

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan SAINT FRANCIS HEALTH SYSTEM, INC. 403(B) SAVINGS P
1b Three-digit plan number (PN) 003
1c Effective date of plan 01/01/1999
2a Plan sponsor's name (employer, if for a single-employer plan) SAINT FRANCIS HEALTH SYSTEM INC
2b Employer Identification Number (EIN) 73-1501972
2c Plan Sponsor's telephone number 918-502-8122
2d Business code (see instructions) 622000

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1099
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)	903
	6a(2)	810
	6b	7
	6c	196
	6d	1013
	6e	3
	6f	1016
	6g(1)	1044
	6g(2)	975
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:
 2G 2L 2M 2R 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan SAINT FRANCIS HEALTH SYSTEM, INC. 403(B) SAVINGS P</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>003</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SAINT FRANCIS HEALTH SYSTEM INC</p>	<p>D Employer Identification Number (EIN) 73-1501972</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61217	436233/711533	19	01/01/2024	12/31/2024

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
0	7287

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
FIDELITY INVESTMENTS TAX EXEMPT SER **82 DEVONSHIRE ST STE MCIE**
BOSTON, MA 02109-3605

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	7287	REFERRAL/SERVICE FEE	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. **6d**
 Specify nature of costs ▶

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

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

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

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ **GUARANTEED INTEREST BALANCE CO**

b Balance at the end of the previous year	7b	2925871	
c Additions: (1) Contributions deposited during the year	7c(1)	431038	
	7c(2)		
	7c(3)	71408	
	7c(4)		
	7c(5)	48	
	▶ OTHER RECEIVABLES		
(6) Total additions	7c(6)	502494	
d Total of balance and additions (add lines 7b and 7c(6))	7d	3428365	
e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	571698
	(2) Administration charge made by carrier	7e(2)	
	(3) Transferred to separate account	7e(3)	
	(4) Other (specify below)	7e(4)	33625
▶ OTHER PAYABLES AND ACCRUED INCOME			
(5) Total deductions	7e(5)	605323	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	2823042	

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	
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. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan SAINT FRANCIS HEALTH SYSTEM, INC. 403(B) SAVINGS P</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>003</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 SAINT FRANCIS HEALTH SYSTEM INC</p>	<p>D Employer Identification Number (EIN) 73-1501972</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(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
84-0467907	7692	95549-01	27	01/01/2024	12/31/2024

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
0	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

(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	76744
5	Current value of plan's interest under this contract in separate accounts at year end.....	448072
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 checked="" type="checkbox"/> other ▶ GROUP ANNUITY CONTRACT	
b	Balance at the end of the previous year	7b 80926
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 2581
	(4) Transferred from separate account	7c(4) 11733
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 14314
d	Total of balance and additions (add lines 7b and 7c(6))	7d 95240
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 6631
	(2) Administration charge made by carrier.....	7e(2) 132
	(3) Transferred to separate account	7e(3) 11733
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 18496	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 76744

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan SAINT FRANCIS HEALTH SYSTEM, INC. 403(B) SAVINGS P	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 SAINT FRANCIS HEALTH SYSTEM INC	D Employer Identification Number (EIN) 73-1501972	

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

FIDELITY INVESTMENTS INST. OPS. CO.

04-2647786

(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

(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

(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

(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

(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

(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)

FIDELITY INVESTMENTS INST. OPS. CO.

04-2647786

(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?
60 64 65 71 37 50	RECORDKEEPER	95238	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)

ANDCO CONSULTING L.L.C.

59-3676225

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	CONSULTANT	23097	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)

EIDE BAILLY LLP

45-0250958

(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	ACCOUNTANT/A UDITOR	19825	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"/>

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 <hr/> 2024 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SAINT FRANCIS HEALTH SYSTEM, INC. 403(B) SAVINGS P</u>	B Three-digit plan number (PN)	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SAINT FRANCIS HEALTH SYSTEM INC</u>	D Employer Identification Number (EIN) <u>73-1501972</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>FUTUREFUNDS SERIES II</u>	
b Name of sponsor of entity listed in (a):	<u>EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA</u>	
c EIN-PN <u>84-0467907-003</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>448072</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 code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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 2024 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SAINT FRANCIS HEALTH SYSTEM, INC. 403(B) SAVINGS P	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 SAINT FRANCIS HEALTH SYSTEM INC	D Employer Identification Number (EIN) 73-1501972

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1350	9998
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5195700	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1086750	1369012
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	19757257	17452711
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	545647	509343
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	426608	448072
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	321777311	343412899
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3006797	2899786
(15) Other.....	1c(15)		

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	351797420	366101821
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	351797420	366101821

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)	43344	
(B) Participants.....	2a(1)(B)	119532	
(C) Others (including rollovers).....	2a(1)(C)	818924	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		981800
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	310469	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	99027	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		409496
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	11518566	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		11518566
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		36338954
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		49248816

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	34806255	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		34806255
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	138160	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		138160
j Total expenses. Add all expense amounts in column (b) and enter total	2j		34944415

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14304401
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: EIDE BAILLY LLP

(2) EIN: 45-0250958

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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 _____.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SAINT FRANCIS HEALTH SYSTEM, INC. 403(B) SAVINGS P</u>	B Three-digit plan number (PN)	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SAINT FRANCIS HEALTH SYSTEM INC</u>	D Employer Identification Number (EIN) <u>73-1501972</u>	

Part I	Distributions
---------------	----------------------

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 04-6568107 84-0467907

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

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

3	
---	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 07 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number _____.



Financial Statements
December 31, 2024 and 2023

**Saint Francis Health System, Inc. 403(b)
Savings Plan**

Saint Francis Health System, Inc. 403(b) Savings Plan

Table of Contents

December 31, 2024 and 2023

Independent Auditor’s Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits.....	5
Notes to Financial Statements	6
Supplementary Information	
Schedule H, Line 4i – Schedule of Assets Held at End of Year	15



Independent Auditor's Report

The Saint Francis Health System Retirement Committee
Saint Francis Health System, Inc. 403(b) Savings Plan
Tulsa, Oklahoma

Opinion

We have audited the financial statements of Saint Francis Health System, Inc. 403(b) Savings 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 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, 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 Saint Francis Health System, Inc. 403(b) Savings Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, 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 Saint Francis Health System, Inc. 403(b) Savings 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 Saint Francis Health System, Inc. 403(b) Savings 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 Saint Francis Health System, Inc. 403(b) Savings 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; and
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Saint Francis Health System, Inc. 403(b) Savings 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 Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4i-Schedule of Assets Held at End of Year as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's (DOL) 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 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 schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Eide Bailly LLP

Tulsa, Oklahoma
July 29, 2025

Saint Francis Health System, Inc. 403(b) Savings Plan
 Statements of Net Assets Available for Benefits
 December 31, 2024 and 2023

	2024	2023
Assets		
Non-interest-bearing cash	\$ 9,998	\$ 1,350
Investments, at fair value	361,876,168	342,565,030
Investments, at contract value	2,846,643	2,948,590
Total investments	364,722,811	345,513,620
Receivables		
Notes receivable from participants	1,369,012	1,086,750
Employer contributions	-	5,195,700
Participant contributions	-	-
Total receivables	1,369,012	6,282,450
Net assets available for benefits	\$ 366,101,821	\$ 351,797,420

Saint Francis Health System, Inc. 403(b) Savings Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2024

Additions

Investment income

Interest and dividends	\$ 11,829,035
Net appreciation in fair value of investments	<u>36,338,954</u>
	<u>48,167,989</u>

Contributions

Employer	43,344
Participants	119,532
Rollovers	<u>818,924</u>
	981,800

Interest income on notes receivable from participants	99,027
---	--------

Total additions	<u>49,248,816</u>
-----------------	-------------------

Deductions

Benefit payments	34,806,255
------------------	------------

Administrative expenses	<u>138,160</u>
-------------------------	----------------

Total deductions	<u>34,944,415</u>
------------------	-------------------

Net increase	14,304,401
--------------	------------

Net assets available for benefits at beginning of year	<u>351,797,420</u>
--	--------------------

Net assets available for benefits at end of year	<u><u>\$ 366,101,821</u></u>
--	------------------------------

Note 1 - Description of Plan

The following description of the Saint Francis Health System, Inc. 403(b) Savings Plan (the Plan) provides only general information. Participants should refer to the summary plan description and Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan which covered all highly compensated employees of Saint Francis Health System, Inc. (the Employer) who were not eligible for the Saint Francis Health System, Inc. 401(k) Savings Plan (the 401(k) Plan). Effective January 1, 2024, the Saint Francis Health System Retirement Committee (the Committee) approved freezing the Saint Francis Health System, Inc. 403(b) Plan to new participants and further contributions. Active participants became eligible for the 401(k) Plan and had subsequent contributions remitted to the 401(k) Plan. Participant balances will remain in the Plan. The Plan is subject to the provision of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Contributions

Prior to the freezing of the Plan, participants could elect to defer up to 100% of their pretax compensation as defined in the Plan document. For 2024, participants were limited to \$23,000, with an additional \$7,500 catch-up contribution for participants over 50. The Plan allowed participants to designate contributions as Roth contributions. New employees who did not make an affirmative salary deferral election were automatically enrolled in the Plan at a salary deferral percentage of 3.0% of eligible compensation with their deferral invested in the age-appropriate Fidelity Freedom Fund or other similar investment fund approved by the Committee until changed by the participant. The Employer's matching contribution was equal to 50.0% of the first 8.0% of eligible compensation, as defined in the Plan document, that a participant contributed.

Additional amounts could be contributed at the discretion of the Committee. No such additional discretionary contributions were made for the year ended December 31, 2024.

Rollover Contributions

The Plan accepted rollover contributions from qualified plans such as 401(k), profit sharing, or pension plans, in addition to qualified annuity plans, 403(b) plans or annuity contracts, and governmental 457(b) plans. The Plan also accepted direct transfers of after-tax contributions from other tax-qualified plans and rollovers from individual retirement accounts. These contributions are fully vested at all times. No further rollover contributions are permitted to the Plan as a result of the Plan being frozen to future contributions.

Participant Account

Each participant's account is credited with the participant's contributions, the Employer's matching contributions, and the Employer's non-elective contributions, as well as allocation of Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are 100% vested in their salary deferral and voluntary contributions at all times. Effective January 1, 2024, the Plan was amended to adjust the vesting schedule from a six-year vesting schedule to a five-year schedule. Participants are fully vested in Employer matching and non-elective contributions upon completion of five vesting years of service, as defined in the Plan document, based on a graduated vesting schedule. A participant who is an employee will also become fully vested in Employer contributions upon attainment of normal retirement age, total and permanent disability, or the death of the participant.

At the end of each month, forfeitures of non-vested amounts during that quarter are first made available to reinstate previously forfeited account balances of former participants. The remaining forfeitures will be used to reduce future Plan expenses. Unallocated forfeiture balances as of December 31, 2024 and 2023, were approximately \$931,000 and \$618,000, respectively, and no forfeitures were used to reduce Plan expenses or Employer contributions.

Payment of Benefits

Participants are entitled to distributions from the Plan upon death, disability, or termination of employment. Upon termination of service, a participant will be eligible to receive his or her vested benefits under the Plan. The forms of distribution include: (1) a qualified joint and survivor annuity if the participant is married on the date his or her service with the Employer terminates; (2) a single-life annuity if the participant is unmarried on the date his or her service with the Employer terminates; (3) a lump-sum distribution or another form of annuity if the participant so elects in a timely and proper manner; or (4) installment payments. A terminated participant with a vested balance of \$7,000 or less will receive an automatic distribution of all funds if he or she does not elect payment on his or her own.

Additionally, participants may request a distribution from their salary deferral contribution accounts and rollover accounts due to financial hardship, as defined in the Plan document. Distributions may be made at the participant's election prior to termination upon attainment of age 59 ½ or Total and Permanent Disability.

Notes Receivable from Participants

Participants may borrow from their fund accounts, a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The notes are secured by the balance in the participant's account. The interest rate, determined monthly, is set at prime rate plus 1%. Principal and interest will be paid ratably through personal bank withdrawals over a period not to exceed five years, unless the proceeds of the note were used to acquire the participant's residence, in which case the note terms can range up to 10 years. A participant may have no more than one outstanding note at any one time.

Plan Termination

Although it has not expressed any intent to terminate the Plan, the Employer reserves the right to amend or terminate the Plan at any time. In the event of Plan termination, participants will automatically become fully vested in their accounts regardless of their years of service, subject to the provisions of ERISA.

Note 2 - Summary of Accounting Policies

Administrative Expenses

Certain expenses of the Plan are paid by the Employer. Expenses incurred for attorney and audit fees and salary expense incurred by the Employer related to the administration of the Plan are paid by the Employer. Expenses that are paid directly by the Employer are excluded from these financial statements. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Investment Valuation and Income Recognition

Investments held by the Plan are stated at fair value except for the fully benefit-responsive investment contracts, which are reported at contract value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 4 for further discussion of fair value measurements.

The Great-West Life & Annuity Insurance Company (Great-West) guaranteed interest fund and the Principal Life Insurance Company (Principal) guaranteed interest balance, fully benefit-responsive group annuity contracts, are stated at contract value. Contract value is the relevant measurement attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The contract value of the fully benefit-responsive investment contract represents contributions plus earnings, less participant withdrawals and administrative expenses.

The Great-West guaranteed certificate funds provide a guaranteed rate of interest for the term of the certificate, and the rates reset quarterly. The rate at which interest was accrued for the 36-month certificate fund, the 60-month certificate fund, and the 84-month certificate fund was between 3.0% and 3.4% in 2024. The terms of the contracts range from 36 months to 84 months, and funds cannot be reinvested until the maturity date is reached.

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

Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant had ceased to make loan repayments and the Plan administrator deemed the participant loan to be a distribution, the participant loan balance would be reduced and a benefit payment recorded.

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States (U.S. GAAP) requires management to make estimates and assumptions that affect the amounts reported in the financial statements, accompanying notes, and supplemental schedule. Actual results could differ from those estimates.

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting. Benefit payments are recorded when paid.

Note 3 - Investments

Certain members of management serve as Trustees of the Plan. Fidelity Management Trust Company (FMTC) and Great-West serve as custodians. Fidelity Workplace Services, LLC is the Plan's record-keeper.

A participant must direct the custodians to invest all of the assets in his or her account into one or more of the available investment options. Assets of the Plan for which a participant fails to direct the investments are invested in the age-appropriate Fidelity Freedom Fund or other similar investment fund approved by the Committee.

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

Note 4 - Fair Value Measurements

The fair value framework establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. In measuring the fair value of the Plan's assets and liabilities, the Plan uses market data or assumptions that it believes market participants would use in pricing an asset or liability, including assumptions about risk, where appropriate. The three levels of fair value hierarchy are described below:

Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in markets that are not active
- Observable inputs other than quoted prices that are used in the valuation of the asset or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

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

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

The following is a description of the valuation techniques and inputs used for assets measured at fair value. There have been no changes in the techniques and inputs used at December 31, 2024 or 2023.

Mutual funds (including money market mutual funds): Valued at the daily closing price as reported by the fund. Mutual funds 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 net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Self-directed brokerage accounts: Account primarily consists of mutual funds and money market funds.

Guaranteed certificate funds: Valued at contract value, which approximates fair value. The fair value of the fund is determined by adding contributions, interest, and transfers from other guaranteed subaccounts and subtracting partial surrenders, surrenders, amounts payable upon death, amounts applied under a method of payment option, transfer charges, contract maintenance charges, asset management fees, and premium tax.

Pooled separate accounts: Valued at the NAV of units held by the Plan at year end as determined by the issuer. The NAV is based on the observable market prices of the underlying assets within the account less liabilities. The NAV for the underlying assets of the account is a readily determinable measure of their fair value and is the basis for the current transactions.

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

The determination of the fair value of the Plan's investments is the responsibility of the Committee, who utilize the assistance of third parties, including the Plan's custodians and record-keeper to manage and create the policies and processes used to determine the fair value of Plan assets. The Committee or their agents also utilize third-party pricing services and obtain selected support from investment advisors to assist in determining valuations.

The following tables set forth by level, within the fair value hierarchy, the Plan's financial assets at fair value. Assets measured at fair value as of December 31, 2024, is as follows:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 288,842,795	\$ -	\$ -	\$ 288,842,795
Money market funds	11,117,787	-	-	11,117,787
Self-directed brokerage link funds	61,414,371	-	-	61,414,371
Guaranteed certificate funds	-	53,143	-	53,143
Pooled separate accounts	-	448,072	-	448,072
Total assets at fair value	<u>\$ 361,374,953</u>	<u>\$ 501,215</u>	<u>\$ --</u>	<u>\$ 361,876,168</u>

Assets measured at fair value as of December 31, 2023, is as follows:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 268,623,207	\$ -	\$ -	\$ 268,623,207
Money market funds	12,527,714	-	-	12,527,714
Self-directed brokerage link funds	60,929,294	-	-	60,929,294
Guaranteed certificate funds	-	58,207	-	58,207
Pooled separate accounts	-	426,608	-	426,608
Total assets at fair value	<u>\$ 342,080,215</u>	<u>\$ 484,815</u>	<u>\$ --</u>	<u>\$ 342,565,030</u>

Note 5 - Fully Benefit-Responsive Investment Contract

The guaranteed interest balance relates to a Principal Guaranteed Interest Balance Contract, which is a non-participating annuity contract developed by Principal. The contract is a traditional account-backed, group annuity contract that pays a stated rate of interest, for a specified period of time, guaranteed by Principal.

Under the contract, a Principal Guaranteed Interest Balance (GIB) is established each calendar year to reflect current investment conditions and to accept the Plan's expected contributions for the year. Each GIB states a cell interest rate that is established prior to the receipt of that year's contributions and is guaranteed for five years. The composite crediting rate (CCR) is also declared each calendar year and credited to the participants' accounts. The CCR is a fixed rate for the 12-month period. The rate is determined using the weighted average of the cell interest rates for each GIB under the contract. At the end of the fifth year, the first GIB matures and the proceeds roll forward into a sixth GIB along with new Plan contributions. Consequently, the number of GIB cells in effect at any one time will not exceed five cells.

Interest will be credited to each deposit from the date accepted until the last day of the guarantee period, the date of payment, or application, whichever is earliest. Interest will be credited at the stated rate for each GIB. Interest credited to this deposit arrangement will be compounded daily from the date the deposit is accepted until the day before the date of payment.

Generally, payments for each GIB will be made in accordance with the last-in, first-out method. Under this method, all deposits made during a deposit period will be available to provide payments for death, disability, retirement, termination of employment, loan, hardship withdrawal or age 59½ in-service withdrawal before the close of the deposit period. No further payments will be permitted from this deposit arrangement after the close of the deposit period unless all subsequent funding vehicles are exhausted. No restrictions or surrender charge will apply to amounts withdrawn as a result of retirement, death, disability, loan, unforeseen hardship, separation from service or attainment of age 65, or 59 ½ in-service withdrawal as defined in the contract.

Investment transfers and exchanges are allowed, with no restrictions, except exchanges to competing funds will be subject to a 90-day equity wash. An equity wash means funds must first be exchanged into a non-competing fund for 90 days prior to exchanging to a competing fund. Competing funds are defined by Principal Life at the time of sale and typically include money market funds, short-term, short intermediate and limited term bond funds, and any other fund that maintains an average duration of less than three years.

Employer withdrawals will correspond to the value of each maturing GIB at the time of payout. In lieu of the installment payouts the Employer may withdraw a single sum (for a qualified plan) subject to a surrender charge. If the cell interest rate for each active GIB is greater than or equal to the applicable U.S. Treasury rate plus 1.50% (at the time of withdrawal), no surrender charge will apply. If the cell interest rate for each active GIB is less than the applicable U.S. Treasury rate plus 1.50% (at the time of withdrawal), a surrender charge may apply.

In general, payments from a GIB will be made in full within three business days after the requested date of payment. At Principal's option, payment may be delayed up to 30 days due to chaotic market conditions. If payments are delayed, amounts to be paid or transferred will continue to earn interest at the applicable rate, until the date payment or transfer occurs.

There are certain events not initiated by the Plan participants, such as the Plan's failure to qualify under the Internal Revenue Code (the Code), full or partial termination of the Plan, involuntary termination of employment as a result of a corporate merger or other significant business restructuring, that could limit the ability of the Plan to transact with the issuer at GIB contract value. The Plan may terminate the contract by taking each of the underlying GIB contracts as they mature, with no charge. The Employer does not believe the occurrence of any events that would limit the Plan's ability to transact at contract value with participants is probable.

This GIB shall terminate on the date on which there are no deposit arrangements in effect under it. Disposition of the GIB, other than at termination of the Plan, will be in a single sum at the end of the guarantee period. Payment will be made the day after the guarantee period ends. No event or circumstances would allow the contract issuer to terminate the fully benefit-responsive investment contract with the Plan and settle at an amount different from contract value.

Upon notification that termination of the Plan has occurred, the funds may be used to purchase annuities for participants or transferred to another funding agent. The value of each GIB shall be determined as follows:

- The value of the GIB on the date such purchase or transfer is effectively reduced by uncollected expenses
- The surrender charge, as applicable

Note 6 - Income Tax Status

The Plan uses a pre-approved plan document sponsored by Fidelity Workplace Services LLC (FWS), which received an advisory letter from the Internal Revenue Service (IRS), dated August 7, 2017, stating that the pre-approved document satisfies the applicable provision of the Code. The Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

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

Note 7 - Related-Party and Parties-in-interest Transactions

Plan investments of approximately \$281,768,000 and \$263,952,000 at December 31, 2024 and 2023, respectively, are shares of mutual funds and money market funds managed by FMTC or Fidelity Variable Insurance Products. Additionally, National Financial Services LLC, subsidiary of Fidelity Global Brokerage Group, Inc. and affiliate to FMTC, handles the brokerage and mutual fund operations of the self-directed brokerage accounts. Plan investments of approximately \$525,000 and \$508,000 at December 31, 2024 and 2023, respectively, are shares in guaranteed certificate funds, guaranteed interest funds, and pooled separate accounts managed by Great-West. Plan investments of \$2,823,000 and \$2,926,000 at December 31, 2024 and 2023, respectively, are shares in a GIB managed by Principal. These transactions qualify as party-in-interest transactions and are exempt from the prohibited transaction rules.

Note 8 - Plan Amendment

Effective January 1, 2024, the Plan was amended by the following provisions: 1) the Plan was frozen to new contributions and 2) the vesting schedule for employer matching and non-elective contributions was reduced from a six-year graduated vesting schedule to a five-year graduated vesting schedule.

Note 9 - Subsequent Events

No other material subsequent events have occurred since December 31, 2024, that required recognition in the accompanying financial statements.



Supplementary Information
December 31, 2024

**Saint Francis Health System, Inc. 403(b)
Savings Plan**

Saint Francis Health System, Inc. 403(b) Savings Plan

Schedule H, Line 4i – Schedule of Assets Held at End of Year

December 31, 2024

EIN: 73-1501972

Plan: 003

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Mutual funds			
	American Funds Distributors, Inc.	Europac Growth R6 Fund	\$	1,449,665
	American Funds Distributors, Inc.	Capital World Bond R6 Fund		248,977
	Parnassus	Parnassus Core Eq Is Fund		2,866,676
	Vanguard	Vanguard Short Term Inv Grade Fund Admiral Class		3,735,550
	Metropolitan West Asset Management	Metwest Total Return Bond I Fund		3,190,442
	Dodge & Cox	Dodge & Cox Stock Fund		5,933,533
	Loomis, Sayles & Company, L.P	Loomis Sayles Global Equity and Income Y Fund		767,892
	* Fidelity Management Trust Company	Fidelity Contrafund		23,333,760
	* Fidelity Management Trust Company	Fidelity International Index Fund		3,373,050
	* Fidelity Management Trust Company	Fidelity Mid Cap Index Fund		6,340,509
	* Fidelity Management Trust Company	Fidelity Small Cap Index Fund		4,292,695
	* Fidelity Management Trust Company	Fidelity Freedom 2010 Fund		1,055,273
	* Fidelity Management Trust Company	Fidelity Freedom 2015 Fund		1,646,180
	* Fidelity Management Trust Company	Fidelity Freedom 2020 Fund		14,110,462
	* Fidelity Management Trust Company	Fidelity Freedom 2025 Fund		20,560,136
	* Fidelity Management Trust Company	Fidelity Freedom 2030 Fund		35,331,433
	* Fidelity Management Trust Company	Fidelity Freedom 2035 Fund		29,056,825
	* Fidelity Management Trust Company	Fidelity Freedom 2040 Fund		27,798,773
	* Fidelity Management Trust Company	Fidelity Freedom 2045 Fund		34,298,263
	* Fidelity Management Trust Company	Fidelity Freedom 2050 Fund		18,688,049
	* Fidelity Management Trust Company	Fidelity Freedom 2055 Fund		5,560,384
	* Fidelity Management Trust Company	Fidelity Freedom 2060 Fund		1,594,561
	* Fidelity Management Trust Company	Fidelity Freedom 2065 Fund		3,278,920
	* Fidelity Management Trust Company	Fidelity Freedom Income Fund		1,483,645
	* Fidelity Management Trust Company	Fidelity 500 Index Institutional Fund		<u>38,847,142</u>
	Total mutual funds			288,842,795
	Money market funds			
	* Fidelity Management Trust Company	Fidelity Gov't Money Market Portfolio		5,935
	* Fidelity Management Trust Company	Fidelity Government MMRK PRM		11,111,852
	Self-directed brokerage link funds			
	* National Financial Services LLC	Self-Directed Brokerage Link Mutual Funds		54,570,104
	* National Financial Services LLC	Self-Directed Brokerage Link Common Stock		509,343
	* National Financial Services LLC	Self-Directed Brokerage Link Money Market Fund		<u>6,334,924</u>
	Total self-directed brokerage link funds			61,414,371
	Pooled separate accounts			
	* Great-West Life & Annuity Insurance Company	Great-West Aggressive Profile I Fund I		9,984
	* Great-West Life & Annuity Insurance Company	Great-West Moderately Aggressive Profile I Fund I		6,406
	* Great-West Life & Annuity Insurance Company	Great-West Moderate Profile I Fund I		50,547
	* Great-West Life & Annuity Insurance Company	Great-West S&P Small-Cap 600 Index Fund I		21,520

Saint Francis Health System, Inc. 403(b) Savings Plan

Schedule H, Line 4i – Schedule of Assets Held at End of Year

December 31, 2024

EIN: 73-1501972

Plan: 003

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	* Great-West Life & Annuity Insurance Company	Great-West Ariel Mid-Cap Value Fund I	\$	57,004
	* Great-West Life & Annuity Insurance Company	Great-West T. Rowe Price Mid-Cap Growth Fund I		19,493
	* Great-West Life & Annuity Insurance Company	Great-West MFS International Value Fund I		22,757
	* Great-West Life & Annuity Insurance Company	Great-West Large Cap Value Investor I		48,291
	* Great-West Life & Annuity Insurance Company	Great-West Bond Index Fund I		1,328
	* Great-West Life & Annuity Insurance Company	Great-West U.S. Government Mortgage Securities Fund I		9,169
	* Great-West Life & Annuity Insurance Company	Great-West S&P 500 Index Fund Investor Class		97,705
	* Great-West Life & Annuity Insurance Company	American Century Equity Income Fund		5,214
	* Great-West Life & Annuity Insurance Company	Federated Hermes Government Obligations Fund		29,415
	* Great-West Life & Annuity Insurance Company	Oppenheimer Capital Appreciation Fund, Class A		2,108
	* Great-West Life & Annuity Insurance Company	Oppenheimer Global Fund		1,128
	* Great-West Life & Annuity Insurance Company	Invesco Comstock Fund R		22,896
	* Great-West Life & Annuity Insurance Company	Fidelity VIP II Contrafund		2,318
	* Great-West Life & Annuity Insurance Company	Fidelity VIP Growth Portfolio Fund		<u>40,789</u>
	Total pooled separate accounts			448,072
	Guaranteed certificate funds			
	* Great-West Life & Annuity Insurance Company	Guaranteed certificate fund, 36 mo. – Contract value		25,700
	* Great-West Life & Annuity Insurance Company	Guaranteed certificate fund, 60 mo. – Contract value		18,793
	* Great-West Life & Annuity Insurance Company	Guaranteed certificate fund, 84 mo. – Contract value		<u>8,650</u>
	Total guaranteed certificate funds			53,143
	Guaranteed interest balance			
	* Principal Life Insurance Company	Guaranteed interest balance, No. 4-36233, 2.5% interest rate – Contract value		2,823,042
	Guaranteed interest fund			
	* Great-West Life & Annuity Insurance Company	Daily interest guarantee fund – Contract value		23,601
	Notes Receivable from participants	Interest rates ranging from 5.75% to 9.5% maturing 2024-2034		<u>1,369,012</u>
	Total		\$	<u><u>366,091,823</u></u>

* Indicates party-in-interest to the Plan.

Column (d) is not applicable as all investments are participant directed.

Saint Francis Health System, Inc. 403(b) Savings Plan

Schedule H, Line 4i – Schedule of Assets Held at End of Year

December 31, 2024

EIN: 73-1501972

Plan: 003

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Mutual funds			
	American Funds Distributors, Inc.	Europac Growth R6 Fund	\$	1,449,665
	American Funds Distributors, Inc.	Capital World Bond R6 Fund		248,977
	Parnassus	Parnassus Core Eq Is Fund		2,866,676
	Vanguard	Vanguard Short Term Inv Grade Fund Admiral Class		3,735,550
	Metropolitan West Asset Management	Metwest Total Return Bond I Fund		3,190,442
	Dodge & Cox	Dodge & Cox Stock Fund		5,933,533
	Loomis, Sayles & Company, L.P	Loomis Sayles Global Equity and Income Y Fund		767,892
	* Fidelity Management Trust Company	Fidelity Contrafund		23,333,760
	* Fidelity Management Trust Company	Fidelity International Index Fund		3,373,050
	* Fidelity Management Trust Company	Fidelity Mid Cap Index Fund		6,340,509
	* Fidelity Management Trust Company	Fidelity Small Cap Index Fund		4,292,695
	* Fidelity Management Trust Company	Fidelity Freedom 2010 Fund		1,055,273
	* Fidelity Management Trust Company	Fidelity Freedom 2015 Fund		1,646,180
	* Fidelity Management Trust Company	Fidelity Freedom 2020 Fund		14,110,462
	* Fidelity Management Trust Company	Fidelity Freedom 2025 Fund		20,560,136
	* Fidelity Management Trust Company	Fidelity Freedom 2030 Fund		35,331,433
	* Fidelity Management Trust Company	Fidelity Freedom 2035 Fund		29,056,825
	* Fidelity Management Trust Company	Fidelity Freedom 2040 Fund		27,798,773
	* Fidelity Management Trust Company	Fidelity Freedom 2045 Fund		34,298,263
	* Fidelity Management Trust Company	Fidelity Freedom 2050 Fund		18,688,049
	* Fidelity Management Trust Company	Fidelity Freedom 2055 Fund		5,560,384
	* Fidelity Management Trust Company	Fidelity Freedom 2060 Fund		1,594,561
	* Fidelity Management Trust Company	Fidelity Freedom 2065 Fund		3,278,920
	* Fidelity Management Trust Company	Fidelity Freedom Income Fund		1,483,645
	* Fidelity Management Trust Company	Fidelity 500 Index Institutional Fund		<u>38,847,142</u>
	Total mutual funds			288,842,795
	Money market funds			
	* Fidelity Management Trust Company	Fidelity Gov't Money Market Portfolio		5,935
	* Fidelity Management Trust Company	Fidelity Government MMRK PRM		11,111,852
	Self-directed brokerage link funds			
	* National Financial Services LLC	Self-Directed Brokerage Link Mutual Funds		54,570,104
	* National Financial Services LLC	Self-Directed Brokerage Link Common Stock		509,343
	* National Financial Services LLC	Self-Directed Brokerage Link Money Market Fund		<u>6,334,924</u>
	Total self-directed brokerage link funds			61,414,371
	Pooled separate accounts			
	* Great-West Life & Annuity Insurance Company	Great-West Aggressive Profile I Fund I		9,984
	* Great-West Life & Annuity Insurance Company	Great-West Moderately Aggressive Profile I Fund I		6,406
	* Great-West Life & Annuity Insurance Company	Great-West Moderate Profile I Fund I		50,547
	* Great-West Life & Annuity Insurance Company	Great-West S&P Small-Cap 600 Index Fund I		21,520

Saint Francis Health System, Inc. 403(b) Savings Plan

Schedule H, Line 4i – Schedule of Assets Held at End of Year

December 31, 2024

EIN: 73-1501972

Plan: 003

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	* Great-West Life & Annuity Insurance Company	Great-West Ariel Mid-Cap Value Fund I	\$	57,004
	* Great-West Life & Annuity Insurance Company	Great-West T. Rowe Price Mid-Cap Growth Fund I		19,493
	* Great-West Life & Annuity Insurance Company	Great-West MFS International Value Fund I		22,757
	* Great-West Life & Annuity Insurance Company	Great-West Large Cap Value Investor I		48,291
	* Great-West Life & Annuity Insurance Company	Great-West Bond Index Fund I		1,328
	* Great-West Life & Annuity Insurance Company	Great-West U.S. Government Mortgage Securities Fund I		9,169
	* Great-West Life & Annuity Insurance Company	Great-West S&P 500 Index Fund Investor Class		97,705
	* Great-West Life & Annuity Insurance Company	American Century Equity Income Fund		5,214
	* Great-West Life & Annuity Insurance Company	Federated Hermes Government Obligations Fund		29,415
	* Great-West Life & Annuity Insurance Company	Oppenheimer Capital Appreciation Fund, Class A		2,108
	* Great-West Life & Annuity Insurance Company	Oppenheimer Global Fund		1,128
	* Great-West Life & Annuity Insurance Company	Invesco Comstock Fund R		22,896
	* Great-West Life & Annuity Insurance Company	Fidelity VIP II Contrafund		2,318
	* Great-West Life & Annuity Insurance Company	Fidelity VIP Growth Portfolio Fund		<u>40,789</u>
	Total pooled separate accounts			448,072
	Guaranteed certificate funds			
	* Great-West Life & Annuity Insurance Company	Guaranteed certificate fund, 36 mo. – Contract value		25,700
	* Great-West Life & Annuity Insurance Company	Guaranteed certificate fund, 60 mo. – Contract value		18,793
	* Great-West Life & Annuity Insurance Company	Guaranteed certificate fund, 84 mo. – Contract value		<u>8,650</u>
	Total guaranteed certificate funds			53,143
	Guaranteed interest balance			
	* Principal Life Insurance Company	Guaranteed interest balance, No. 4-36233, 2.5% interest rate – Contract value		2,823,042
	Guaranteed interest fund			
	* Great-West Life & Annuity Insurance Company	Daily interest guarantee fund – Contract value		23,601
	Notes Receivable from participants			
		Interest rates ranging from 5.75% to 9.5% maturing 2024-2034		<u>1,369,012</u>
	Total		\$	<u><u>366,091,823</u></u>

* Indicates party-in-interest to the Plan.

Column (d) is not applicable as all investments are participant directed.

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210 - 0110 1210 - 0089</p> <hr/> <p style="font-size: 24pt; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
---	---	--

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (filers checking this box must provide participating employer information in accordance with the form instructions.)

B This return/report is: a single-employer plan a DFE (specify) _____

the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

<p>1a Name of plan SAINT FRANCIS HEALTH SYSTEM, INC. 403(B) SAVINGS P</p>	<p>1b Three-digit plan number (PN) ▶ <u>003</u></p>
<p>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) SAINT FRANCIS HEALTH SYSTEM INC</p> <p>6600 S. YALE AVENUE SUITE 400 TULSA OK 74136-3319</p>	<p>1c Effective date of plan <u>01/01/1999</u></p> <p>2b Employer Identification Number (EIN) <u>73-1501972</u></p> <p>2c Plan Sponsor's telephone number <u>918-502-8122</u></p> <p>2d Business code (see instructions) <u>622000</u></p>

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		Date	<u>2/29/25</u>		Name of individual signing as plan administrator
SIGN HERE		Date			Name of individual signing as employer or plan sponsor
SIGN HERE		Date			Name of individual signing as DFE