	MFA FINANCIAL INC	6.250	06/15/2024	25,000	25,023	24,875
530715AL5	LIBERTY INTERACTIVE LLC	3.750	02/15/2030	26,123	21,148	6,531
200300606V2	Comcast Corporation 2.0% Debentures	2.000	11/15/2029	700	51,418	39,900
21870UAC0	COREENERGY INFRASTRUCTURE TRUST INC	5.875	08/15/2025	38,000	35,607	25,649
34984VAC4	FORUM ENERGY TECHNOLOGIES INC	9.000	04/08/2025	11,342	11,157	10,972
163092AF6	CHEGG INC	0.000	09/01/2026	27,000	24,132	22,410
81141RAG5	SEA LTD	0.250	09/15/2026	24,000	20,717	19,740
70932AAFO	PENNYMAC CORP	5.500	03/15/2026	15,000	15,000	13,820
F54833CS9	CLARIANE SE	0.875	03/06/2027	22,151	123,989	15,934
405024AB6	HAEMONETICS CORP	0.000	03/01/2026	22,000	20,054	19,580
256163AD8	DOCUSIGN INC	0.000	01/15/2024	20,000	19,958	19,900
679295AF2	OKTA INC	0.375	06/15/2026	29,000	25,050	25,636
76680RAH0	RINGCENTRAL INC	0.000	03/15/2026	56,000	47,235	48,230
483548AF0	KAMAN CORP	3.250	05/01/2024	47,000	46,224	45,590
229050AC3	CRYOPORT INC	0.750	12/01/2026	26,000	20,544	20,670
55087PAB0	LYFT INC	1.500	05/15/2025	26,000	24,211	24,609
852234AJ2	BLOCK INC	0.000	05/01/2026	31,000	26,362	27,106
958102AP0	WESTERN DIGITAL CORP	1.500	02/01/2024	52,000	51,807	51,792
549498AA1	LUCID GROUP INC	1.250	12/15/2026	18,000	12,351	9,304
30212PBE4	EXPEDIA GROUP INC	0.000	02/15/2026	22,000	19,663	20,801
10482BAB7	BRAEMAR HOTELS & RESORTS INC	4.500	06/01/2026	82,000	78,579	72,323
84921RAB6	SPOTIFY USA INC	0.000	03/15/2026	27,000	23,435	23,760
88331LAA6	BEAUTY HEALTH CO	1.250	10/01/2026	89,000	77,958	66,252
22410JAB2	CRACKER BARREL OLD COUNTRY STORE INC	0.625	06/15/2026	27,000	22,785	23,255
65341BAG1	NEXTERA ENERGY PARTNERS LP	2.500	06/15/2026	27,000	23,425	24,192
67011XAB9	NOVOCURE LTD	0.000	11/01/2025	17,000	14,763	14,588
12685JAE5	CABLE ONE INC	0.000	03/15/2026	27,000	22,659	22,910
06739GCF4	BARCLAYS BANK PLC	0.000	02/18/2025	90,000	93,191	97,664
404139AG2	INNOVATE CORP.	7.500	08/01/2026	30,000	30,059	13,107
629377CG5	NRG ENERGY INC	2.750	06/01/2048	45,000	47,539	57,825

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163

Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4 -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2023

(c) Description of Investment, Including:						
(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	Coupon rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
866082AA8	SUMMIT HOTEL PROPERTIES INC	1.500	02/15/2026	15,000	15,334	13,298
71639TAB2	PETIQ INC	4.000	06/01/2026	55,000	58,909	55,484
472145AF8	JAZZ INVESTMENTS I LTD	2.000	06/15/2026	60,000	64,819	60,510
596278AB7	MIDDLEBY CORP	1.000	09/01/2025	45,000	47,801	54,810
13469VAA6	CAMTEK LTD	0.000	12/01/2026	30,000	30,708	38,700
40131MAB5	GUARDANT HEALTH INC	0.000	11/15/2027	20,000	20,241	14,000
844741BG2	SOUTHWEST AIRLINES CO	1.250	05/01/2025	80,000	86,196	80,840
345370CZ1	FORD MOTOR CO	0.000	03/15/2026	55,000	53,734	54,725
477839AB0	JOHN BEAN TECHNOLOGIES CORP	0.250	05/15/2026	15,000	15,533	13,536
17330FSU1	CITIGROUP GLOBAL MARKETS HOLDINGS INC	0.125	06/17/2027	80,000	79,999	85,624
784730AB9	SSR MINING INC	2.500	04/01/2039	80,000	85,322	75,320
48133DL24	JPMORGAN CHASE FINANCIAL COMPANY LLC	0.500	06/15/2027	65,000	69,372	86,190
09709UV70	BOFA FINANCE LLC	0.600	05/25/2027	80,000	84,859	86,702
252131AK3	DEXCOM INC	0.250	11/15/2025	40,000	41,752	41,760
92214XAB2	VAREX IMAGING CORP	4.000	06/01/2025	25,000	27,067	29,140
70202LAB8	PARSONS CORP	0.250	08/15/2025	20,000	21,266	28,610
69352PAR4	PPL CAPITAL FUNDING INC	2.875	03/15/2028	65,000	65,000	62,953
531229AN2	LIBERTY MEDIA CORP	3.750	03/15/2028	60,000	60,032	71,610
04351PAD3	ASCENDIS PHARMA A/S	2.250	04/01/2028	45,000	39,727	46,012
125896BW9	CMS ENERGY CORP	3.375	05/01/2028	10,000	10,000	9,890
95041AAB4	WELLTOWER OP LLC	2.750	05/15/2028	50,000	50,000	55,280
92277GAY3	VENTAS REALTY LP	3.750	06/01/2026	35,000	35,465	36,925
232109AD0	CUTERA INC	2.250	06/01/2028	10,000	7,424	2,525
03040WBB0	AMERICAN WATER CAPITAL CORP	3.625	06/15/2026	15,000	14,837	14,977
45245EAJ8	IMAX CORP	0.500	04/01/2026	25,000	23,004	22,187
05605EUW5	BNP PARIBAS SA	2.000	08/01/2028	90,000	90,000	82,791
29415FAC8	ENVISTA HOLDINGS CORP	1.750	08/15/2028	55,000	53,066	50,050
82489TAA2	SHOCKWAVE MEDICAL INC	1.000	08/15/2028	55,000	53,880	53,543
00971TAM3	AKAMAI TECHNOLOGIES INC	1.125	02/15/2029	40,000	40,000	43,260
89377MAA7	TRANSMEDICS GROUP INC	1.500	06/01/2028	15,000	14,491	16,932
007973AD2	ADVANCED ENERGY INDUSTRIES INC	2.500	09/15/2028	30,000	30,118	31,575
02043QAB3	ALNYLAM PHARMACEUTICALS INC	1.000	09/15/2027	40,000	37,990	39,300
29446YAA4	EQUINOX GOLD CORP	4.750	10/15/2028	15,000	15,009	15,778
207410AH4	CONMED CORP	2.250	06/15/2027	20,000	18,917	19,988
665531AJ8	NORTHERN OIL AND GAS INC	3.625	04/15/2029	15,000	16,114	17,685
61775MVX1	MORGAN STANLEY FINANCE LLC	2.500	11/06/2026	10,000	10,261	10,528
69331CAK4	PG&E CORP	4.250	12/01/2027	40,000	40,110	41,920
589889AA2	MERIT MEDICAL SYSTEMS INC	3.000	02/01/2029	20,000	20,370	22,130
61775ML38	MORGAN STANLEY FINANCE LLC	2.500	11/06/2026	70,000	72,807	74,018
252131AL1	DEXCOM INC	0.375	05/15/2028	10,000	10,067	10,240
232109AG3	CUTERA INC	4.000	06/01/2029	25,000	18,873	5,350
				19,610,277	24,797,845	23,465,970
PREFERRED STOCK:						
29364D100PRFD	ENTERGY ARKANSAS LLC	4.875	09/01/2066	25,000	625,000	533,000
283678209	EL PASO ENERGY CAPITAL TRUST I	4.750	03/31/2028	434	18,769	20,441
US74965L2007	RLJ LODGING TRUST	7.800	---	957	26,030	23,973
00170F209	AMG CAPITAL TRUST II	5.150	10/15/2037	1,999	105,567	97,451
38983D409	GREAT AJAX CORP	7.250	04/30/2024	27	701	664
64944P307	NEW YORK COMMUNITY CAPITAL TRUST V	6.000	11/01/2051	527	25,442	21,876
294600200	EQUITRANS MIDSTREAM CORP	9.750	---	1,210	26,620	26,922
59156R850	METLIFE INC	4.750	---	1,743	38,645	36,185
902973155	US BANCORP	6.255	---	2,211	47,468	45,569
59156R876	METLIFE INC	5.625	---	1,132	27,959	27,790
42550U208	HENKEL AND PRF	0.000	---	3,682	64,017	74,087
808513600	CHARLES SCHWAB CORP	5.950	---	1,322	31,954	33,431
				40,244	1,038,172	941,389
COMMON STOCK:						
345370860	FORD MOTOR ORD	---	---	6,010	74,083	73,262
718546104	PHILLIPS 66 ORD	---	---	516	27,482	68,700
231021106	CUMMINS ORD	---	---	342	73,619	81,933
501044101	KROGER ORD	---	---	1,728	67,733	78,987
70959W103	PENSKE AUTOMOTIVE GROUP VTG ORD	---	---	106	5,319	17,014
254709108	DISCOVER FINANCIAL SERVICES ORD	---	---	286	13,490	32,146
750236101	RADIAN GROUP ORD	---	---	500	8,241	14,275
031162100	AMGEN ORD	---	---	993	224,402	286,004
56585A102	MARATHON PETROLEUM ORD	---	---	449	30,972	66,614
931427108	WALGREEN BOOTS ALLIANCE ORD	---	---	2,069	93,192	54,022
G3223R108	EVEREST GROUP ORD	---	---	80	10,489	28,286
91913Y100	VALERO ENERGY ORD	---	---	284	24,151	36,920

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163

Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2023

(c) Description of Investment, Including:						
(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	Coupon rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
038222105	APPLIED MATERIAL ORD	---	---	1,063	120,950	172,280
446413106	HUNTINGTON INGALLS INDUSTRIES ORD	---	---	128	26,308	33,234
001084102	AGCO ORD	---	---	355	30,992	43,101
493267108	KEYCORP ORD	---	---	477	6,947	6,869
N53745100	LYONDELLBASELL INDUSTRIES CL A ORD	---	---	779	72,020	74,067
37045V100	GENERAL MOTORS ORD	---	---	2,093	84,509	75,181
928298108	VISHAY INTERTECH ORD	---	---	1,557	20,673	37,321
500255104	KOHL'S ORD	---	---	390	18,516	11,185
521865204	LEAR ORD	---	---	82	6,502	11,579
060505104	BANK OF AMERICA ORD	---	---	2,814	93,289	94,747
086516101	BEST BUY ORD	---	---	852	76,668	66,695
42824C109	HEWLETT PACKARD ENTERPRISE ORD	---	---	1,457	19,463	24,740
745867101	PULTEGROUP ORD	---	---	458	13,772	47,275
277432100	EASTMAN CHEMICAL ORD	---	---	218	16,428	19,581
23355L106	DXC TECHNOLOGY ORD	---	---	162	5,985	3,705
857477103	STATE STREET ORD	---	---	679	43,654	52,595
17275R102	CISCO SYSTEMS ORD	---	---	6,966	343,096	351,922
025932104	AMERICAN FINANCIAL GROUP ORD	---	---	144	8,418	17,120
92343V104	VERIZON COMMUNICATIONS ORD	---	---	4,827	239,489	181,978
416515104	HARTFORD FINANCIAL SERVICES GRUP ORD	---	---	1,022	54,934	82,148
38141G104	GOLDMAN SACHS GROUP ORD	---	---	554	159,409	213,717
14040H105	CAPITAL ONE FINANCIAL ORD	---	---	1,103	113,071	144,625
91529Y106	UNUM ORD	---	---	561	15,437	25,368
172967424	CITIGROUP ORD	---	---	2,090	117,494	107,510
316773100	FIFTH THIRD BANCORP ORD	---	---	922	23,786	31,800
247361702	DELTA AIR LINES ORD	---	---	360	17,887	14,483
14149Y108	CARDINAL HEALTH ORD	---	---	662	46,036	66,730
534187109	LINCOLN NATIONAL ORD	---	---	467	28,850	12,595
457187102	INGREDION ORD	---	---	257	23,299	27,892
40412C101	HCA HEALTHCARE ORD	---	---	369	75,355	99,881
064058100	BANK OF NEW YORK MELLON ORD	---	---	769	40,682	40,026
126650100	CVS HEALTH ORD	---	---	2,072	172,377	163,605
96145D105	WESTROCK ORD	---	---	531	24,749	22,047
042735100	ARROW ELECTRONICS ORD	---	---	285	27,605	34,841
163851108	CHEMOURS ORD	---	---	300	10,179	9,462
40434L105	HP ORD	---	---	3,519	95,668	105,887
344849104	FOOT LOCKER ORD	---	---	770	41,178	23,986
883203101	TEXTRON ORD	---	---	547	31,680	43,990
G50871105	JAZZ PHARMACEUTICALS ORD	---	---	253	35,820	31,119
92840M102	VISTRA ORD	---	---	818	20,968	31,509
81761L102	SERVICE PROPERTIES TRUST ORD	---	---	300	8,084	2,562
110122108	BRISTOL MYERS SQUIBB ORD	---	---	2,235	142,101	114,678
929089100	VOYA FINANCIAL ORD	---	---	300	17,902	21,888
92556H206	PARAMOUNT GLOBAL CL B ORD	---	---	954	43,403	14,110
278642103	EBAY ORD	---	---	1,173	57,548	51,166
08579W103	BERRY GLOBAL GROUP ORD	---	---	360	17,100	24,260
58155Q103	MCKESSON ORD	---	---	159	36,878	73,614
G3198U102	ESSENT GROUP ORD	---	---	500	18,215	26,370
23918K108	DAVITA ORD	---	---	395	40,777	41,380
717081103	PFIZER ORD	---	---	5,272	203,015	151,781
833034101	SNAP ON ORD	---	---	130	23,268	37,549
92556V106	VIATRIS ORD	---	---	1,502	16,425	16,267
00508Y102	ACUITY BRANDS ORD	---	---	100	11,888	20,483
65336K103	NEXSTAR MEDIA GROUP ORD	---	---	170	18,297	26,648
001055102	AFLAC ORD	---	---	919	50,517	75,818
205887102	CONAGRA BRANDS ORD	---	---	1,076	37,098	30,838
500754106	KRAFT HEINZ ORD	---	---	1,832	65,014	67,747
85208M102	SPROUTS FARMERS MARKET ORD	---	---	700	15,599	33,677
87165B103	SYNCHRONY FINANCIAL ORD	---	---	2,128	81,998	81,268
174610105	CITIZENS FINANCIAL GROUP ORD	---	---	782	34,556	25,915
68622V106	ORGANON ORD	---	---	1,240	38,441	17,881
58933Y105	MERCK & CO ORD	---	---	3,308	253,771	360,638
00287Y109	ABBVIE ORD	---	---	1,303	185,526	201,926
35137L105	FOX CL A ORD	---	---	1,151	41,393	34,150
30231G102	EXXON MOBIL ORD	---	---	1,746	128,293	174,565
254543101	DIODES ORD	---	---	250	23,070	20,130
783549108	RYDER SYSTEM ORD	---	---	300	25,367	34,518
828806109	SIMON PROP GRP REIT ORD	---	---	358	46,742	51,065
403949100	HF SINCLAIR ORD	---	---	334	10,998	18,560
00206R102	AT&T ORD	---	---	8,251	157,401	138,452
949746101	WELLS FARGO ORD	---	---	5,507	234,200	271,055
902681105	UGI ORD	---	---	647	27,110	15,916
459200101	INTERNATIONAL BUSINESS MACHINES ORD	---	---	2,091	272,760	341,983

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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AS OF DECEMBER 31, 2023

(c) Description of Investment, Including:						
(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	Coupon rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
447011107	HUNTSMAN ORD	---	---	600	14,856	15,078
747525103	QUALCOMM ORD	---	---	1,770	236,169	255,995
59156R108	METLIFE ORD	---	---	732	45,321	48,407
31428X106	FEDEX ORD	---	---	208	37,580	52,618
375558103	GILEAD SCIENCES ORD	---	---	3,859	271,002	312,618
565849106	MARATHON OIL ORD	---	---	837	17,491	20,222
7591EP100	REGIONS FINANCIAL ORD	---	---	1,401	28,797	27,151
458140100	INTEL ORD	---	---	2,822	121,707	141,806
44107P104	HOST HOTELS & RESORTS REIT ORD	---	---	818	13,666	15,926
125523100	CIGNA ORD	---	---	179	48,016	53,602
526057104	LENNAR CL A ORD	---	---	363	29,143	54,102
03076C106	AMERIPRISE FINANCE ORD	---	---	118	30,181	44,820
03743Q108	APA ORD	---	---	300	10,404	10,764
759509102	RELIANCE STEEL ORD	---	---	118	20,468	33,002
382550101	GOODYEAR TIRE AND RUBBER ORD	---	---	2,215	29,315	31,719
25179M103	DEVON ENERGY ORD	---	---	283	15,904	12,820
617446448	MORGAN STANLEY ORD	---	---	389	31,463	36,274
12008R107	BUILDERS FIRSTSOURCE ORD	---	---	221	14,589	36,894
629377508	NRG ENERGY ORD	---	---	741	30,037	38,310
039483102	ARCHER DANIELS MIDLAND ORD	---	---	669	45,303	48,315
969904101	WILLIAMS SONOMA ORD	---	---	160	20,435	32,285
24703L202	DELL TECHNOLOGIES CL C ORD	---	---	775	28,150	59,288
963320106	WHIRLPOOL ORD	---	---	134	20,168	16,317
035710839	ANNALY CAPITAL MANAGEMENT REIT ORD	---	---	829	18,087	16,058
094235108	BLOOMIN BRANDS ORD	---	---	300	6,746	8,445
539830109	LOCKHEED MARTIN ORD	---	---	366	138,717	165,886
30303M102	META PLATFORMS CL A ORD	---	---	1,819	456,369	643,853
Y2573F102	FLEX ORD	---	---	1,434	33,648	43,680
89832Q109	TRUIST FINANCIAL ORD	---	---	719	33,830	26,545
224441105	CRANE NXT ORD	---	---	260	5,140	14,786
20030N101	COMCAST CL A ORD	---	---	5,926	274,934	259,855
388689101	GRAPHIC PACKAGING HOLDING ORD	---	---	1,204	29,830	29,679
910047109	UNITED AIRLINES HOLDINGS ORD	---	---	342	15,037	14,111
026874784	AMERICAN INTERNATIONAL GROUP ORD	---	---	883	44,368	59,823
860630102	STIFEL FINANCIAL ORD	---	---	592	27,838	40,937
US8713321029	SYLVAMO ORD	---	---	200	8,062	9,822
320517105	FIRST HORIZON ORD	---	---	2,709	33,262	38,359
70450Y103	PAYPAL HOLDINGS ORD	---	---	678	53,115	41,636
478160104	JOHNSON & JOHNSON ORD	---	---	1,659	273,686	260,032
443320106	HUB GROUP CL A ORD	---	---	416	22,947	38,247
55261F104	M&T BANK ORD	---	---	140	19,512	19,191
M5425M103	INMODE ORD	---	---	400	17,073	8,896
693718108	PACCAR ORD	---	---	386	30,790	37,693
688239201	OSHKOSH ORD	---	---	300	28,187	32,523
45337C102	INCYTE ORD	---	---	541	30,453	33,969
CH1300646267	BUNGE ORD	---	---	250	24,875	25,238
84790A105	SPECTRUM BRANDS HOLDINGS ORD	---	---	50	4,020	3,989
91324P102	UNITEDHEALTH GRP ORD	---	---	333	109,620	175,315
594918104	MICROSOFT ORD	---	---	1,087	234,697	408,755
530307305	LIBERTY BROADBAND SRS C ORD	---	---	1,060	130,416	85,425
N00985106	AERCAP HOLDINGS ORD	---	---	1,679	91,471	124,783
02079K107	ALPHABET CL C ORD	---	---	1,659	181,339	233,803
023135106	AMAZON COM ORD	---	---	2,457	286,206	373,317
980745103	WOODWARD ORD	---	---	445	51,778	60,578
43300A203	HILTON WORLDWIDE HOLDINGS ORD	---	---	447	47,312	81,394
74365P108	PROSUS NV SPONSORED NETHERLANDS ADR	---	---	12,825	85,384	76,460
G0403H108	AON CL A ORD	---	---	433	126,262	126,012
571903202	MARRIOTT INTERNATIONAL CL A ORD	---	---	404	54,358	91,106
036752103	ELEVANCE HEALTH ORD	---	---	276	112,840	130,151
786584102	SAFRAN ADR	---	---	3,124	95,400	137,572
92826C839	VISA CL A ORD	---	---	690	147,002	179,642
64110L106	NETFLIX ORD	---	---	311	64,143	151,420
20825C104	CONOCOPHILLIPS ORD	---	---	1,985	198,213	230,399
780259305	SHELL ADR EACH REP 2 ORD	---	---	2,613	147,377	171,935
16119P108	CHARTER COMMUNICATIONS CL A ORD	---	---	209	90,196	81,234
369604301	GENERAL ELECTRIC ORD	---	---	1,281	94,093	163,494
072730302	BAYER AKTIENGESELLSCHAFT EACH RE ADR	---	---	6,035	90,816	56,049
803054204	SAP ADR REP 1 ORD	---	---	630	84,193	97,392
874039100	TAIWAN SEMICONDUCTOR MNFTG ADR 5 ORD	---	---	827	76,077	86,008
674599105	OCCIDENTAL PETROLEUM ORD	---	---	531	30,074	31,706
537008104	LITTELFUSE ORD	---	---	105	16,239	28,094
31847R102	FIRST AMERICAN FINANCIAL ORD	---	---	349	14,747	22,490
880779103	TEREX CORP	---	---	709	23,307	40,739

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163

Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2023

(c) Description of Investment, Including:						
(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	Coupon rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
37637Q105	GLACIER BANCORP ORD	---	---	585	19,418	24,172
75281A109	RANGE RESOURCES ORD	---	---	841	14,228	25,600
902788108	UMB FINANCIAL ORD	---	---	274	19,488	22,893
743606105	PROSPERITY BANCSHARES ORD	---	---	223	14,582	15,104
754730109	RAYMOND JAMES ORD	---	---	256	14,276	28,544
74965L101	RLJ LODGING REIT ORD	---	---	605	15,874	7,091
533900106	LINCOLN ELECTRIC HOLDINGS ORD	---	---	208	14,877	45,232
758750103	REGAL REYNORD ORD	---	---	109	8,861	16,134
27579R104	EAST WEST BANCORP ORD	---	---	392	13,307	28,204
48666K109	KB HOME ORD	---	---	703	11,231	43,909
947890109	WEBSTER FINANCIAL ORD	---	---	356	12,072	18,071
97650W108	WINTRUST FINANCIAL ORD	---	---	241	13,162	22,353
422806109	HEICO ORD	---	---	64	1,756	11,448
G54050102	LAZARD ORD	---	---	947	30,602	32,956
04316A108	ARTISAN PARTNERS ASSET MGMT CL A ORD	---	---	474	15,646	20,941
G4474Y214	JANUS HENDERSON GROUP ORD	---	---	895	21,959	26,984
01988P108	VERADIGM ORD	---	---	1,110	10,003	11,644
16115Q308	CHART INDUSTRIES ORD	---	---	218	17,785	29,720
74112D101	PRESTIGE CONSUMER HEALTHCARE ORD	---	---	92	4,731	5,632
090572207	BIO RAD LABORATORIES CL A ORD	---	---	46	10,276	14,853
156431108	CENTURY ALUMINUM ORD	---	---	1,140	15,226	13,840
74736K101	QORVO ORD	---	---	218	8,664	24,549
87157D109	SYNAPTICS ORD	---	---	417	16,321	47,571
073685109	BEACON ROOFING SUPPLY ORD	---	---	418	15,924	36,374
922417100	VEECO INSTRUMENTS ORD	---	---	379	13,174	11,760
59001A102	MERITAGE HOMES ORD	---	---	307	12,213	53,479
G4388N106	HELEN OF TROY ORD	---	---	169	15,473	20,417
816850101	SEMTECH ORD	---	---	486	26,346	10,648
423452101	HELMERICH AND PAYNE ORD	---	---	682	29,344	24,702
114340102	AZENTA ORD	---	---	656	24,856	42,732
683344105	ONTO INNOVATION ORD	---	---	405	16,778	61,925
55024U109	LUMENTUM HOLDINGS ORD	---	---	187	13,709	9,803
185899101	CLEVELAND CLIFFS ORD	---	---	2,532	13,972	51,703
974637100	WINNEBAGO INDS ORD	---	---	528	28,618	38,481
01741R102	ATI ORD	---	---	464	7,913	21,098
985817105	YELP ORD	---	---	489	11,742	23,149
131193104	TOPGOLF CALLAWAY BRANDS ORD	---	---	1,018	19,494	14,598
013872106	ALCOA ORD	---	---	1,009	16,319	34,306
79546E104	SALLY BEAUTY HOLDINGS ORD	---	---	1,450	20,060	19,256
489170100	KENNAMETAL ORD	---	---	1,071	28,372	27,621
92343X100	VERINT SYSTEMS ORD	---	---	326	5,723	8,812
09058V103	BIOCRYST PHARMACEUTICALS ORD	---	---	1,461	18,507	8,751
405024100	HAEMONETICS ORD	---	---	298	18,882	25,482
268158201	DYNAVAX TECHNOLOGIES ORD	---	---	805	9,088	11,254
12740C103	CADENCE BANK ORD	---	---	726	17,867	21,482
69047Q102	OVINTIV ORD	---	---	834	37,725	36,629
24665A103	DELEK US HOLDINGS ORD	---	---	805	18,858	20,769
29404K106	ENVESTNET ORD	---	---	225	15,220	11,142
29109X106	ASPEN TECHNOLOGY ORD	---	---	64	11,776	14,090
09627Y109	BLUEPRINT MEDICINES ORD	---	---	189	10,021	17,433
92337F107	VERACYTE ORD	---	---	415	9,455	11,417
00847X104	AGIOS PHARMACEUTICALS ORD	---	---	430	9,559	9,576
78667J108	SAGE THERAPEUTICS ORD	---	---	260	8,953	5,634
G0084W101	ADIANT ORD	---	---	390	15,104	14,180
235825205	DANA INCORPORATED ORD	---	---	846	14,469	12,360
554382101	MACERICH REIT ORD	---	---	1,303	15,191	20,105
393657101	GREENBRIER ORD	---	---	322	11,949	14,226
48123V102	ZIFF DAVIS ORD	---	---	163	12,112	10,952
29977A105	EVERCORE CL A ORD	---	---	106	11,218	18,131
42704L104	HERC HOLDINGS ORD	---	---	216	26,958	32,160
898402102	TRUSTMARK ORD	---	---	604	19,646	16,840
90984P303	UNITED COMMUNITY BANKS ORD	---	---	791	26,853	23,145
320817109	FIRST MERCHANTS ORD	---	---	607	24,164	22,508
87724P106	TAYLOR MORRISON HOME ORD	---	---	429	12,590	22,887
02553E106	AMERICAN EAGLE OUTFITTERS ORD	---	---	834	13,171	17,647
529043101	LXP INDUSTRIAL ORD	---	---	1,085	11,508	10,763
379378201	GLOBAL NET LEASE ORD	---	---	851	11,578	8,467
45378A106	INDEPENDENCE REALTY ORD	---	---	637	11,492	9,746
05368V106	AVIENT ORD	---	---	403	13,982	16,753
91704F104	URBAN EDGE PROPERTIES ORD	---	---	746	11,254	13,652
82981J109	SITE CENTERS ORD	---	---	853	11,569	11,626
896818101	TRIUMPH GROUP ORD	---	---	1,618	18,876	26,826
29275Y102	ENERSYS ORD	---	---	213	17,597	21,504

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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AS OF DECEMBER 31, 2023

(c) Description of Investment, Including:						
(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	Coupon rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
387328107	GRANITE CONSTRUCTION ORD	---	---	316	12,976	16,072
197236102	COLUMBIA BANKING SYSTEM ORD	---	---	865	25,509	23,078
680033107	OLD NATIONAL BANCORP ORD	---	---	1,600	24,251	27,024
840441109	SOUTHSTATE ORD	---	---	269	19,748	22,717
436893200	HOME BANCSHARES ORD	---	---	904	20,181	22,898
909907107	UNITED BANKSHARES ORD	---	---	648	22,931	24,332
360271100	FULTON FINANCIAL ORD	---	---	1,295	18,299	21,316
703481101	PATTERSON UTI ENERGY ORD	---	---	1,930	23,505	20,844
379577208	GLOBUS MEDICAL CL A ORD	---	---	219	10,533	11,671
002896207	ABERCROMBIE AND FITCH CL A ORD	---	---	136	7,438	11,998
21867A105	CORE LABORATORIES ORD	---	---	546	12,630	9,642
42330P107	HELIX ENERGY SOLUTIONS GROUP ORD	---	---	1,172	12,841	12,048
626717102	MURPHY OIL ORD	---	---	474	21,853	20,221
576485205	MATADOR RESOURCES ORD	---	---	290	18,140	16,489
45166A102	IDEAYA BIOSCIENCES ORD	---	---	236	8,273	8,397
22663K107	CRINETICS PHARMACEUTICALS ORD	---	---	225	7,734	8,006
23282W605	CYTOKINETICS ORD	---	---	220	8,038	18,368
G48833118	WEATHERFORD INTERNATIONAL ORD	---	---	467	13,543	45,687
387432107	GRANITE RIDGE RESOURCES ORD	---	---	3,667	15,614	22,075
759351604	REINSURANCE GROUP OF AMER ORD	---	---	765	99,560	123,762
89214P109	TOWNE BANK ORD	---	---	1,518	41,035	45,176
294628102	EQUITY COMMONWEALTH REIT ORD	---	---	3,375	86,981	64,800
784305104	SIJW GROUP ORD	---	---	813	50,545	53,130
89417E109	TRAVELERS COMPANIES ORD	---	---	920	130,348	175,251
60510V108	MISSION PRODUCE ORD	---	---	2,636	31,721	26,597
624758108	MUELLER WATER PRODUCTS SER A ORD	---	---	8,625	106,388	124,200
128030202	CAL MAINE FOODS ORD	---	---	1,146	54,131	65,769
05379B107	AVISTA ORD	---	---	1,312	54,017	46,891
130788102	CALIFORNIA WATER SERVICE GROUP ORD	---	---	1,429	75,709	74,122
128246105	CALAVO GROWERS ORD	---	---	1,002	37,716	29,469
42550U109	HENKEL AND ORD	---	---	7,392	130,472	132,650
950755108	WERNER ENTERPRISES ORD	---	---	1,504	60,069	63,724
494368103	KIMBERLY CLARK ORD	---	---	1,821	230,557	221,270
88579Y101	3M ORD	---	---	3,515	437,811	384,260
736508847	PORTLAND GENERAL ELECTRIC ORD	---	---	967	45,562	41,910
030420103	AMERICAN WATER WORKS ORD	---	---	427	59,980	56,360
665859104	NORTHERN TRUST ORD	---	---	2,098	167,949	177,029
24906P109	DENTSPLY SIRONA ORD	---	---	7,575	243,502	269,594
384109104	GRACO ORD	---	---	213	14,763	18,480
535555106	LINDSAY ORD	---	---	201	28,436	25,961
038336103	APTARGROUP ORD	---	---	217	23,852	26,826
91311E102	UNITED UTILITIES GROUP ADR	---	---	4,505	115,584	121,693
499180107	KNORR BREMSE ADR	---	---	4,598	61,315	74,664
42226K105	HEALTHCARE REALTY TRUST CL A ORD	---	---	7,094	171,592	122,230
708326202	PENNON GROUP ADR	---	---	3,773	69,741	72,291
42250P103	HEALTHPEAK PROPERTIES ORD	---	---	2,500	58,795	49,500
189054109	CLOROX ORD	---	---	722	97,771	102,950
032095101	AMPHENOL CL A ORD	---	---	140	9,844	13,878
913903100	UNIVERSAL HEALTH SERVICES CL B ORD	---	---	219	29,636	33,384
453836108	INDEPENDENT BANK ORD	---	---	880	54,744	57,913
H1467J104	CHUBB ORD	---	---	148	27,331	33,448
29415F104	ENVISTA HOLDINGS ORD	---	---	2,892	71,335	69,582
87612E106	TARGET ORD	---	---	1,317	241,607	187,567
29670G102	ESSENTIAL UTILITIES ORD	---	---	448	16,866	16,733
524671104	LEGRAND ADR	---	---	460	7,862	9,563
941848103	WATERS ORD	---	---	324	86,273	106,671
37959E102	GLOBE LIFE ORD	---	---	210	24,286	25,561
26614N102	DUPONT DE NEMOURS ORD	---	---	386	28,150	29,695
844741108	SOUTHWEST AIRLINES ORD	---	---	705	19,195	20,360
N72482123	QIAGEN ORD	---	---	633	25,966	27,491
806407102	HENRY SCHEIN ORD	---	---	973	66,849	73,666
452327109	ILLUMINA ORD	---	---	477	54,734	66,417
74834L100	QUEST DIAGNOSTICS ORD	---	---	498	69,041	68,664
436440101	HOLOGIC ORD	---	---	324	23,285	23,150
012653101	ALBEMARLE ORD	---	---	64	9,124	9,247
013091103	ALBERTSONS COMPANIES CL A ORD	---	---	96	2,225	2,208
440452100	HORMEL FOODS ORD	---	---	124	5,403	3,982
194162103	COLGATE PALMOLIVE ORD	---	---	729	56,043	58,109
134429109	CAMPBELL SOUP ORD	---	---	131	5,776	5,663
311900104	FASTENAL ORD	---	---	332	17,067	21,504
26875P101	EOG RESOURCES ORD	---	---	69	5,198	8,346
548661107	LOWE'S COMPANIES ORD	---	---	584	120,912	129,969
150870103	CELANESE ORD	---	---	196	27,056	30,453

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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AS OF DECEMBER 31, 2023

(c) Description of Investment, Including:						
(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	Coupon rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
59522J103	MID AMERICA APT COMMUNITI REIT ORD	---	---	13	1,906	1,748
57636Q104	MASTERCARD CL A ORD	---	---	221	75,494	94,259
G1151C101	ACCENTURE CL A ORD	---	---	335	107,008	117,555
682680103	ONEOK ORD	---	---	84	4,313	5,898
149123101	CATERPILLAR ORD	---	---	349	71,385	103,189
03027X100	AMERICAN TOWER REIT	---	---	29	6,911	6,261
742718109	PROCTER & GAMBLE ORD	---	---	1,170	165,048	171,452
35671D857	FREEPORT MCMORAN ORD	---	---	143	4,914	6,088
369550108	GENERAL DYNAMICS ORD	---	---	44	7,957	11,425
98978V103	ZOETIS CL A ORD	---	---	131	24,996	25,855
237194105	DARDEN RESTAURANTS ORD	---	---	121	17,905	19,880
370334104	GENERAL MILLS ORD	---	---	392	23,355	25,535
002824100	ABBOTT LABORATORIES ORD	---	---	174	20,194	19,152
693475105	PNC FINANCIAL SERVICES GROUP ORD	---	---	122	20,331	18,892
68389X105	ORACLE ORD	---	---	2,927	260,696	308,594
64110D104	NETAPP ORD	---	---	290	24,298	25,566
98421M106	XEROX HOLDINGS ORD	---	---	118	2,902	2,163
302130109	EXPEDITORS INTNL OF WASHTN CL A ORD	---	---	116	13,779	14,755
437076102	HOME DEPOT ORD	---	---	764	249,980	264,764
92939U106	WEC ENERGY GROUP ORD	---	---	50	4,678	4,209
94106B101	WASTE CONNECTIONS ORD	---	---	9	984	1,343
693506107	PPG INDUSTRIES ORD	---	---	198	28,327	29,611
418056107	HASBRO ORD	---	---	20	1,909	1,021
74762E102	QUANTA SERVICES ORD	---	---	19	1,694	4,100
61174X109	MONSTER BEVERAGE ORD	---	---	530	25,671	30,533
48020Q107	JONES LANG LASALLE ORD	---	---	19	3,492	3,589
020002101	ALLSTATE ORD	---	---	131	15,906	18,337
256677105	DOLLAR GENERAL ORD	---	---	185	39,074	25,151
22052L104	CORTEVA ORD	---	---	340	15,510	16,293
74915M100	QURATE RETAIL SRS A ORD	---	---	1,138	11,909	997
31620M106	FIDELITY NATIONAL INFORMATN SVCS ORD	---	---	141	13,464	8,470
723484101	PINNACLE WEST ORD	---	---	37	3,027	2,658
550241103	LUMEN TECHNOLOGIES ORD	---	---	955	10,620	1,748
911363109	UNITED RENTAL ORD	---	---	9	2,985	5,161
69331C108	PG&E ORD	---	---	180	2,324	3,245
502431109	L3HARRIS TECHNOLOGIES ORD	---	---	112	24,179	23,589
446150104	HUNTINGTON BANCSHARES ORD	---	---	334	4,928	4,248
75513E101	RTX ORD	---	---	216	17,216	18,174
532457108	ELI LILLY ORD	---	---	471	134,283	274,555
143130102	CARMAX ORD	---	---	44	4,712	3,377
00123Q104	AGNC INVESTMENT REIT ORD	---	---	394	6,440	3,865
053484101	AVALONBAY COMMUNITIES REIT ORD	---	---	17	3,177	3,183
00766T100	AECOM ORD	---	---	168	11,712	15,528
34959J108	FORTIVE ORD	---	---	35	2,482	2,577
573284106	MARTIN MARIETTA MATERIALS ORD	---	---	7	2,337	3,492
025537101	AMERICAN ELECTRIC POWER ORD	---	---	98	8,346	7,960
67066G104	NVIDIA ORD	---	---	36	5,596	17,828
384802104	WW GRAINGER ORD	---	---	52	23,961	43,092
98389B100	XCEL ENERGY ORD	---	---	89	5,949	5,510
285512109	ELECTRONIC ARTS ORD	---	---	125	16,345	17,101
518439104	ESTEE LAUDER CL A ORD	---	---	14	3,939	2,048
00130H105	THE AES CORPORATION	---	---	524	13,228	10,087
071813109	BAXTER INTERNATIONAL ORD	---	---	235	17,457	9,085
015271109	ALEXANDRIA REAL ESTATE EQ REIT ORD	---	---	17	3,105	2,155
00751Y106	ADVANCE AUTO PARTS ORD	---	---	12	2,232	732
83088M102	SKYWORKS SOLUTIONS ORD	---	---	28	3,918	3,148
95040Q104	WELLTOWER ORD	---	---	67	4,908	6,041
354613101	FRANKLIN RESOURCES ORD	---	---	154	4,645	4,588
72147K108	PILGRIMS PRIDE ORD	---	---	24	586	664
49456B101	KINDER MORGAN CL P ORD	---	---	517	8,706	9,120
244199105	DEERE ORD	---	---	27	10,088	10,796
512807108	LAM RESEARCH ORD	---	---	108	64,817	84,592
65473P105	NISOURCE ORD	---	---	79	1,902	2,097
30212P303	EXPEDIA GROUP ORD	---	---	24	4,222	3,643
931142103	WALMART ORD	---	---	928	130,644	146,299
92532F100	VERTEX PHARMACEUTICALS ORD	---	---	13	2,854	5,290
053015103	AUTOMATIC DATA PROCESSING ORD	---	---	226	45,513	52,651
023608102	AMEREN ORD	---	---	41	3,322	2,966
960413102	WESTLAKE ORD	---	---	12	1,099	1,680
260557103	DOW ORD	---	---	200	11,876	10,968
37247D106	GENWORTH FINANCIAL CL A ORD	---	---	287	979	1,917
30034W106	EVERGY ORD	---	---	80	4,794	4,176
988498101	YUM BRANDS ORD	---	---	312	38,378	40,766

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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AS OF DECEMBER 31, 2023

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172062101	CINCINNATI FINANCIAL ORD	---	---	29	3,020	3,000
101137107	BOSTON SCIENTIFIC ORD	---	---	111	4,335	6,417
90353T100	UBER TECHNOLOGIES ORD	---	---	104	4,155	6,403
871607107	SYNOPSYS ORD	---	---	6	1,996	3,089
03073E105	CENCORA ORD	---	---	105	15,925	21,565
668771108	GEN DIGITAL ORD	---	---	1,000	24,859	22,820
615369105	MOODYS ORD	---	---	19	6,600	7,421
92276F100	VENTAS REIT ORD	---	---	87	4,733	4,336
007903107	ADVANCED MICRO DEVICES ORD	---	---	61	5,999	8,992
82968B103	SIRIUS XM HOLDINGS ORD	---	---	44	276	241
654106103	NIKE CL B ORD	---	---	407	57,751	44,188
595017104	MICROCHIP TECHNOLOGY ORD	---	---	46	3,684	4,148
872540109	TIJX ORD	---	---	787	64,628	73,828
651229106	NEWELL BRANDS ORD	---	---	85	2,300	738
907818108	UNION PACIFIC ORD	---	---	674	136,761	165,548
693656100	PVH ORD	---	---	28	2,827	3,419
256746108	DOLLAR TREE ORD	---	---	76	7,327	10,796
704326107	PAYCHEX ORD	---	---	174	18,895	20,725
69351T106	PPL ORD	---	---	224	6,458	6,070
053807103	AVNET ORD	---	---	59	2,479	2,974
084423102	WR BERKLEY ORD	---	---	36	1,836	2,546
363576109	ARTHUR J GALLAGHER ORD	---	---	46	6,489	10,344
929740108	WABTEC ORD	---	---	27	2,354	3,426
45866F104	INTERCONTINENTAL EXCHANGE ORD	---	---	159	18,320	20,420
682189105	ON SEMICONDUCTOR ORD	---	---	36	2,155	3,007
29444U700	EQUINIX REIT ORD	---	---	12	8,952	9,665
05329W102	AUTONATION ORD	---	---	124	16,703	18,622
253393102	DICKS SPORTING ORD	---	---	107	13,756	15,724
23331A109	D R HORTON ORD	---	---	62	5,239	9,423
65249B109	NEWS CL A ORD	---	---	122	3,179	2,995
032654105	ANALOG DEVICES ORD	---	---	48	7,546	9,531
05351W103	AVANGRID ORD	---	---	21	1,055	681
912008109	US FOODS ORD	---	---	77	2,914	3,497
743315103	PROGRESSIVE ORD	---	---	207	20,269	32,971
337738108	FISERV ORD	---	---	45	5,283	5,978
29452E101	EQUITABLE HOLDINGS ORD	---	---	96	3,169	3,197
981475106	WORLD KINECT ORD	---	---	94	3,013	2,141
651639106	NEWMONT ORD	---	---	354	19,113	14,652
171340102	CHURCH AND DWIGHT ORD	---	---	211	17,838	19,952
28176E108	EDWARDS LIFESCIENCES ORD	---	---	21	2,355	1,601
482480100	KLA ORD	---	---	74	27,147	43,016
15135B101	CENTENE ORD	---	---	155	10,511	11,503
209115104	CONSOLIDATED EDISON ORD	---	---	69	5,170	6,277
25746U109	DOMINION ENERGY ORD	---	---	180	12,571	8,460
22822V101	CROWN CASTLE ORD	---	---	49	7,675	5,644
02079K305	ALPHABET CL A ORD	---	---	1,072	115,983	149,748
962166104	WEYERHAEUSER REIT	---	---	159	5,858	5,528
883556102	THERMO FISHER SCIENTIFIC ORD	---	---	27	12,979	14,331
00846U101	AGILENT TECHNOLOGIES ORD	---	---	28	3,700	3,893
30040W108	EVERSOURCE ENERGY ORD	---	---	65	5,621	4,012
571748102	MARSH & MCLENNAN ORD	---	---	269	41,131	50,967
773903109	ROCKWELL AUTOMAT ORD	---	---	14	3,688	4,347
751212101	RALPH LAUREN CL A ORD	---	---	16	1,919	2,307
337932107	FIRSTENERGY ORD	---	---	106	3,637	3,886
540424108	LOEWS ORD	---	---	63	3,292	4,384
574599106	MASCO ORD	---	---	275	15,588	18,420
631103108	NASDAQ ORD	---	---	72	4,530	4,186
11135F101	BROADCOM ORD	---	---	151	83,952	168,554
191216100	COCA-COLA ORD	---	---	2,831	154,349	166,831
025816109	AMERICAN EXPRESS ORD	---	---	79	11,421	14,800
525327102	LEIDOS HOLDINGS ORD	---	---	94	8,967	10,175
172908105	CINTAS ORD	---	---	48	19,456	28,928
79466L302	SALESFORCE ORD	---	---	56	10,832	14,736
00971T101	AKAMAI TECHNOLOGIES ORD	---	---	60	6,462	7,101
744573106	PUBLIC SERVICE ENTERPRISE GROUP ORD	---	---	100	5,967	6,115
461202103	INTUIT ORD	---	---	14	5,501	8,750
713448108	PEPSICO ORD	---	---	1,195	183,837	202,959
09260D107	BLACKSTONE ORD	---	---	307	36,865	40,192
808513105	CHARLES SCHWAB ORD	---	---	120	8,206	8,256
125269100	CF INDUSTRIES HOLDINGS ORD	---	---	28	1,285	2,226
219350105	CORNING ORD	---	---	951	36,861	28,958
912909108	US STEEL ORD	---	---	111	3,604	5,400
12572Q105	CME GROUP CL A ORD	---	---	87	16,806	18,322

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163

Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2023

(c) Description of Investment, Including:						
(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	Coupon rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
02156K103	ALTICE USA CL A ORD	---	---	145	2,710	471
459506101	INTERNATIONAL FLAVORS & FRAGRANS ORD	---	---	52	5,050	4,210
31620R303	FIDELITY NATIONAL FINANCIAL ORD	---	---	59	2,436	3,010
46284V101	IRON MOUNTAIN ORD	---	---	324	16,059	22,674
74340W103	PROLOGIS REIT	---	---	54	5,895	7,198
14448C104	CARRIER GLOBAL ORD	---	---	449	20,268	25,795
62955J103	NOV ORD	---	---	126	1,788	2,555
438516106	HONEYWELL INTERNATIONAL ORD	---	---	103	21,832	21,600
143658300	CARNIVAL ORD	---	---	331	7,252	6,137
315616102	F5 ORD	---	---	11	2,322	1,969
620076307	MOTOROLA SOLUTIONS ORD	---	---	90	21,272	28,178
22160K105	COSTCO WHOLESALE ORD	---	---	123	52,428	81,190
580135101	MCDONALD'S ORD	---	---	562	134,796	166,639
74144T108	T ROWE PRICE GROUP ORD	---	---	368	64,758	39,630
68902V107	OTIS WORLDWIDE ORD	---	---	256	20,715	22,904
876030107	TAPESTRY ORD	---	---	61	2,503	2,245
009158106	AIR PRODUCTS AND CHEMICALS ORD	---	---	20	5,494	5,476
46625H100	JPMORGAN CHASE ORD	---	---	673	97,967	114,477
126408103	CSX ORD	---	---	1,955	59,900	67,780
872590104	T MOBILE US ORD	---	---	181	24,537	29,020
911312106	UNITED PARCEL SERVICE CL B ORD	---	---	542	100,056	85,219
12504L109	CBRE GROUP CL A ORD	---	---	52	4,117	4,841
858119100	STEEL DYNAMICS ORD	---	---	35	1,784	4,134
42809H107	HESS ORD	---	---	23	1,713	3,316
94106L109	WASTE MANAGEMENT ORD	---	---	107	15,468	19,164
443201108	HOWMET AEROSPACE ORD	---	---	457	16,074	24,733
892356106	TRACTOR SUPPLY ORD	---	---	52	10,773	11,182
760759100	REPUBLIC SERVICES ORD	---	---	64	7,304	10,554
37940X102	GLOBAL PAYMENTS ORD	---	---	51	7,278	6,477
372460105	GENUINE PARTS ORD	---	---	50	6,511	6,925
25470M109	DISH NETWORK CL A ORD	---	---	315	2,885	1,818
09247X101	BLACKROCK ORD	---	---	18	13,288	14,612
25278X109	DIAMONDBACK ENERGY ORD	---	---	16	2,053	2,481
816851109	SEMPRA ORD	---	---	82	5,399	6,128
63938C108	NAVIENT ORD	---	---	273	4,614	5,083
031100100	AMETEK ORD	---	---	19	2,445	3,133
444859102	HUMANA ORD	---	---	40	16,606	18,312
744320102	PRUDENTIAL FINANCIAL ORD	---	---	139	12,887	14,416
126117100	CNA FINANCIAL ORD	---	---	17	779	719
364760108	GAP ORD	---	---	728	16,666	15,222
902973304	US BANCORP ORD	---	---	465	23,201	20,125
989701107	ZIONS BANCORPORATION ORD	---	---	81	4,257	3,553
445658107	JB HUNT TRANSPORT SERVICES ORD	---	---	64	10,879	12,783
680223104	OLD REPUBLIC INTERNATIONAL ORD	---	---	88	1,927	2,587
602602103	AMDOCS ORD	---	---	96	7,194	8,437
69318G106	PBF ENERGY CL A ORD	---	---	47	733	2,066
125896100	CMS ENERGY ORD	---	---	56	3,417	3,252
78409V104	S&P GLOBAL ORD	---	---	84	35,375	37,004
166764100	CHEVRON ORD	---	---	375	41,381	55,935
871829107	SYSCO ORD	---	---	477	36,782	34,883
756109104	REALTY INCOME REIT ORD	---	---	68	4,094	3,905
65339F101	NEXTERA ENERGY ORD	---	---	196	14,523	11,905
29364G103	ENTERGY ORD	---	---	43	4,321	4,351
74251V102	PRINCIPAL FINANCIAL GROUP ORD	---	---	56	3,408	4,406
959802109	WESTERN UNION ORD	---	---	886	17,625	10,561
15189T107	CENTERPOINT ENERGY ORD	---	---	133	3,012	3,800
278865100	ECOLAB ORD	---	---	29	6,048	5,752
084670702	BERKSHIRE HATHAWAY CL B ORD	---	---	419	119,964	149,441
863667101	STRYKER ORD	---	---	24	5,866	7,187
88160R101	TESLA ORD	---	---	33	8,902	8,200
776696106	ROPER TECHNOLOGIES ORD	---	---	17	7,406	9,268
260003108	DOVER ORD	---	---	19	2,621	2,922
690742101	OWENS CORNING ORD	---	---	26	2,439	3,854
G51502105	JOHNSON CONTROLS INTERNATIONAL ORD	---	---	116	6,996	6,686
127387108	CADENCE DESIGN SYSTEMS ORD	---	---	10	1,773	2,724
770323103	ROBERT HALF ORD	---	---	173	16,851	15,210
00724F101	ADOBE ORD	---	---	26	11,383	15,512
09062X103	BIOGEN ORD	---	---	211	58,546	54,600
29476L107	EQUITY RESIDENTIAL REIT ORD	---	---	52	3,771	3,180
842587107	SOUTHERN ORD	---	---	173	10,847	12,131
12541W209	CH ROBINSON WORLDWIDE ORD	---	---	283	25,671	24,448
666807102	NORTHROP GRUMMAN ORD	---	---	120	44,823	56,177
V7780T103	ROYAL CARIBBEAN GROUP ORD	---	---	29	2,513	3,755

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163

Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2023

(c) Description of Investment, Including:						
(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	Coupon rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
570535104	MARKEL GROUP ORD	---	---	2	2,314	2,840
05722G100	BAKER HUGHES CL A ORD	---	---	249	5,411	8,511
466313103	JABIL ORD	---	---	26	1,377	3,312
G491BT108	INVESCO ORD	---	---	167	4,300	2,979
297178105	ESSEX PROPERTY REIT ORD	---	---	7	1,935	1,736
806857108	SCHLUMBERGER ORD	---	---	176	4,946	9,159
958102105	WESTERN DIGITAL ORD	---	---	169	9,955	8,851
254687106	WALT DISNEY ORD	---	---	270	42,378	24,378
200340107	COMERICA ORD	---	---	71	4,692	3,963
G025OX107	AMCOR ORD	---	---	1,410	16,773	13,592
902494103	TYSON FOODS CL A ORD	---	---	344	24,645	18,490
655844108	NORFOLK SOUTHERN ORD	---	---	47	12,488	11,110
427866108	HERSHEY FOODS ORD	---	---	101	17,751	18,830
969457100	WILLIAMS ORD	---	---	186	4,445	6,478
75886F107	REGENERON PHARMACEUTICALS ORD	---	---	94	64,265	82,559
929042109	VORNADO REALTY REIT ORD	---	---	62	2,876	1,752
61945C103	MOSAIC ORD	---	---	65	2,032	2,322
87612G101	TARGA RESOURCES ORD	---	---	39	1,252	3,388
281020107	EDISON INTERNATIONAL ORD	---	---	74	4,360	5,290
018802108	ALLIANT ENERGY ORD	---	---	49	2,664	2,514
142339100	CARLISLE COMPANIES ORD	---	---	10	1,930	3,124
695156109	PACKAGING CORP OF AMERICA ORD	---	---	23	3,321	3,747
G96629103	WILLIS TOWERS WATSON ORD	---	---	44	10,105	10,613
882508104	TEXAS INSTRUMENTS ORD	---	---	694	130,448	118,299
74460D109	PUBLIC STORAGE REIT ORD	---	---	10	2,519	3,050
64828T201	RITHM CAPITAL ORD	---	---	573	5,792	6,120
918204108	VF ORD	---	---	422	25,028	7,934
097023105	BOEING ORD	---	---	68	16,527	17,725
253868103	DIGITAL REALTY REIT ORD	---	---	37	4,785	4,979
608190104	MOHAWK INDUSTRIES ORD	---	---	23	3,741	2,381
02005N100	ALLY FINANCIAL ORD	---	---	185	7,533	6,460
46266C105	IQVIA HOLDINGS ORD	---	---	21	4,159	4,859
26441C204	DUKE ENERGY ORD	---	---	170	16,434	16,497
929160109	VULCAN MATERIALS ORD	---	---	12	1,997	2,724
48203R104	JUNIPER NETWORKS ORD	---	---	336	9,425	9,905
854502101	STANLEY BLACK AND DECKER ORD	---	---	56	7,335	5,494
291011104	EMERSON ELECTRIC ORD	---	---	520	48,509	50,612
G29183103	EATON ORD	---	---	53	7,393	12,763
824348106	SHERWIN WILLIAMS ORD	---	---	85	22,266	26,512
67103H107	O REILLY AUTOMOTIVE ORD	---	---	73	46,207	69,356
670346105	NUCOR ORD	---	---	220	30,026	38,289
56418H100	MANPOWERGROUP ORD	---	---	31	3,140	2,463
406216101	HALLIBURTON ORD	---	---	121	2,652	4,374
101121101	BOSTON PROPERTIES REIT ORD	---	---	23	2,398	1,614
55616P104	MACYS ORD	---	---	203	3,191	4,084
701094104	PARKER HANNIFIN ORD	---	---	14	4,427	6,450
778296103	ROSS STORES ORD	---	---	35	3,997	4,844
037833100	APPLE ORD	---	---	3,089	426,245	594,725
09857L108	BOOKING HOLDINGS ORD	---	---	42	99,769	148,983
681919106	OMNICOM GROUP ORD	---	---	359	26,272	31,057
609207105	MONDELEZ INTERNATIONAL CL A ORD	---	---	576	34,957	41,720
723787107	PIONEER NATURAL RESOURCE ORD	---	---	22	3,844	4,947
452308109	ILLINOIS TOOL ORD	---	---	217	46,246	56,841
192446102	COGNIZANT TECHNOLOGY SOLUTN CL A ORD	---	---	136	10,194	10,272
893641100	TRANSDIGM GROUP ORD	---	---	15	9,714	15,174
595112103	MICRON TECHNOLOGY ORD	---	---	263	21,451	22,444
501889208	LKQ ORD	---	---	49	2,105	2,342
12514G108	CDW ORD	---	---	104	19,448	23,641
46120E602	INTUITIVE SURGICAL ORD	---	---	14	3,314	4,723
573874104	MARVELL TECHNOLOGY ORD	---	---	83	3,820	5,006
G7997R103	SEAGATE TECHNOLOGY HOLDINGS ORD	---	---	385	29,435	32,867
233331107	DTE ENERGY ORD	---	---	35	3,962	3,859
460146103	INTERNATIONAL PAPER ORD	---	---	159	7,306	5,748
50155Q100	KYNDRYL HOLDINGS ORD	---	---	149	2,372	3,096
30161N101	EXELON ORD	---	---	196	6,055	7,036
98956P102	ZIMMER BIOMET HOLDINGS ORD	---	---	30	4,657	3,651
075887109	BECTON DICKINSON ORD	---	---	80	19,778	19,506
934423104	WARNER BROS. DISCOVERY SRS A ORD	---	---	700	18,541	7,966
48251W104	KKR AND CO ORD	---	---	66	3,742	5,468
889478103	TOLL BROTHERS ORD	---	---	30	1,391	3,084
H84989104	TE CONNECTIVITY ORD	---	---	49	5,775	6,885
339041105	FLEETCOR TECHNOLOGIES ORD	---	---	29	5,328	8,196
46982L108	JACOBS SOLUTIONS ORD	---	---	35	4,513	4,543

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163

Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2023

(c) Description of Investment, Including:						
(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	Coupon rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
679580100	OLD DOMINION FREIGHT LINE ORD	---	---	5	1,321	2,027
34964C106	FORTUNE BRANDS INNOVATIONS ORD	---	---	22	1,864	1,675
47233W109	JEFFERIES FINANCIAL GROUP ORD	---	---	59	1,716	2,384
IE00059YS762USD	LINDE ORD	---	---	74	23,708	30,392
127097103	COTERRA ENERGY ORD	---	---	63	1,542	1,608
21037T109	CONSTELLATION ENERGY ORD	---	---	35	3,580	4,091
058498106	BALL ORD	---	---	105	5,872	6,040
50540R409	LABORATORY CORPRTN OF AMER HLDGS ORD	---	---	16	3,385	3,637
34965K107	FORTREA HOLDINGS ORD	---	---	16	568	558
099724106	BORGWARNER ORD	---	---	95	3,699	3,406
71880K101	PHINIA ORD	---	---	19	555	576
531229722	LIBERTY MEDIA LIBERTY LIVE SRS C ORD	---	---	25	1,179	935
531229789	LIBRTY MEDIA LRTY SIRIUSXM SRS C ORD	---	---	101	3,408	2,907
68268W103	ONEMAIN HOLDINGS ORD	---	---	39	1,580	1,919
60855R100	MOLINA HEALTHCARE ORD	---	---	5	1,636	1,806
499049104	KNIGHT SWIFT TRANSPRTATN CL A ORD	---	---	25	1,349	1,441
60770K107	MODERNA ORD	---	---	18	1,916	1,790
76954A103	RIVIAN AUTOMOTIVE CL A ORD	---	---	84	2,016	1,971
49446R109	KIMCO REALTY REIT ORD	---	---	71	1,333	1,513
880770102	TERADYNE ORD	---	---	112	11,139	12,154
487836108	KELLANOVA ORD	---	---	380	22,604	21,246
03852U106	ARAMARK ORD	---	---	62	1,752	1,742
235851102	DANAHER ORD	---	---	39	7,929	9,022
92942W107	WK KELLOGG ORD	---	---	94	1,445	1,235
US29430C1027	VESTIS ORD	---	---	31	620	655
US92338C1036	VERALTO ORD	---	---	13	1,047	1,069
G61188127	LIBERTY GLOBAL CL C ORD	---	---	601	14,556	11,203
62944T105	NVR ORD	---	---	3	18,750	21,001
				396,586	22,611,052	26,058,112
COLLECTIVE TRUSTS:						
999508583DMBA	CF DAILY VALUED OPEN END FUND	---	---	1,952	3,760,861	3,854,192
				1,952	3,760,861	3,854,192
REGISTERED INVESTMENT COMPANIES:						
04314H402	ARTISAN:INTERNATL INST	---	---	172,729	4,638,039	4,651,604
24610J209	DELAWARE HI YLD OPP R6	---	---	131,897	486,147	456,363
23320G471	DFA WLD EX US VAL I	---	---	326,280	3,624,998	4,075,238
233203819	DFA US SMALL CAP VAL I	---	---	34,510	1,107,518	1,550,888
362008260	GMO:QUALITY III	---	---	218,631	5,197,859	6,281,261
317609352	GRANDEUR ITL OPP INST	---	---	999,463	3,465,572	3,568,084
4812C0159	JPMORGAN:MTGE SECS R6	---	---	868,079	9,826,390	8,828,366
00170K745	AMG TIMESSQUAREMCG Z	---	---	189,098	3,599,375	3,139,024
89155T524	TOUCHSTONE:SEL GRO INST	---	---	260,183	3,595,292	3,764,846
922908868	VANGUARD GRO IDX INST	---	---	41,413	5,431,906	6,626,099
922031877	VANGUARD SH-TM INV INST	---	---	597,003	6,014,599	6,107,343
922031810	VANGUARD INT-TM INV ADM	---	---	71,136	660,078	617,461
922908819	VANGUARD SC G ID INS	---	---	15,044	962,499	1,023,876
54401E622	LORD ABBETT SH DUR R6	---	---	1,693,267	6,985,453	6,536,009
091936153	BLACKROCK:IS TUS SM K	---	---	47,559	646,827	1,044,388
922040209	VANGUARD INSTL INDX INSP	---	---	2,998	836,991	1,179,680
46641Q837	JPMORGAN:ULTRA-SHORT INC	---	---	140,250	7,014,586	7,044,758
92913L569	VOYA:INTMDT BD R6	---	---	115,428	1,185,796	1,014,610
54401E432	LORD ABBETT UL SHT BD R6	---	---	5,605,228	55,946,816	55,772,018
552746356	MFS INTL GROWTH R6	---	---	63,594	2,370,809	2,558,382
46641U564	JPMORGAN:US VALUE R6	---	---	83,028	4,372,592	6,205,547
92189F437	VANECK:FA HIGH YLD BOND	---	---	37,718	1,149,719	1,085,524
92189F486	VANECK:IG FLOATING RATE	---	---	435,023	11,048,190	10,940,828
92646A815	VICTORY:SM CO OPP I	---	---	41,577	2,132,125	2,012,754
921939203	VANGUARD INTL VAL INV	---	---	110,973	4,555,954	4,478,858
921909818	VANGUARD TOT I S ADM	---	---	3,968	133,069	123,511
IE00BGCBZ301	SH INVT GRD EM DBT M USD ACC	---	---	51,664	5,000,000	4,920,955
IE00BDFM1316	STONEHARBR INVGRECORDT MUSDAC	---	---	35,000	3,500,000	3,568,950
46138J619	INVESCO RUSSEL 1000 DM	---	---	78,105	3,999,858	4,015,378
				12,470,845	159,489,057	163,192,603
REAL ESTATE:						
HARRICRED	HARRISON STREET CORE PROPERTY FUND	---	---	3,482	4,291,696	5,167,576
LIONITRED	LION INDUSTRIAL TRUST PROPERTIES	---	---	2,926	5,052,442	11,284,897
MORGSPRED	MORGAN STANLEY PRIME PROPERTY FUND	---	---	350	5,085,569	7,091,449

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163

Plan No: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2023

(c) Description of Investment, Including:						
(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	Coupon rate	Maturity Date	Par or Shares	(d) Cost	(e) Current Value
PRISLPRED	PRISA LP DHC	---	---	833	733,801	1,705,259
SENH05RED	SENIOR HOUSING PARTNERS V	---	---	1,293,422	1,293,422	1,316,180
RREEF2RED	RREEF AMERICA REIT II	---	---	20,651	2,633,083	2,678,043
UBSTRURED	UBS TRUMBULL PROPERTY FUND DHC	---	---	99	809,862	922,546
USAAEARED	USAA EAGLE PRM/DHC RE	---	---	713,150	713,150	1,455,614
TAFDIRED	THE REALTY ASSOCIATES FUND XI	---	---	38,013	38,013	67,598
				<u>2,072,926</u>	<u>20,651,038</u>	<u>31,689,162</u>
LIMITED PARTNERSHIPS:						
CERLL2DAD	CERBERUS OFFSHORE LEVERAGED LOAN FD II	---	---	1	1	332,349
LEVNE4FID	LEVINE LEICHTMAN CAPITAL PARTNERS IV FI	---	---	1,125,996	1,125,996	418,611
LEVNE5FID	LEVINE LEICHTMAN CAPITAL PARTNERS V	---	---	76,364	76,364	64,094
PAPE3CFID	PA PRIVATE EQUITY FUND III, CLASS C	---	---	94,834	94,834	74,419
CERLL3DAD	CERBERUS OFFSHORE LEVERAGE LOAN FD III	---	---	394,571	394,571	598,765
GOLDP4NID	GOLDPOINT IV NIGD	---	---	1,774,346	1,774,346	1,652,318
JPMCBGEMO	JPMCB GLOBAL EM	---	---	197,591	4,070,844	4,034,806
CERLIVDAD	Cerberus	---	---	1,010,341	1,010,341	1,154,425
CHRBK2NID	CHARLESBK OPP II	---	---	1,769,431	1,769,431	1,825,796
VISCR3PED	VISTA CREDIT PARTNERS III	---	---	1,457,864	1,457,864	1,574,651
ANGEL4NGD	ANGELO GORDON IV LP	---	---	1,935,848	1,935,848	2,016,139
SHENKTNID	SHENKMAN TACTICAL CF	---	---	1,108,074	1,108,074	1,367,098
MONCAPNID	MONROE CAPITAL FEEDER FD IV	---	---	1,703,198	1,703,198	1,733,327
HERZFEND	HCM Cayman Feeder Ltd	---	---	7,000,000	7,000,000	7,425,900
SEVARKEMD	Seven Canyons	---	---	1,500,000	1,500,000	1,669,558
KOPERNHFD	KOPERNIK	---	---	3,900,000	3,900,000	4,183,192
				<u>25,048,458</u>	<u>28,921,712</u>	<u>30,125,448</u>
103-12 INVESTMENT ENTITIES:						
PACIBLCMD	PACIFIC BANK LOAN CO-MINGLED FUND	---	---	1,026,423	1,258,320	1,588,391
FIERA0LPD	FIERA INTL EQUITY LONG LP	---	---	1,737,091	1,850,000	2,379,282
MONDRILPD	MONDRIAN INTERNATIONAL EQUITY FOCUSED FUND, LP	---	---	393,107	3,931,072	4,524,309
				<u>3,156,622</u>	<u>7,039,392</u>	<u>8,491,982</u>
OTHER:						
427098116	HERCULES TRUST II	---	---	85	-	1,854
13781Y111	CANO HEALTH EQY WARRANT	---	---	7,500	3,073	8
64107A113	RICE ACQUISITION CORP. II	---	---	4,220	12,292	9,284
60471A119	MIRION TECHNOLOG	---	---	4,925	5,902	9,998
42806J148	HERTZ GLOBAL HLDGS EQY WARRANT	---	06/30/2051	1,520	10,049	8,330
3EG4C-4700-DMBA	CALL FEB 24 CME MINIS&PW3 OPTION 4700.0 EURO STYLE	0.000	---	1	2,512	8,012
3EG4C-4750-DMBA	CALL FEB 24 CME MINIS&PW3 OPTION 4750.0 EURO STYLE	0.000	---	1	2,275	6,150
ESH4C-4850-DMBA	CALL MAR 24 EMINI S&P 500 OPTION 4850.0 AMER STYLE	0.000	---	1	2,989	4,287
				<u>18,253</u>	<u>39,092</u>	<u>47,923</u>

DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-0440163

Plan No: 501

FORM 5500, SCHEDULE H, PART IV LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS

AS OF DECEMBER 31, 2023

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity In Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	Number of Transactions	(f) Expense	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
SINGLE TRANSACTIONS									
No transactions to report									
SERIES IN SAME SECURITY									
X9USDDGCM	Dreyfus Government Cash Management Fund	\$ 125,441,986	\$ -	\$ -	953	\$ -	\$ 125,441,986	\$ 125,441,986	\$ -
X9USDDGCM	Dreyfus Government Cash Management Fund	-	112,120,077	-	269	-	112,120,077	112,120,077	-
X9USDDRET	Dreyfus Treasury Obligations Cash Management	47,075,513	-	-	7	-	47,075,513	47,075,513	-
X9USDDRET	Dreyfus Treasury Obligations Cash Management	-	47,075,513	-	8	-	47,075,513	47,075,513	-

* The commissions and fees related to purchases and sales of investments are included in the cost of the investment or the proceeds from the sale and are not separately defined by the Trustee.