

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, a single-employer plan, a DFE (specify) M, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: BAPTIST HEALTH RETIREMENT SAVINGS PLAN MASTER TRUST
1b Three-digit plan number (PN): 010
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): BAPTIST HEALTH
2b Employer Identification Number (EIN): 71-0236856
2c Plan Sponsor's telephone number: 501-202-2985
2d Business code (see instructions)

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.

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>BAPTIST HEALTH RETIREMENT SAVINGS PLAN MASTER TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>010</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BAPTIST HEALTH</b>	<b>D</b> Employer Identification Number (EIN) <b>71-0236856</b>	

**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

**CHARLES SCHWAB & CO., INC.**

**94-1733782**

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

**CHARLES SCHWAB TRUST BANK**

**82-3967259**

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

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

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**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)

MILLIMAN, INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17 36 38 50 59 64 70	NONE	1431913	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)

SYMMETRY PARTNERS

06-1482171

(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?
26 51	NONE	40755	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)

MONETA GROUP INVESTMENT ADV

20-1903821

(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?
26 51	NONE	11765	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

INDEPENDENT FINANCIAL ADVISORS

71-0749720

(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?
26 51	NONE	9303	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)

CHARLES SCHWAB & CO., INC.

94-1737782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 25 59 62	NONE	5025	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)

CHARLES SCHWAB TRUST BANK

82-3967259

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 25 59 62	NONE	193	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	147824	Yes <input type="checkbox"/> No <input checked="" 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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

**DFE/Participating Plan Information**

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

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

OMB No. 1210-0110

**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

<b>A</b> Name of plan <u>BAPTIST HEALTH RETIREMENT SAVINGS PLAN MASTER TRUST</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>010</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BAPTIST HEALTH</u>	<b>D</b> Employer Identification Number (EIN) <u>71-0236856</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)

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

<b>a</b> Plan name	BAPTIST HEALTH 401(A) PLAN	
<b>b</b> Name of plan sponsor	BAPTIST HEALTH	<b>c</b> EIN-PN 71-0236856-003

<b>a</b> Plan name	BAPTIST HEALTH 403(B) PLAN	
<b>b</b> Name of plan sponsor	BAPTIST HEALTH	<b>c</b> EIN-PN 71-0236856-002

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>BAPTIST HEALTH RETIREMENT SAVINGS PLAN MASTER TRUST</b>	<b>B</b> Three-digit plan number (PN) <b>▶</b> <b>010</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BAPTIST HEALTH</b>	<b>D</b> Employer Identification Number (EIN) <b>71-0236856</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	37202043
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	908291824
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
<b>(15)</b> Other.....	<b>1c(15)</b>	27058394

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	814862623	972552261
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	814862623	972552261

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	1797320	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		1797320
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	43818512	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		43818512
<b>(3)</b> Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(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)		55074760
<b>c</b> Other income .....	2c		3399804
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		104090396

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)		
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other .....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		0
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> 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)		
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		0
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		0

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k		104090396
<b>l</b> Transfers of assets:			
(1) To this plan .....	2l(1)		129573774
(2) From this plan .....	2l(2)		75974532

**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:

(2) EIN:

**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
<b>a</b> 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.)			
<b>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

ASSET DETAIL  
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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
-----	-----	-----	-----	-----	-----
CASH EQUIVALENTS					
0.000	SCH TREAS OBLIGATION MMF INVESTOR SH TICKER: SNOXX	12,411.59	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
2,107,405.530	SCHWAB GOVERNMENT MONEY FD INV SHS TICKER: SNVXX	415,475.23	2,107,405.53	2,107,405.53	0.00
	MONTH END PRICE 1.0000				
1,934,680.900	SCHWAB GOVERNMENT MONEY FUND TICKER: SWGXX	825,348.97	1,934,680.90	1,934,680.90	0.00
	MONTH END PRICE 1.0000				
429,293.890	SCHWAB US TRSY MONEY INV TICKER: SNSXX	106.38	429,293.89	429,293.89	0.00
	MONTH END PRICE 1.0000				
		-----	-----	-----	-----
		1,253,342.17	4,471,380.32	4,471,380.32	0.00
MUTUAL FUNDS					
164.775	AB SMALL CAP GROWTH ADV CL TICKER: QUAYX	10,197.92	12,112.61	11,651.98	460.63
	MONTH END PRICE 73.5100				
0.000	AMERICA EUROPAFIC GROWTH FDF2 TICKER: AEPFX	13,312.61	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
545.626	AMERICAN CENTRY FOCUSED DYN GWTH INV TICKER: ACFOX	57,904.17	37,866.44	28,297.04	9,569.40
	MONTH END PRICE 69.4000				
64.264	AMERICAN CENTURY AV INT SM CAP VAL I TICKER: AVDVX	0.00	785.95	842.81	56.86-
	MONTH END PRICE 12.2300				
106.664	AMERICAN CENTURY SMALL CAP VALUE INV TICKER: ASVIX	1,035.81	1,110.37	1,185.21	74.84-
	MONTH END PRICE 10.4100				
14.050	AMERICAN CENTURY ULTRA FUND INV TICKER: TWCUX	1,012.06	1,311.15	1,218.75	92.40
	MONTH END PRICE 93.3200				
231.110	AMERICAN FD AMERICAN MUTUAL FD CL F2 TICKER: AMRFX	11,062.50	12,743.41	11,059.89	1,683.52
	MONTH END PRICE 55.1400				
16.649	AMERICAN FD CAP INCM BLDR CL F1 TICKER: CIBFX	1,042.26	1,148.28	1,148.95	0.67-
	MONTH END PRICE 68.9700				
673.191	AMERICAN FD NEWPERSPECTIVE CL F1 TICKER: NPFFX	34,615.06	41,468.57	35,612.13	5,856.44
	MONTH END PRICE 61.6000				
41.429	AMG VERITAS CHINA FUND-N TICKER: MMCFX	562.89	559.71	1,012.02	452.31-
	MONTH END PRICE 13.5100				
1,222.303	ARTISAN INTERNATIONAL VALUE FUND TICKER: ARTKX	53,881.71	57,326.01	45,144.74	12,181.27
	MONTH END PRICE 46.9000				
33.125	AVANTIS U.S. SMALL CAP VALUE INSTL TICKER: AVUVX	0.00	565.11	552.00	13.11
	MONTH END PRICE 17.0600				
7,018.191	BAIRD AGGREGATE BD INST TICKER: BAGIX	0.00	67,725.54	68,058.66	333.12-
	MONTH END PRICE 9.6500				

ASSET DETAIL  
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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
-----	-----	-----	-----	----	-----
5,330.356	BAIRD CORE PLUS BOND INSTL TICKER: BCOIX MONTH END PRICE 10.0100	44,289.59	53,356.86	59,836.24	6,479.38-
0.000	BAIRD INTERMEDIATE BOND INST TICKER: BIMIX MONTH END PRICE 0.0000	5,784.40	0.00	0.00	0.00
0.000	BAIRD SHORT-TERM BOND INST TICKER: BSBIX MONTH END PRICE 0.0000	40,764.15	0.00	0.00	0.00
54.638	BARON EMRG MKTS FD RETAIL TICKER: BEXFX MONTH END PRICE 14.9200	757.40	815.20	1,022.18	206.98-
0.000	BARON GLBL ADVANTAGE FD RETAIL SHRS TICKER: BGAFX MONTH END PRICE 0.0000	128,079.94	0.00	0.00	0.00
8.011	BARON OPPORTUNITY RETAIL TICKER: BIOPX MONTH END PRICE 47.1300	1,328.29	377.56	234.33	143.23
8.424	BARON PARTNERS FUND RETAIL TICKER: BPTRX MONTH END PRICE 210.4200	4,073.44	1,772.58	1,167.43	605.15
64.810	BARON REAL ESTATE INCOME RETAIL TICKER: BRIFX MONTH END PRICE 16.5900	917.71	1,075.20	1,056.01	19.19
20.347	BARON SMALL CAP FUND TICKER: BSCFX MONTH END PRICE 30.2100	0.00	614.68	675.65	60.97-
325.627	BERKSHIRE FOCUS FUND TICKER: BFOCX MONTH END PRICE 30.2400	0.00	9,846.96	10,000.00	153.04-
3,359.978	BITCOIN PROFUND INV TICKER: BTCFX MONTH END PRICE 30.3800	0.00	102,076.13	79,958.24	22,117.89
4,796.068	BLACK OAK EMERGING TECHNOLOGY TICKER: BOGSX MONTH END PRICE 7.2300	29,862.39	34,675.57	33,281.50	1,394.07
796.393	BLACKROCK ADVANTAGE SM CAP CORE A TICKER: BDSAX MONTH END PRICE 18.2700	0.00	14,550.10	15,071.29	521.19-
7,142.857	BLACKROCK ENERGY OPPTY A TICKER: BACAX MONTH END PRICE 12.9300	2,695.69	92,357.14	100,000.00	7,642.86-
264.715	BLACKROCK FLOATING RATE INCOME INSTL TICKER: BFRIX MONTH END PRICE 9.6800	0.00	2,562.44	2,563.19	0.75-
0.000	BLACKROCK FLOATING RATE INCOME INV A TICKER: BFRAX MONTH END PRICE 0.0000	3,567.37	0.00	0.00	0.00
30.153	BLACKROCK HEALTH SCIENCE OPPTY A TICKER: SHSAX MONTH END PRICE 62.4400	43,741.22	1,882.75	2,008.35	125.60-
0.000	BLACKROCK HIGH YIELD INV A TICKER: BHYAX MONTH END PRICE 0.0000	1,872.72	0.00	0.00	0.00
30.222	BNY MELLON APPREC FD, INC. INV SHRS TICKER: DGAGX MONTH END PRICE 39.1800	1,053.28	1,184.10	1,362.12	178.02-

ASSET DETAIL  
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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
-----	-----	-----	-----	----	-----
36.780	BNY MELLON NATURAL RESOURCES FD CL A TICKER: DNLAX	9,353.08	1,547.33	1,720.00	172.67-
	MONTH END PRICE 42.0700				
898.904	BNY MELLON SMCAP STOCK IDX INV SHRS TICKER: DISSX	38,071.56	21,735.50	25,351.67	3,616.17-
	MONTH END PRICE 24.1800				
37.290	BROWN CAP MGMT INTL SM CO INV TICKER: BCSVX	839.77	908.38	1,049.22	140.84-
	MONTH END PRICE 24.3600				
0.000	CAPITAL WORLD BOND FUND CL R5 TICKER: RCWFX	10,275.03	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
7,494.145	CARLYLE TACTICAL PRIVATE CR FD CL N TICKER: TAKNX	0.00	63,700.23	64,000.00	299.77-
	MONTH END PRICE 8.5000				
49.073	CATALYST SYSTEMATIC ALPHA I TICKER: ATRFX	0.00	519.68	646.11	126.43-
	MONTH END PRICE 10.5900				
146.311	COHEN & STEERS REAL ESTATE SECS I TICKER: CSDIX	0.00	2,525.33	2,732.94	207.61-
	MONTH END PRICE 17.2600				
109.073	COHEN & STEERS REALTY SHARES TICKER: CSRSX	17,679.07	7,172.64	7,065.64	107.00
	MONTH END PRICE 65.7600				
0.000	COLUMBIA SELIGMAN COMM &INFO A TICKER: SLMCX	479.06	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
0.000	COMMERCE VALUE FD SH TICKER: CFVLX	19,914.01	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
1,001.822	CROMWELL CENTERSQUARE RE INV TICKER: MRESX	10,919.86	11,410.75	10,367.33	1,043.42
	MONTH END PRICE 11.3900				
47.321	DAVIS NEW YORK VENTURE FUND CLASS A TICKER: NYVTX	1,034.95	1,216.15	1,463.13	246.98-
	MONTH END PRICE 25.7000				
0.000	DELAWARE MID CAP GROWTH EQUITY INSTL TICKER: DFDIX	1,161.19	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
26.240	DF DENT MIDCAP GWTH TICKER: DFDMX	868.54	965.37	1,027.60	62.23-
	MONTH END PRICE 36.7900				
1,240.615	DFA EMERG MKTS CORE EQTY PORT INSTL TICKER: DFCEX	23,499.44	28,881.52	28,604.85	276.67
	MONTH END PRICE 23.2800				
1,389.517	DFA EMERGING MKTS VALUE PORT INSTL TICKER: DFEVX	0.00	41,560.45	41,815.49	255.04-
	MONTH END PRICE 29.9100				
0.000	DFA GLOB REAL ESTATE SEC PORT INST TICKER: DFGEX	9,355.73	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
3,033.945	DFA GLOBAL ALLOC 60/40 PORT INST CL TICKER: DGSIX	57,987.03	63,470.13	64,114.29	644.16-
	MONTH END PRICE 20.9200				
38,211.792	DFA INFLATION PROTECT SEC PORT INSTL TICKER: DIPSX	408,755.44	411,158.88	473,512.18	62,353.30-
	MONTH END PRICE 10.7600				

ASSET DETAIL  
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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
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10,769.516	DFA INTL CORE EQTY PORT INSTL TICKER: DFIEX	159,691.70	166,065.94	153,875.30	12,190.64
	MONTH END PRICE 15.4200				
5,685.362	DFA INTL HIGH PROFITABILITY PRT INST TICKER: DIHRX	70,719.79	70,896.46	58,293.96	12,602.50
	MONTH END PRICE 12.4700				
457.155	DFA INTL SMALL CAP VALUE PORT INSTL TICKER: DISVX	6,926.61	10,025.41	8,473.64	1,551.77
	MONTH END PRICE 21.9300				
2,189.252	DFA INTL SMALL CO PORT INSTL TICKER: DFISX	40,930.25	42,471.49	39,476.72	2,994.77
	MONTH END PRICE 19.4000				
8,054.785	DFA INTL VALUE III PORT INST TICKER: DFVIX	131,922.12	142,489.15	112,637.88	29,851.27
	MONTH END PRICE 17.6900				
29,476.832	DFA INVESTMENT GRADE PORT INSTL TICKER: DFAPX	285,183.52	290,346.80	329,763.49	39,416.69-
	MONTH END PRICE 9.8500				
1,203.031	DFA REAL ESTATE SECURITIES PORT INST TICKER: DFREX	45,852.65	48,385.91	40,648.67	7,737.24
	MONTH END PRICE 40.2200				
15,164.993	DFA SHORT-TERM EXTD QUALITY INSTL TICKER: DFEQX	254,734.59	157,412.63	163,343.82	5,931.19-
	MONTH END PRICE 10.3800				
11,206.397	DFA US CORE EQTY 1 PORT INSTL TICKER: DFEOX	600,361.25	484,676.67	335,698.20	148,978.47
	MONTH END PRICE 43.2500				
3,106.231	DFA US CORE EQTY 2 PORT INSTL TICKER: DFQTX	80,791.82	119,869.45	90,661.52	29,207.93
	MONTH END PRICE 38.5900				
7,976.578	DFA US HIGH RELATIVE PROFIT PRT INST TICKER: DURPX	151,388.25	195,266.63	125,973.49	69,293.14
	MONTH END PRICE 24.4800				
4,317.991	DFA US LARGE CAP GROWTH INST TICKER: DUSLX	133,697.73	165,551.77	102,878.59	62,673.18
	MONTH END PRICE 38.3400				
5,352.648	DFA US LARGE CAP VAL III TICKER: DFUVX	107,399.06	169,464.84	140,216.06	29,248.78
	MONTH END PRICE 31.6600				
0.000	DFA US MICRO CAP PORT INSTL TICKER: DFSCX	17,795.08	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
2,509.535	DFA US SMALL CAP PORT INSTL TICKER: DFSTX	110,135.50	122,791.55	79,593.01	43,198.54
	MONTH END PRICE 48.9300				
48.145	DFA US SMALL CAP VALUE PORT INSTL TICKER: DFSVX	9,071.68	2,335.51	1,580.96	754.55
	MONTH END PRICE 48.5100				
3,530.305	DFA WORLD CORE EQTY INST TICKER: DREIX	74,408.16	85,503.99	74,058.14	11,445.85
	MONTH END PRICE 24.2200				
13,435.620	DIREXION MNTHLY NASDAQ100 BULL2X INV TICKER: DXQLX	1,074,842.72	1,235,829.82	535,102.15	700,727.67
	MONTH END PRICE 91.9816				
0.000	DIREXION MONTHLY S&P 500 BULL 2X INV TICKER: DXSLX	405,390.48	0.00	0.00	0.00
	MONTH END PRICE 0.0000				

ASSET DETAIL  
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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
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7.963	DODGE & COX BALANCED I TICKER: DODBX	744.14	809.84	807.68	2.16
	MONTH END PRICE 101.7000				
778.652	DODGE & COX INCOME I TICKER: DODIX	9,426.34	9,639.71	10,692.51	1,052.80-
	MONTH END PRICE 12.3800				
4,078.798	DODGE & COX INTERNATIONAL STOCK I TICKER: DODFX	196,088.82	203,532.02	186,855.11	16,676.91
	MONTH END PRICE 49.9000				
669.018	DODGE & COX STOCK I TICKER: DODGX	282,648.30	172,058.05	134,556.66	37,501.39
	MONTH END PRICE 257.1800				
0.000	DWS ENHANCED CMDY STRAT INST TICKER: SKIRX	9,319.33	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
1,386.458	DWS ENHANCED CMDY STRAT S TICKER: SKSRX	7,805.76	7,778.03	13,299.00	5,520.97-
	MONTH END PRICE 5.6100				
79.208	EATON VANCE GREATER CHINA GROWTH A TICKER: EVCGX	1,042.19	1,139.01	1,961.76	822.75-
	MONTH END PRICE 14.3800				
29.942	EATON VANCE GREATER INDIA FD CL A TICKER: ETGIX	1,020.77	1,199.48	1,349.51	150.03-
	MONTH END PRICE 40.0600				
536.914	EP EMERGING MARKETS A TICKER: EPASX	3,575.94	5,116.79	5,214.42	97.63-
	MONTH END PRICE 9.5300				
769.967	EUROPAC GOLD A TICKER: EPGFX	0.00	7,099.10	7,493.18	394.08-
	MONTH END PRICE 9.2200				
826.780	EUROPAC GOLD I TICKER: EPGIX	7,071.84	7,697.32	8,300.04	602.72-
	MONTH END PRICE 9.3100				
451.825	EUROPAC INTL VALUE FDCL A TICKER: EPIVX	0.00	4,653.80	4,564.35	89.45
	MONTH END PRICE 10.3000				
3,508.152	EVENTIDE GILEAD CL N TICKER: ETGLX	175,126.91	174,741.05	154,221.01	20,520.04
	MONTH END PRICE 49.8100				
1,761.719	FAIRHOLME FUND TICKER: FAIRX	63,267.09	52,234.97	51,014.44	1,220.53
	MONTH END PRICE 29.6500				
94.156	FIDELITY BLUE CHIP GROWTH TICKER: FBGRX	15,311.00	21,389.42	17,696.96	3,692.46
	MONTH END PRICE 227.1700				
74.257	FIDELITY EMERGING MARKETS FD TICKER: FEMKX	0.00	2,827.71	4,672.06	1,844.35-
	MONTH END PRICE 38.0800				
2,699.399	FIDELITY FLOATING RATE HIGH INCOME TICKER: FFRHX	0.00	25,077.42	25,234.65	157.23-
	MONTH END PRICE 9.2900				
33.311	FIDELITY GROWTH & INCOME FUND TICKER: FGRIX	56,209.25	2,060.62	1,749.43	311.19
	MONTH END PRICE 61.8600				
0.000	FIDELITY LATIN AMER FUND TICKER: FLATX	3,524.81	0.00	0.00	0.00
	MONTH END PRICE 0.0000				

ASSET DETAIL  
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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
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3,381.811	FIDELITY OTC PORTFOLIO TICKER: FOCPX	28,901.29	72,607.48	67,314.14	5,293.34
	MONTH END PRICE 21.4700				
0.000	FIDELITY SELECT BIOTECHNOLOGY PORT TICKER: FBIOX	35,801.84	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
341.466	FIDELITY SELECT BROKERAGE & INVST MGT TICKER: FSLBX	45,698.55	62,030.71	41,764.02	20,266.69
	MONTH END PRICE 181.6600				
0.000	FIDELITY SELECT CONSUMER STAPLES TICKER: FDFAX	30,585.05	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
27.742	FIDELITY SELECT HEALTH CARE TICKER: FSPHX	0.00	755.97	849.88	93.91-
	MONTH END PRICE 27.2500				
0.000	FIDELITY SELECT INSURANCE TICKER: FSPCX	28,876.22	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
0.000	FIDELITY SLCT GOLD PORTFOLIO TICKER: FSAGX	43,477.99	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
235.403	FIDELITY SLCT MED TECH DEVICES PORT TICKER: FSMEX	40,340.24	14,639.71	16,089.89	1,450.18-
	MONTH END PRICE 62.1900				
5,661.190	FIDELITY SLCT SEMICONDUCTORS PORT TICKER: FSELX	56,903.43	189,480.03	161,775.56	27,704.47
	MONTH END PRICE 33.4700				
601.863	FIDELITY SLCT TECHNOLOGY TICKER: FSPTX	16,408.10	22,196.71	17,364.01	4,832.70
	MONTH END PRICE 36.8800				
43.215	FIRSTHAND TECH VALUE FD INC TICKER: SVVC	12.96	2.66	953.62	950.96-
	MONTH END PRICE 0.0616				
102.977	FRANKLIN DYNATECH FUND TICKER: FKDNX	13,771.11	17,980.81	16,225.12	1,755.69
	MONTH END PRICE 174.6100				
18.377	GATEWAY FUND CL A TICKER: GATEX	0.00	851.04	789.52	61.52
	MONTH END PRICE 46.3100				
31.924	GOLDMAN SACHS CHINA EQTY A TICKER: GSAGX	553.47	625.39	1,156.04	530.65-
	MONTH END PRICE 19.5900				
0.000	HARDING LOEVNER INST EMRG MKTS CL I TICKER: HLMEX	54,767.61	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
36.050	INVESCO EQV ASIA PACIFIC EQUITY A TICKER: ASIAX	900.12	986.33	1,235.73	249.40-
	MONTH END PRICE 27.3600				
1,134.553	INVESCO INCOME ADVANTAGE INTL Y TICKER: GTNYX	0.00	13,864.24	14,491.05	626.81-
	MONTH END PRICE 12.2200				
322.202	INVESCO OPPEN GOLD & SPEC MINERALS A TICKER: OPGSX	4,277.43	8,270.93	8,150.55	120.38
	MONTH END PRICE 25.6700				
219.845	INVESCO OPPENHEIMER DEV MKTS FD Y TICKER: ODVYX	7,490.97	8,373.90	8,201.83	172.07
	MONTH END PRICE 38.0900				

ASSET DETAIL  
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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
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0.000	ISHARES DEVELOPED REAL ESTATE INDEX TICKER: BIRD MONTH END PRICE 0.0000	42,440.84	0.00	0.00	0.00
808.661	JANUS HENDERSON GLBL EQTY INCM I TICKER: HFQIX MONTH END PRICE 6.0500	776.45	4,892.40	5,026.59	134.19-
30.506	JANUS HENDERSON GLBL TECH INNOV T TICKER: JAGTX MONTH END PRICE 61.3800	176.42	1,872.46	1,762.00	110.46
4,811.080	JP MORGAN SMALL CAP GROWTH A TICKER: PGSGX MONTH END PRICE 17.7300	75,857.30	85,300.45	118,873.88	33,573.43-
1,877.977	JP MORGAN TR II CORE BOND FD CL A TICKER: PGBOX MONTH END PRICE 10.1100	11,204.75	18,986.35	18,575.43	410.92
20,067.034	JPMORGAN INCM I TICKER: JMSIX MONTH END PRICE 8.4900	0.00	170,369.12	170,000.00	369.12
213.992	MATTHEWS CHINA INVESTOR TICKER: MCHFX MONTH END PRICE 13.4400	2,440.15	2,876.05	2,959.58	83.53-
58.442	MATTHEWS CHINA SMALLCO FD INV CL TICKER: MCSMX MONTH END PRICE 9.0800	516.08	530.65	1,158.60	627.95-
0.000	MATTHEWS EM SM COMS INV TICKER: MSMLX MONTH END PRICE 0.0000	1,209.24	0.00	0.00	0.00
46.341	MATTHEWS INDIA INV FUND TICKER: MINDX MONTH END PRICE 25.3300	1,064.35	1,173.82	1,382.52	208.70-
447.251	MFS INTERNATIONAL GROWTH FD CL A TICKER: MGRAX MONTH END PRICE 41.1800	0.00	18,417.80	17,884.35	533.45
146.340	MORGAN STANLEY DISCOVERY PORT A TICKER: MACGX MONTH END PRICE 14.5900	461.33	2,135.10	2,300.27	165.17-
1,782.754	NEEDHAM AGGRESSIVE GROWTH RETAIL TICKER: NEAGX MONTH END PRICE 46.2600	0.00	82,470.20	84,500.00	2,029.80-
8,800.852	NEUBERGER BERMAN CORE BDFD INSTL CL TICKER: NCRLX MONTH END PRICE 8.7200	25,831.30	76,743.43	77,789.86	1,046.43-
0.119	NUVEEN REAL ASSET INCM A TICKER: NRIAX MONTH END PRICE 21.1600	2.47	2.52	2.50	0.02
52.107	NUVEEN REAL ESTATE SEC SEL A TICKER: TCREX MONTH END PRICE 17.8200	884.24	928.55	1,109.35	180.80-
0.000	NUVEEN REAL ESTATE SEC SEL R6 TICKER: TIREX MONTH END PRICE 0.0000	135,079.87	0.00	0.00	0.00
8.919	OAKMARK FUND INV TICKER: OAKMX MONTH END PRICE 152.1500	1,169.71	1,357.03	1,049.79	307.24
0.000	OAKMARK INTL FD INV TICKER: OAKIX MONTH END PRICE 0.0000	13,571.83	0.00	0.00	0.00

**ASSET DETAIL**  
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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
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563.655	OBERWEIS CHINA OPPTY FD INV CL TICKER: OBCHX	525.23	3,883.58	4,356.96	473.38-
	MONTH END PRICE 6.8900				
214.741	PARAMETRIC COMMODITY STRATEGY CL A TICKER: EAPCX	1,192.29	1,307.77	1,397.36	89.59-
	MONTH END PRICE 6.0900				
26.977	PARNASSUS MID CAP FUND TICKER: PARMX	917.50	1,009.21	1,198.45	189.24-
	MONTH END PRICE 37.4100				
46.142	PGIM GLOBAL REAL ESTATE FD CL Z TICKER: PURZX	861.93	893.31	1,206.63	313.32-
	MONTH END PRICE 19.3600				
31,637.327	PGIM HIGH YIELD FUND Z TICKER: PHYZX	110,983.97	151,226.42	146,006.31	5,220.11
	MONTH END PRICE 4.7800				
814.026	PIMCO STKSPLUS LONGDURATION FD INST TICKER: PSLDX	11,535.62	13,309.33	14,124.84	815.51-
	MONTH END PRICE 16.3500				
411.468	PRINCIPAL BLUE CHIP A TICKER: PBLAX	15,043.19	18,232.15	16,512.56	1,719.59
	MONTH END PRICE 44.3100				
5,991.972	PRINCIPAL REAL ESTAT SEC INST TICKER: PIREX	0.00	168,494.25	159,269.55	9,224.70
	MONTH END PRICE 28.1200				
8,949.542	PROFUNDS CONSUMER DISCTNRY ULTRA INV TICKER: CYPX	493,787.41	666,651.38	423,944.75	242,706.63
	MONTH END PRICE 74.4900				
0.000	PROFUNDS SEMICONDUCTOR INV CL TICKER: SMPX	23,259.40	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
215.828	PROFUNDS ULTRA BANKS INV TICKER: BKPIX	0.00	12,969.10	15,096.33	2,127.23-
	MONTH END PRICE 60.0900				
3,763.995	ROYCE SMALL CAP VALUE FD SVC CL TICKER: RYVFX	36,491.75	37,677.59	42,560.08	4,882.49-
	MONTH END PRICE 10.0100				
0.272	RYDEX LEISURE FUND INV CL TICKER: RYLIX	21.47	25.11	26.49	1.38-
	MONTH END PRICE 92.3300				
825.065	SCHWAB FDMNTL EM MKTS EQ INDEX TICKER: SFENX	3,365.33	7,532.84	7,681.28	148.44-
	MONTH END PRICE 9.1300				
672.918	SCHWAB FDMNTL INTL SM EQ INDEX TICKER: SFILX	5,901.45	8,297.08	8,100.67	196.41
	MONTH END PRICE 12.3300				
6,914.436	SCHWAB FUNDAMENTAL US LRGE CO INDEX TICKER: SFLNX	228,297.45	192,636.19	147,851.32	44,784.87
	MONTH END PRICE 27.8600				
139.916	SCHWAB FUNDAMENTAL US SMALL CO INDEX TICKER: SFSNX	6,657.68	2,482.11	2,204.98	277.13
	MONTH END PRICE 17.7400				
3,678.762	SCHWAB FUNDMNTL GLBL REAL ESTT IDX TICKER: SFREX	32,670.83	33,660.67	31,842.48	1,818.19
	MONTH END PRICE 9.1500				
1,157.570	SCHWAB HEALTH CARE FUND TICKER: SWHFX	54,032.14	26,890.35	30,237.83	3,347.48-
	MONTH END PRICE 23.2300				

ASSET DETAIL  
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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
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27,886.137	SCHWAB INTL INDEX FD TICKER: SWISX MONTH END PRICE 22.6100	634,576.57	630,505.56	628,196.88	2,308.68
98.648	SCHWAB MONTHLY INCOME FLEX PAYOUT TICKER: SWKRX MONTH END PRICE 10.0500	952.86	991.41	1,180.75	189.34-
106.641	SCHWAB MONTHLY INCOME INCOME PAYOUT TICKER: SWLRX MONTH END PRICE 9.1800	941.56	978.96	1,144.30	165.34-
37,275.483	SCHWAB S&P 500 INDEX FUND - SELECT S TICKER: SWPPX MONTH END PRICE 90.2700	1,947,786.71	3,364,857.85	2,811,110.39	553,747.46
18,357.992	SCHWAB SMALL CAP INDEX SELECT TICKER: SWSSX MONTH END PRICE 35.7100	387,756.43	655,563.89	598,869.79	56,694.10
3,573.971	SCHWAB TARGET 2030 FUND TICKER: SWDRX MONTH END PRICE 16.0800	51,985.91	57,469.45	55,576.09	1,893.36
6.840	SCHWAB TARGET 2040 INDEX FUND TICKER: SWYGX MONTH END PRICE 17.5100	105.80	119.77	104.81	14.96
1,760.437	SCHWAB TARGET 2065 INDEX FUND TICKER: SWYOX MONTH END PRICE 12.3600	0.00	21,759.00	22,875.94	1,116.94-
16,228.439	SCHWAB TOTAL STK MKT INDEX TICKER: SWTSX MONTH END PRICE 99.0900	1,258,972.17	1,608,076.02	1,254,635.76	353,440.26
596.421	SCHWAB TREAS INFLAT PROT SEC IDX FD TICKER: SWRSX MONTH END PRICE 10.0700	33,464.05	6,005.96	6,287.66	281.70-
32,882.626	SCHWAB US AGGREGATE BOND INDEX FD TICKER: SWAGX MONTH END PRICE 8.7800	777,447.16	288,709.46	299,594.82	10,885.36-
2,131.161	SCHWAB US LARGE CAP GROWTH INDEX FD TICKER: SWLGX MONTH END PRICE 118.8300	171,334.11	253,245.86	179,548.59	73,697.27
931.137	SCHWAB US LARGE CAP VALUE INDEX FD TICKER: SWLVX MONTH END PRICE 57.2600	28,488.24	53,316.90	48,474.74	4,842.16
2,152.105	SCHWAB US MID CAP INDEX FD TICKER: SWMCX MONTH END PRICE 66.4400	179,257.14	142,985.86	116,781.89	26,203.97
39.646	SCHWAB 1000 INDEX FUND TICKER: SNXFX MONTH END PRICE 125.9000	0.00	4,991.43	4,060.83	930.60
3,698.339	SEGALL BRYANT & HAMILL PL BD FD RET TICKER: WTIBX MONTH END PRICE 9.2700	39,993.47	34,283.60	39,745.43	5,461.83-
1,431.335	SEGALL BRYANT & HAMILL SM CP GR INST TICKER: WISGX MONTH END PRICE 21.7500	26,894.78	31,131.54	13,598.83	17,532.71
1,754.072	SELECTED AMERICAN SHARES S TICKER: SLASX MONTH END PRICE 37.4700	55,827.88	65,725.08	71,871.31	6,146.23-
0.000	SMI DYNAMIC ALLOCATION FD TICKER: SMIDX MONTH END PRICE 0.0000	38,191.17	0.00	0.00	0.00

ASSET DETAIL  
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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
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5,916.141	STEPSTONE PRIVATE INFRASTRUCTURE I TICKER: STRUX	0.00	74,543.38	75,075.37	531.99-
	MONTH END PRICE 12.6000				
92,848.208	SYMMETRY PANORAMIC GLBL EQTY I TICKER: SPGEX	927,750.19	1,164,316.53	1,110,264.24	54,052.29
	MONTH END PRICE 12.5400				
51,605.487	SYMMETRY PANORAMIC INTL EQTY I TICKER: SPILX	479,282.68	602,752.09	569,903.28	32,848.81
	MONTH END PRICE 11.6800				
79,809.307	SYMMETRY PANORAMIC US EQTY I TICKER: SPUSX	903,290.89	1,146,061.65	1,003,516.30	142,545.35
	MONTH END PRICE 14.3600				
1,346.970	T ROWE PRICE BLUE CHIP GROWTH FUND TICKER: TRBCX	114,335.15	250,886.63	222,131.43	28,755.20
	MONTH END PRICE 186.2600				
16.040	T ROWE PRICE DIVID GROWTH FD INC TICKER: PRDGX	265,796.95	1,232.83	1,100.39	132.44
	MONTH END PRICE 76.8600				
9.787	T ROWE PRICE FINANCIAL SVCS TICKER: PRISX	0.00	417.22	380.00	37.22
	MONTH END PRICE 42.6300				
661.622	T ROWE PRICE GLBL MULTI SECT BOND FD TICKER: PRSNX	6,334.60	6,576.52	6,366.31	210.21
	MONTH END PRICE 9.9400				
10.473	T ROWE PRICE GROWTH STOCK FUND TICKER: PRGFX	852.31	1,104.48	1,200.17	95.69-
	MONTH END PRICE 105.4600				
162.176	T ROWE PRICE HEALTH SCIENCES FD TICKER: PRHSX	14,198.31	12,897.86	15,218.54	2,320.68-
	MONTH END PRICE 79.5300				
0.000	T ROWE PRICE LARGE CAP GWTH I TICKER: TRLGX	162,451.27	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
50.489	T ROWE PRICE MEDIA & TELECOM FUND TICKER: PRMTX	5,636.56	7,784.90	5,941.91	1,842.99
	MONTH END PRICE 154.1900				
94.198	T ROWE PRICE NEW AMERICA GROWTH FUND TICKER: PRWAX	5,532.15	6,925.44	5,854.84	1,070.60
	MONTH END PRICE 73.5200				
16.664	T ROWE PRICE NEW ERA FUND TICKER: PRNEX	592.67	619.23	625.45	6.22-
	MONTH END PRICE 37.1600				
70.561	T ROWE PRICE QM GLOBAL EQUITY INV TICKER: TQGX	1,072.13	1,264.45	1,239.87	24.58
	MONTH END PRICE 17.9200				
918.891	T ROWE PRICE REAL ESTATE FUND TICKER: TRREX	13,689.90	10,558.06	11,106.89	548.83-
	MONTH END PRICE 11.4900				
239.580	T ROWE PRICE RETIREMENT 2030 FD TICKER: TRRCX	5,548.62	6,142.83	5,522.42	620.41
	MONTH END PRICE 25.6400				
20.319	T ROWE PRICE SMALL CAP VALUE FD TICKER: PRSVX	966.91	1,072.64	1,238.62	165.98-
	MONTH END PRICE 52.7900				
9,897.911	T ROWE PRICE ULTRA SHORT BOND INV TICKER: TRBUX	0.00	50,182.41	50,182.41	0.00
	MONTH END PRICE 5.0700				

ASSET DETAIL  
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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
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2,770.807	T. ROWE PRICE GLOBAL TECHNOLOGY TICKER: PRGTX	1,304.65	57,799.03	51,315.41	6,483.62
	MONTH END PRICE 20.8600				
463.714	T. ROWE PRICE INTEGRATED US SM GR EQ TICKER: PRDSX	0.00	19,972.16	20,000.00	27.84-
	MONTH END PRICE 43.0700				
75.704	TCW GLOBAL REAL ESTATE N TICKER: TGRYX	861.49	877.41	1,134.34	256.93-
	MONTH END PRICE 11.5900				
434.133	THIRD AVENUE VALUE FUND INSTL TICKER: TAVFX	25,605.34	25,040.79	24,242.07	798.72
	MONTH END PRICE 57.6800				
825.538	THORNBURG GBL OPPTY FD CL A TICKER: THOAX	26,391.14	29,735.88	22,591.60	7,144.28
	MONTH END PRICE 36.0200				
1.204	USA MUTUALS VITIUM GLOBAL INV TICKER: VICEX	24.19	24.56	33.15	8.59-
	MONTH END PRICE 20.4000				
1,387.741	VANGUARD DEVELOPED MKTS INDEX ADM TICKER: VTMGX	15,572.97	21,315.70	20,339.16	976.54
	MONTH END PRICE 15.3600				
0.000	VANGUARD DIVERSIFIED EQTY FD INV CL TICKER: VDEQX	349,350.68	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
2,522.233	VANGUARD DIVIDEND GROWTH FUND INV TICKER: VDIGX	0.00	91,330.06	95,741.72	4,411.66-
	MONTH END PRICE 36.2100				
8,850.467	VANGUARD EMRG MKTS STK INDEX FD ADM TICKER: VEMAX	183,899.08	325,431.67	320,378.32	5,053.35
	MONTH END PRICE 36.7700				
28.810	VANGUARD EUROPEAN STOCK ADMIRAL TICKER: VEUSX	2,246.25	2,291.84	1,855.74	436.10
	MONTH END PRICE 79.5500				
90.079	VANGUARD EXPLORER FD INV TICKER: VEXPX	9,392.50	10,354.58	12,484.25	2,129.67-
	MONTH END PRICE 114.9500				
0.000	VANGUARD F-I SECS S-T U S TREASURY I TICKER: VFISX	102,915.10	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
1,926.839	VANGUARD GROWTH INDEX FD ADMIRAL TICKER: VIGAX	159,881.92	406,986.93	298,987.45	107,999.48
	MONTH END PRICE 211.2200				
679.362	VANGUARD HIGH-YIELD CORPORATE FD INV TICKER: VWEHX	3,464.54	3,682.14	3,836.67	154.53-
	MONTH END PRICE 5.4200				
0.000	VANGUARD INDUSTRIALS INDEX ADM SHRS TICKER: VINAX	10,861.88	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
267.410	VANGUARD INFLATION PROTECTED SEC FD TICKER: VIPSX	3,014.40	3,067.19	3,675.10	607.91-
	MONTH END PRICE 11.4700				
363.071	VANGUARD INFO TECH INDEX FD ADMIRAL TICKER: VITAX	0.00	115,554.61	100,253.21	15,301.40
	MONTH END PRICE 318.2700				
4,112.378	VANGUARD INTERM-TERM INV GRD ADM SHS TICKER: VFIDX	29,739.39	35,201.96	35,635.37	433.41-
	MONTH END PRICE 8.5600				

ASSET DETAIL  
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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
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565.778	VANGUARD INTERNATIONAL VALUE INV TICKER: VTRIX	21,036.68	21,256.28	20,770.25	486.03
	MONTH END PRICE 37.5700				
1,890.988	VANGUARD INTRM TRM TRSY INDX ADMIRAL TICKER: VSIGX	28,738.76	37,044.45	38,459.21	1,414.76-
	MONTH END PRICE 19.5900				
6,313.819	VANGUARD LONG TERM TREASURY FD INV TICKER: VUSTX	0.00	49,816.03	50,118.19	302.16-
	MONTH END PRICE 7.8900				
691.267	VANGUARD MID CAP INDEX FUND ADMIRAL TICKER: VIMAX	186,224.00	225,954.44	173,236.17	52,718.27
	MONTH END PRICE 326.8700				
733.364	VANGUARD MID CAP VALINDEX ADMIRAL TICKER: VMVAX	53,886.72	61,448.57	40,237.00	21,211.57
	MONTH END PRICE 83.7900				
539.546	VANGUARD MID-CAP GROWTH INDEX ADMIRA TICKER: VMGMX	50,646.34	58,956.19	38,705.73	20,250.46
	MONTH END PRICE 109.2700				
44.924	VANGUARD PACIFIC STOCK INDEX ADMIRAL TICKER: VPADX	3,893.62	3,942.08	3,569.88	372.20
	MONTH END PRICE 87.7500				
3,833.972	VANGUARD PRIMECAP CORE INV TICKER: VPCCX	324,849.28	128,208.02	95,018.57	33,189.45
	MONTH END PRICE 33.4400				
314.785	VANGUARD REAL ESTATE IN FD ADM SHRS TICKER: VGSLX	37,895.67	39,760.49	36,850.50	2,909.99
	MONTH END PRICE 126.3100				
313.166	VANGUARD SHORT TERM INVSTMT GRD INV TICKER: VFSTX	3,076.22	3,228.74	3,211.82	16.92
	MONTH END PRICE 10.3100				
88,354.766	VANGUARD SHORT-TERM INVST GRADE ADM TICKER: VFSUX	681,891.39	910,937.64	927,142.04	16,204.40-
	MONTH END PRICE 10.3100				
0.000	VANGUARD SHRT TRM TRSY INDEX ADMIRAL TICKER: VSBSX	4.74	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
278.763	VANGUARD SMALL CAP GROWTH INDEX ADMI TICKER: VSGAX	23,554.93	27,438.64	20,653.16	6,785.48
	MONTH END PRICE 98.4300				
860.700	VANGUARD SMALL CAP INDEX ADMIRAL SH TICKER: VSMAX	86,768.51	99,118.21	51,969.22	47,148.99
	MONTH END PRICE 115.1600				
672.211	VANGUARD SMALL CAP VALUE INDEX ADMIR TICKER: VSIAX	54,560.20	57,252.21	39,561.98	17,690.23
	MONTH END PRICE 85.1700				
5,534.793	VANGUARD TOTAL BOND MKT INDEX ADM TICKER: VBTLX	43,308.73	52,469.84	59,579.84	7,110.00-
	MONTH END PRICE 9.4800				
2,021.389	VANGUARD TOTAL STOCK MKT INDX FD ADM TICKER: VTSAX	46,461.97	285,076.49	239,552.85	45,523.64
	MONTH END PRICE 141.0300				
0.000	VANGUARD UTILITIES INDEX ADM TICKER: VUIAX	58,643.68	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
5,117.907	VANGUARD VALUE INDEX ADMIRAL TICKER: VVIAX	156,798.82	337,986.58	286,316.46	51,670.12
	MONTH END PRICE 66.0400				

ASSET DETAIL  
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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
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3,445.042	VANGUARD WELLINGTON FUND INV TICKER: VWELX	0.00	147,551.15	162,362.92	14,811.77-
	MONTH END PRICE 42.8300				
270.569	VANGUARD 500 INDEX F TICKER: VFIAX	215,641.74	146,854.03	82,592.97	64,261.06
	MONTH END PRICE 542.7600				
830.923	VERSUS CAP RL ASSTS FD LLC UN PART TICKER: VCRRX	55,324.85	23,232.61	22,859.83	372.78
	MONTH END PRICE 27.9600				
621.043	VICTORY AGGRESSIVE GROWTH TICKER: USAUX	31,101.49	41,553.99	35,821.21	5,732.78
	MONTH END PRICE 66.9100				
1,268.668	VICTORY RS SCIENCE TECH FUND A TICKER: RSIFX	25,665.15	34,114.48	27,066.59	7,047.89
	MONTH END PRICE 26.8900				
13,950.444	VICTORY SHORT-TERM BOND TICKER: USSBX	150,586.92	126,670.03	127,001.60	331.57-
	MONTH END PRICE 9.0800				
50.875	VIRTUS DUFF & PHELPS WATER FD A TICKER: AWTAX	915.14	965.61	1,176.28	210.67-
	MONTH END PRICE 18.9800				
3,216.927	VIRTUS SEIX FLOAT RT HIGH INC FUND TICKER: SAMBX	0.00	25,124.20	25,346.28	222.08-
	MONTH END PRICE 7.8100				
0.000	VOYA INTERMEDIATE BOND I TICKER: IICIX	45,024.31	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
0.000	VOYA RUSSIA FUND CL A TICKER: LETRX	85.12	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
190.674	WASATCH EMRG INDIA FD INV TICKER: WAINX	1,652.67	1,084.94	1,296.24	211.30-
	MONTH END PRICE 5.6900				
0.000	WASATCH MICRO CAP TICKER: WMICX	11,199.15	0.00	0.00	0.00
	MONTH END PRICE 0.0000				
2,254.081	WCM FOCUSED INTERNATIONAL GROWTH INS TICKER: WCMIX	42,689.77	49,048.80	49,314.79	265.99-
	MONTH END PRICE 21.7600				
2,266.551	WEITZ SHORT INTERMEDIATE INCOME FD TICKER: WEFIX	105,914.35	27,130.62	26,721.47	409.15
	MONTH END PRICE 11.9700				
0.000	ZEVENBERGEN GENEVA FD INST MONTH END PRICE 0.0000	1,647.42	0.00	0.00	0.00
24.040	ZEVENBERGEN GENEVA FD INSTL CL TICKER: ZVGIX	0.00	1,213.54	912.32	301.22
	MONTH END PRICE 50.4800				
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		19,459,552.30	22,384,143.56	19,114,260.26	3,269,883.30
	UNIT INVESTMENT TRUSTS				
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30.000	FIDELITY DISRUPTIVE TECHLGY ETF IV TICKER: FDTX	1,054.87	1,060.50	810.50	250.00
	MONTH END PRICE 35.3500				
569.942	ISHARES MORN SMALL CAP VALUE ETF TICKER: ISCV	33,053.41	36,140.04	24,689.58	11,450.46
	MONTH END PRICE 63.4100				



TRUST BANK

BAPTIST HEALTH RETIREMENT SAVINGS PL
ACCOUNT NUMBER: 703326-PCRA
REPORTING PERIOD: 12/31/23 TO 12/31/24
PAGE : 559

ASSET DETAIL

Table with 5 columns: SHARES/UNITS, DESCRIPTION, BEGINNING MARKET, ENDING MARKET, ADJUSTED COST, UNREALIZED GAIN / LOSS. Rows include ISHARES MORNINGSTAR FUND, SPDR BLOOMBERG BARCLAYS HI YIELD ETF, and summary rows for TOTAL CASH and NET ASSETS.

ASSET DETAIL

SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
CASH EQUIVALENTS					
37,199,780.490	SCHWAB RETIREMENT GOVT MONEY FD TICKER: SNRXX MONTH END PRICE 1.0000	35,867,934.39	37,199,780.49	37,199,780.49	0.00
		35,867,934.39	37,199,780.49	37,199,780.49	0.00
MUTUAL FUNDS					
14,137,451.926	FEDERATED TOTAL RETURN BOND FD INST TICKER: FTRBX MONTH END PRICE 9.3500	108,604,270.91	132,185,175.51	143,061,594.65	10,876,419.14-
2,524,611.405	FIDELITY EMERGING MKTS INDEX TICKER: FPADX MONTH END PRICE 10.4600	21,979,274.59	26,407,435.30	28,516,987.09	2,109,551.79-
687,822.923	FIDELITY 500 INDEX FD TICKER: FXAIX MONTH END PRICE 204.1900	111,568,547.87	140,446,562.65	101,649,200.18	38,797,362.47
1,249,552.959	JANUS HENDERSON TRITON FD CL T TICKER: JATTX MONTH END PRICE 26.1300	28,927,706.92	32,650,818.82	31,958,851.10	691,967.72
49,221.275	JANUS HENDERSON ENTERPRISE FD T TICKER: JAENX MONTH END PRICE 139.3700	5,995,011.79	6,859,969.10	6,464,995.42	394,973.68
653,970.921	JPMORGAN EMRG MKTS EQTY CL R6 TICKER: JEMWX MONTH END PRICE 30.2600	16,445,684.14	19,789,160.07	22,467,116.63	2,677,956.56-
1,296,541.209	JPMORGAN LARGE CAP GROWTH R6 TICKER: JLGMX MONTH END PRICE 83.7400	84,636,346.36	108,572,360.84	72,049,200.07	36,523,160.77
1,387,749.001	MFS MID CAP VALUE FD CL R3 TICKER: MVCHX MONTH END PRICE 30.5100	37,053,909.60	42,340,222.02	39,485,507.38	2,854,714.64
2,478,956.990	TCW METWEST LOW DURATION BD M TICKER: MWLDX MONTH END PRICE 8.3200	17,405,342.70	20,624,922.16	20,648,770.79	23,848.63-
226,011.050	VANGUARD BALANCED INDEX INST'L TICKER: VBAIX MONTH END PRICE 48.4900	7,264,327.28	10,959,275.81	10,035,562.02	923,713.79
3,066,511.785	VANGUARD DIVIDEND GROWTH FUND INV TICKER: VDIGX MONTH END PRICE 36.2100	96,999,048.09	111,038,391.73	99,326,079.17	11,712,312.56
4,151,430.983	VANGUARD INFL PROTECTED SECS FDIINST TICKER: VIPIX MONTH END PRICE 9.1700	31,047,010.58	38,068,622.11	41,608,730.00	3,540,107.89-
2,048,596.787	VANGUARD INTERNATIONAL VALUE INV TICKER: VTRIX MONTH END PRICE 37.5700	67,703,157.54	76,965,781.29	77,679,625.35	713,844.06-
684,362.878	VANGUARD INTL GROWTH ADMIRAL CLASS TICKER: VWILX MONTH END PRICE 101.5700	59,412,049.96	69,510,737.52	73,187,074.64	3,676,337.12-
511,759.323	VANGUARD MID CAP INDEX FUND INSTL TICKER: VMCIX MONTH END PRICE 72.2100	32,913,746.38	36,954,140.71	28,204,612.94	8,749,527.77
305,973.053	VANGUARD SMALL-CAP INDEX INSTL TICKER: VSCIX MONTH END PRICE 115.1500	30,199,288.95	35,232,797.05	27,529,415.92	7,703,381.13



TRUST BANK

BAPTIST HEALTH RETIREMENT SAVINGS PL  
 ACCOUNT NUMBER: 703326  
 REPORTING PERIOD: 12/31/23 TO 12/31/24  
 PAGE : 8552

ASSET DETAIL  
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SHARES/ UNITS	DESCRIPTION	BEGINNING MARKET	ENDING MARKET	ADJUSTED COST	UNREALIZED GAIN / LOSS
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	PARTICIPANT LOANS & MISC NOTES	758,154,723.66	908,606,372.69	823,873,323.35	84,733,049.34
	-----				
12,529,681.360	BAPTIST HEALTH RETIREMENT LOAN POOL TICKER: 703326A MONTH END PRICE 100.0000	8,354,915.99	12,529,681.36	12,529,681.36	0.00
		8,354,915.99	12,529,681.36	12,529,681.36	0.00
	TOTAL	802,377,574.04	958,335,834.54	873,602,785.20	84,733,049.34
	CASH	69,233.32	433,027.53		
	NET ASSETS	802,446,807.36	958,768,862.07		
		=====	=====		

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, a single-employer plan, a DFE (specify) M, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: Baptist Health Retirement Savings Plan Master Trust; 1b Three-digit plan number (PN): 010; 1c Effective date of plan; 2a Plan sponsor's name: Baptist Health; 2b Employer Identification Number (EIN): 71-0236856; 2c Plan Sponsor's telephone number: (501) 202-2985; 2d Business code; 9601 Baptist Health Drive, Little Rock, AR 72205-7201

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, Date, and Name. Row 1: Cathy C. Dickinson, 08/15/2025, CATHY DICKINSON. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. Row 3: Signature of DFE, Date, Enter name of individual signing as DFE.

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