

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, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
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: HCA SHORT-TERM DISABILITY BENEFITS PLAN
1b Three-digit plan number (PN): 551
1c Effective date of plan: 08/01/2022
2a Plan sponsor's name (employer, if for a single-employer plan): HCA INC.
2b Employer Identification Number (EIN): 75-2497104
2c Plan Sponsor's telephone number: 615-344-8741
2d Business code (see instructions): 551112

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.

Form 5500 (2024) v. 240311

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 HCA INC. c Plan Name HCA SHORT-TERM DISABILITY PLAN		4b EIN 75-2497104	
		4d PN 551	
5 Total number of participants at the beginning of the plan year		5	205597
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	204590
a(2) Total number of active participants at the end of the plan year		6a(2)	208428
b Retired or separated participants receiving benefits.....		6b	10
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	208438
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	
f Total. Add lines 6d and 6e		6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4F

9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) <input type="checkbox"/> Insurance	(1) <input 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
(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 checked="" type="checkbox"/> General assets of the sponsor
(3) <input checked="" type="checkbox"/> Trust	(4) <input checked="" type="checkbox"/> General assets of the sponsor		
(4) <input checked="" 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 type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(4) <input checked="" type="checkbox"/> C (Service Provider Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)	(6) <input type="checkbox"/> G (Financial Transaction Schedules)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary			
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____			
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)			

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 _____

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

A Name of plan HCA SHORT-TERM DISABILITY BENEFITS PLAN	B Three-digit plan number (PN) ▶	551
C Plan sponsor's name as shown on line 2a of Form 5500 HCA INC.	D Employer Identification Number (EIN) 75-2497104	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

BANK OF AMERICA, N.A.

94-1687665

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	TRUSTEE	10590	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

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

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

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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 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan HCA SHORT-TERM DISABILITY BENEFITS PLAN	B Three-digit plan number (PN) ▶ 551
C Plan sponsor's name as shown on line 2a of Form 5500 HCA INC.	D Employer Identification Number (EIN) 75-2497104

Part I	Asset and Liability Statement
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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	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1432826
(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)	
(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)	
(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)	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(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	1114832	1432826
Liabilities			
g Benefit claims payable.....	1g	27280633	27054833
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	27280633	27054833
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	-26165801	-25622007

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)	124398225	
(B) Participants.....	2a(1)(B)	5187297	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		129585522
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	96639	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		96639
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		129682161

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	129127777	
(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)		129127777
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)	10590	
(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)		10590
j Total expenses. Add all expense amounts in column (b) and enter total	2j		129138367

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		543794
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: CROWE LLP

(2) EIN: 35-0921680

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		15000000
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.			

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 _____.

HCA SHORT-TERM DISABILITY BENEFITS PLAN

FINANCIAL STATEMENTS

December 31, 2024 and 2023

HCA SHORT-TERM DISABILITY BENEFITS PLAN

FINANCIAL STATEMENTS
December 31, 2024 and 2023

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Note: All other supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended (ERISA) are omitted as they are not applicable.

INDEPENDENT AUDITOR'S REPORT

The Plan Administration Committee and Plan Participants
HCA Short-Term Disability Benefits Plan

Opinion

We have audited the financial statements of the HCA Short-Term Disability Benefits Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of benefit obligations and net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in benefit obligations and net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the benefit obligations and net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its benefit obligations and net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

(Continued)

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4j- Schedule of Reportable Transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

(Continued)

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

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

Crowe LLP
Crowe LLP

New York, New York
August 12, 2025

HCA SHORT-TERM DISABILITY BENEFITS PLAN
STATEMENTS OF BENEFIT OBLIGATIONS AND
NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
BENEFIT OBLIGATIONS		
Claims payable and incurred but not paid	\$ 27,054,833	\$ 27,280,633
ASSETS		
Investment at fair value	<u>1,432,826</u>	<u>1,114,832</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>1,432,826</u>	<u>1,114,832</u>
EXCESS OF BENEFIT OBLIGATIONS OVER NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 25,622,007</u>	<u>\$ 26,165,801</u>

See accompanying notes to financial statements.

HCA SHORT-TERM DISABILITY BENEFITS PLAN
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS AND
NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Net increase (decrease) in benefit obligations:		
Balance, beginning of year	\$ 27,280,633	\$ 25,246,573
Claims incurred during the year	129,127,777	126,276,352
Claims paid	<u>(129,353,577)</u>	<u>(124,242,292)</u>
Balance, end of year	<u>27,054,833</u>	<u>27,280,633</u>
Net increase (decrease) in benefit obligations	(225,800)	2,034,060
Additions:		
Investment income		
Interest and dividends	96,639	72,457
Employer contributions	124,398,225	119,509,811
Participant contributions	<u>5,187,297</u>	<u>4,497,638</u>
Total additions	129,682,161	124,079,906
Deductions:		
Benefits paid to participants	129,353,577	124,242,292
Administrative expenses	<u>10,590</u>	<u>10,580</u>
Total deductions	<u>129,364,167</u>	<u>124,252,872</u>
Net increase (decrease) in net assets available for benefits	317,994	(172,966)
Increase (decrease) in excess of benefit obligations over net assets available for benefits	(543,794)	2,207,026
Excess of benefit obligations over net assets available for benefits		
Beginning of year	<u>26,165,801</u>	<u>23,958,775</u>
End of year	<u>\$ 25,622,007</u>	<u>\$ 26,165,801</u>

See accompanying notes to financial statements.

HCA SHORT-TERM DISABILITY BENEFITS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 – PLAN DESCRIPTION

General: The following description of the HCA Short-Term Disability Benefits Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Plan administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the Internal Revenue Code (the Code) and the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was created effective August 1, 2022, by HCA Inc. (HCA or Company). The Plan is a welfare plan under the Employee Retirement Income Security Act of 1974 (ERISA), and was designed to provide for short-term benefits to eligible participants should they become disabled. Generally, each full-time or part-time employee employed by a participating facility that participates in the HCA Time Away from Work Program for Short-Term Disability is eligible for the Plan upon completion of 30 days of service (though in some cases may be less than 30 days).

The Plan includes the following components (Benefit Programs):

- Short-Term Disability Program
- Supplemental Short-Term Disability Program

Enrollment in the Short-Term Disability Program is automatic upon completion of the service requirement. The Supplemental Short-Term Disability Program is available to individuals who are participating in the Short-Term Disability Program who have less than five years of service with an HCA Healthcare facility and annual benefits salary of \$6,500 or more. Participation in the Supplemental Short-Term Disability Program requires enrollment upon completion of the service requirement and annual re-enrollment. Coverage under the Programs extend as long participants meet the eligibility requirements, and under the Supplemental Short-Term Disability Program, participants continue contributions.

Contributions: The Short-Term Disability Program is funded via Company contributions. The Supplemental Short-Term Disability Program is funded via after-tax participant contributions.

Benefits: Under the Short-Term Disability Program, a participant who becomes disabled under the terms of the Plan can receive up to of 21 weeks of benefits as noted in the table below:

Years of Service	Benefit Level
0-4	60% of pre-disability pay
5-9	80% of pre-disability pay
10+	100% of pre-disability pay

Under the Supplemental Short-Term Disability Program, a participant who becomes disabled under the terms of the Plan can receive up to 21 weeks of benefits equal to 20% of pre-disability pay (in addition to the 60% of pre-disability pay provided for by the Short-Term Disability Program).

Administration: The Company contracted with a third-party claims administrator, Sedgwick Claims Management Services, Inc. (Sedgwick), to manage the operation and administration of the Plan. Substantially all expenses incurred for administration of the Plan are paid by the Company. The Plan's assets are held in a trust account for the Plan at Bank of America, N.A.

(Continued)

HCA SHORT-TERM DISABILITY BENEFITS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis Of Accounting: The Plan prepares its financial statements on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from these estimates.

Risks and Uncertainties: The benefit obligations of the Plan are reported based on certain assumptions utilized by the Plan's actuary, including employee demographics and historical experience, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions, it is at least reasonably possible that changes in the estimates and assumptions in the near term would be material to the Plan's financial statements.

The Plan invests in investment securities. Investment securities are exposed to various risks, such as interest rate, market risk, liquidity risk, global events, and credit risks. Market values of investments may decline for a number of reasons, including changes in prevailing market and interest rates, increases in defaults, and credit rating downgrades. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect the amounts reported in the financial statements.

Investment Valuation and Income Recognition: The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis.

Payment of Benefits: Benefit payments are recorded when paid.

Administrative Expenses: The Plan's agreement allows for the payment of administrative expenses by either the Plan or the Company.

Subsequent Events: Subsequent events have been evaluated through August 12, 2025, which represents the date the financial statements were available to be issued. Subsequent events after that date have not been evaluated.

NOTE 3 – FAIR VALUE MEASUREMENTS

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

(Continued)

HCA SHORT-TERM DISABILITY BENEFITS PLAN
 NOTES TO FINANCIAL STATEMENTS
 December 31, 2024 and 2023

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

Level 3: Significant unobservable inputs that reflect the Plan’s own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following presents the valuation methods and assumptions used by the Plan to estimate the fair values of investments.

Money Market Mutual Fund: Valued at the daily closing price as reported by the fund. The money market is an open-end mutual fund that is registered with the Securities and Exchange Commission. This fund is required to publish its daily net asset value (NAV) and to transact at that price. The money market mutual fund is deemed to be actively traded.

Investments measured at fair value on a recurring basis are summarized below:

	Fair Value Measurements at December 31, 2024, Using			
	Active Markets For Identical Assets (Level 1)	Other Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Fair Value
Money Market Mutual Fund	\$ 1,432,826	\$ -	\$ -	\$ 1,432,826

Investments measured at fair value on a recurring basis are summarized below:

	Fair Value Measurements at December 31, 2023, Using			
	Active Markets For Identical Assets (Level 1)	Other Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Fair Value
Money Market Mutual Fund	\$ 1,114,832	\$ -	\$ -	\$ 1,114,832

NOTE 4 – BENEFIT OBLIGATIONS

At December 31, 2024 and 2023, benefit obligations are comprised of claims reported during the year, as well as actuarially calculated estimate of future obligations required to settle claims that arose during the year, but not reported until the following year. The estimate is calculated using generally accepted actuarial methodologies, which take into account certain factors such as the average number of months lag for claims, per-employee-per-month claims cost, participant headcount, salaries, and participating facilities. At December 31, 2024 and 2023, the portion of the benefit obligation corresponding to the Supplemental Short-Term Disability Program was \$1,038,069 and \$697,670, respectively.

(Continued)

HCA SHORT-TERM DISABILITY BENEFITS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 4 – BENEFIT OBLIGATIONS (Continued)

The Plan's excess of benefit obligations over net assets available for benefits as of December 31, 2024 and 2023 primarily relates to claims incurred but not paid. The Company's policy is to fund obligations under the Plan as they become due.

NOTE 5 – PLAN TERMINATION

The Company intends to continue the Plan indefinitely for the benefit of its employees; however, it reserves the right to terminate or modify the Plan at any time by resolution of its Benefits Oversight Committee and subject to the provisions of ERISA. Upon termination of the Plan, participants whose disability commenced prior to termination are entitled to their full benefits under the terms of the Plan. Any remaining undistributed funds are to be disposed of, to or for the benefit of covered individuals. In the event that benefits due and payable exceed available funds, the Company will contribute such amounts as may be necessary to ensure continuance of such benefit payments.

NOTE 6 – TAX STATUS

The Company has received an exemption letter dated May 3, 2024 for the trust, which funds the Plan, to confirm the trust's tax-exempt status under the provisions of Internal Revenue Code (IRC) Section 501(c)(9) as a Voluntary Employees' Beneficiary Association. The Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Code and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Trust and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the trust, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 7 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The administrators of the Plan are employees of the Company, and, as such, are considered parties-in-interest of the Plan. The Company pays certain administrative expenses. The Plan also has several arrangements with service providers noted previously in Note 1. These transactions are party-in-interest transactions.

(Continued)

HCA SHORT-TERM DISABILITY BENEFITS PLAN
 NOTES TO FINANCIAL STATEMENTS
 December 31, 2024 and 2023

NOTE 8 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 1,432,826	\$ 1,114,832
Less: Claims payable and incurred but not paid	<u>(27,054,833)</u>	<u>(27,280,633)</u>
 Net assets available per the Form 5500	 <u>\$ (25,622,007)</u>	 <u>\$ (26,165,801)</u>

The following is a reconciliation of the claims paid on behalf of participants per the financial statements to the Form 5500 for the year ended December 31, 2024:

	<u>2024</u>
Benefits paid to participants per the financial statements	\$ 129,353,577
Claims payable and incurred but not paid at December 31, 2024	27,054,833
Claims payable and incurred but not paid at December 31, 2023	<u>(27,280,633)</u>
 Payments for benefits per Form 5500	 <u>\$ 129,127,777</u>

Amounts accrued for claims payable and incurred but not paid as of December 31, 2024 and 2023, are recorded on the Form 5500 as benefit payments.

SUPPLEMENTAL SCHEDULES

HCA SHORT-TERM DISABILITY BENEFITS PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Plan Sponsor: HCA Inc.
Employer Identification Number: 75-2497104
Plan Number: 551

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	BlackRock Institutional Funds	Money Market Mutual Fund	\$ 1,432,826	\$ 1,432,826

See Independent Auditor's Report.

HCA SHORT-TERM DISABILITY BENEFITS PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2024

Plan Sponsor: HCA Inc.
Employer Identification Number: 75-2497104
Plan Number: 551

<u>Identity of Party</u>	<u>Description of Assets</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Fair Value Of Asset on Transaction Date</u>	<u>Net Gain (Loss)</u>
Category (i) A single transaction in excess of 5% of the current value of Plan assets:						
Blackrock Institutional Funds	Money Market Mutual Fund	\$ 120,208	-	\$ 120,208	\$ 120,208	-
Blackrock Institutional Funds	Money Market Mutual Fund	85,375	-	85,375	85,375	-
Blackrock Institutional Funds	Money Market Mutual Fund	118,622	-	118,622	118,622	-
Blackrock Institutional Funds	Money Market Mutual Fund	130,118	-	130,118	130,118	-
Blackrock Institutional Funds	Money Market Mutual Fund	84,338	-	84,338	84,338	-
Blackrock Institutional Funds	Money Market Mutual Fund	117,805	-	117,805	117,805	-
Blackrock Institutional Funds	Money Market Mutual Fund	83,717	-	83,717	83,717	-
Blackrock Institutional Funds	Money Market Mutual Fund	153,699	-	153,699	153,699	-
Blackrock Institutional Funds	Money Market Mutual Fund	83,670	-	83,670	83,670	-
Blackrock Institutional Funds	Money Market Mutual Fund	115,413	-	115,413	115,413	-
Blackrock Institutional Funds	Money Market Mutual Fund	82,863	-	82,863	82,863	-
Blackrock Institutional Funds	Money Market Mutual Fund	125,383	-	125,383	125,383	-
Blackrock Institutional Funds	Money Market Mutual Fund	112,514	-	112,514	112,514	-
Blackrock Institutional Funds	Money Market Mutual Fund	81,853	-	81,853	81,853	-
Blackrock Institutional Funds	Money Market Mutual Fund	113,057	-	113,057	113,057	-
Blackrock Institutional Funds	Money Market Mutual Fund	112,387	-	112,387	112,387	-
Blackrock Institutional Funds	Money Market Mutual Fund	81,481	-	81,481	81,481	-
Blackrock Institutional Funds	Money Market Mutual Fund	112,293	-	112,293	112,293	-
Blackrock Institutional Funds	Money Market Mutual Fund	92,597	-	92,597	92,597	-
Blackrock Institutional Funds	Money Market Mutual Fund	57,678	-	57,678	57,678	-
Blackrock Institutional Funds	Money Market Mutual Fund	80,871	-	80,871	80,871	-
Blackrock Institutional Funds	Money Market Mutual Fund	110,382	-	110,382	110,382	-
Blackrock Institutional Funds	Money Market Mutual Fund	93,498	-	93,498	93,498	-
Blackrock Institutional Funds	Money Market Mutual Fund	80,874	-	80,874	80,874	-
Blackrock Institutional Funds	Money Market Mutual Fund	109,750	-	109,750	109,750	-
Blackrock Institutional Funds	Money Market Mutual Fund	121,896	-	121,896	121,896	-
Blackrock Institutional Funds	Money Market Mutual Fund	82,621	-	82,621	82,621	-
Blackrock Institutional Funds	Money Market Mutual Fund	111,586	-	111,586	111,586	-
Blackrock Institutional Funds	Money Market Mutual Fund	81,756	-	81,756	81,756	-
Blackrock Institutional Funds	Money Market Mutual Fund	122,885	-	122,885	122,885	-
Blackrock Institutional Funds	Money Market Mutual Fund	80,243	-	80,243	80,243	-
Blackrock Institutional Funds	Money Market Mutual Fund	110,024	-	110,024	110,024	-
Blackrock Institutional Funds	Money Market Mutual Fund	80,921	-	80,921	80,921	-
Blackrock Institutional Funds	Money Market Mutual Fund	263,868	-	263,868	263,868	-
Blackrock Institutional Funds	Money Market Mutual Fund	110,429	-	110,429	110,429	-
Blackrock Institutional Funds	Money Market Mutual Fund	80,159	-	80,159	80,159	-
Blackrock Institutional Funds	Money Market Mutual Fund	109,467	-	109,467	109,467	-
Blackrock Institutional Funds	Money Market Mutual Fund	191,765	-	191,765	191,765	-
Blackrock Institutional Funds	Money Market Mutual Fund	78,322	-	78,322	78,322	-
Blackrock Institutional Funds	Money Market Mutual Fund	110,154	-	110,154	110,154	-
Blackrock Institutional Funds	Money Market Mutual Fund	90,338	-	90,338	90,338	-
Blackrock Institutional Funds	Money Market Mutual Fund	78,265	-	78,265	78,265	-
Blackrock Institutional Funds	Money Market Mutual Fund	108,705	-	108,705	108,705	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,891,621	-	2,891,621	2,891,621	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,151,442	-	2,151,442	2,151,442	-
Bank of America Temporary Overnight Deposit	Money Market Fund	3,060,105	-	3,060,105	3,060,105	-
Bank of America Temporary Overnight Deposit	Money Market Fund	1,783,039	-	1,783,039	1,783,039	-
Bank of America Temporary Overnight Deposit	Money Market Fund	226,799	-	226,799	226,799	-

(Continued)

HCA SHORT-TERM DISABILITY BENEFITS PLAN
SCHEDULE H, LINE 4j – SCHEUDLE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2024

Plan Sponsor: HCA Inc.
Employer Identification Number: 75-2497104
Plan Number: 551

<u>Identity of Party</u>	<u>Description of Assets</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Fair Value Of Asset on Transaction Date</u>	<u>Net Gain (Loss)</u>
Category (i) A single transaction in excess of 5% of the current value of Plan assets:						
Bank of America Temporary Overnight Deposit	Money Market Fund	\$ 2,918,482	\$ -	\$ 2,918,482	\$ 2,918,482	\$ -
Bank of America Temporary Overnight Deposit	Money Market Fund	2,053,898	-	2,053,898	2,053,898	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,885,354	-	2,885,354	2,885,354	-
Bank of America Temporary Overnight Deposit	Money Market Fund	1,924,874	-	1,924,874	1,924,874	-
Bank of America Temporary Overnight Deposit	Money Market Fund	153,699	-	153,699	153,699	-
Bank of America Temporary Overnight Deposit	Money Market Fund	1,930,923	-	1,930,923	1,930,923	-
Bank of America Temporary Overnight Deposit	Money Market Fund	1,937,897	-	1,937,897	1,937,897	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,656,441	-	2,656,441	2,656,441	-
Bank of America Temporary Overnight Deposit	Money Market Fund	1,913,928	-	1,913,928	1,913,928	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,874,487	-	2,874,487	2,874,487	-
Bank of America Temporary Overnight Deposit	Money Market Fund	1,493,286	-	1,493,286	1,493,286	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,580,646	-	2,580,646	2,580,646	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,008,211	-	2,008,211	2,008,211	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,766,388	-	2,766,388	2,766,388	-
Bank of America Temporary Overnight Deposit	Money Market Fund	164,309	-	164,309	164,309	-
Bank of America Temporary Overnight Deposit	Money Market Fund	1,433,522	-	1,433,522	1,433,522	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,739,765	-	2,739,765	2,739,765	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,029,610	-	2,029,610	2,029,610	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,671,556	-	2,671,556	2,671,556	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,143,765	-	2,143,765	2,143,765	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,515,794	-	2,515,794	2,515,794	-
Bank of America Temporary Overnight Deposit	Money Market Fund	1,998,801	-	1,998,801	1,998,801	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,771,118	-	2,771,118	2,771,118	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,171,955	-	2,171,955	2,171,955	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,304,150	-	2,304,150	2,304,150	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,107,616	-	2,107,616	2,107,616	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,691,835	-	2,691,835	2,691,835	-
Bank of America Temporary Overnight Deposit	Money Market Fund	1,708,664	-	1,708,664	1,708,664	-
Bank of America Temporary Overnight Deposit	Money Market Fund	207,536	-	207,536	207,536	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,716,827	-	2,716,827	2,716,827	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,097,279	-	2,097,279	2,097,279	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,740,420	-	2,740,420	2,740,420	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,009,810	-	2,009,810	2,009,810	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,866,669	-	2,866,669	2,866,669	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,099,761	-	2,099,761	2,099,761	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,390,219	-	2,390,219	2,390,219	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,080,401	-	2,080,401	2,080,401	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,883,265	-	2,883,265	2,883,265	-
Bank of America Temporary Overnight Deposit	Money Market Fund	1,168,319	-	1,168,319	1,168,319	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,566,297	-	2,566,297	2,566,297	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,168,066	-	2,168,066	2,168,066	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,555,851	-	2,555,851	2,555,851	-
Bank of America Temporary Overnight Deposit	Money Market Fund	191,765	-	191,765	191,765	-
Bank of America Temporary Overnight Deposit	Money Market Fund	1,798,815	-	1,798,815	1,798,815	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,385,068	-	2,385,068	2,385,068	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,130,006	-	2,130,006	2,130,006	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,824,089	-	2,824,089	2,824,089	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,181,433	-	2,181,433	2,181,433	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,375,105	-	2,375,105	2,375,105	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,085,363	-	2,085,363	2,085,363	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,967,436	-	2,967,436	2,967,436	-
Bank of America Temporary Overnight Deposit	Money Market Fund	1,727,687	-	1,727,687	1,727,687	-
Bank of America Temporary Overnight Deposit	Money Market Fund	114,606	-	114,606	114,606	-

(Continued)

HCA SHORT-TERM DISABILITY BENEFITS PLAN
SCHEDULE H, LINE 4j – SCHEUDLE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2024

Plan Sponsor: HCA Inc.
Employer Identification Number: 75-2497104
Plan Number: 551

<u>Identity of Party</u>	<u>Description of Assets</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Fair Value Of Asset on Transaction Date</u>	<u>Net Gain (Loss)</u>
Category (i) A single transaction in excess of 5% of the current value of Plan assets:						
Blackrock Institutional Funds	Money Market Mutual Fund	\$ -	\$ 349,716	\$ 349,716	\$ 349,716	\$ -
Blackrock Institutional Funds	Money Market Mutual Fund	-	444,789	444,789	444,789	-
Blackrock Institutional Funds	Money Market Mutual Fund	-	343,905	343,905	343,905	-
Blackrock Institutional Funds	Money Market Mutual Fund	-	442,235	442,235	442,235	-
Blackrock Institutional Funds	Money Market Mutual Fund	-	387,984	387,984	387,984	-
Blackrock Institutional Funds	Money Market Mutual Fund	-	299,987	299,987	299,987	-
Blackrock Institutional Funds	Money Market Mutual Fund	-	141,947	141,947	141,947	-
Blackrock Institutional Funds	Money Market Mutual Fund	-	833,313	833,313	833,313	-
Blackrock Institutional Funds	Money Market Mutual Fund	-	92,878	92,878	92,878	-
Blackrock Institutional Funds	Money Market Mutual Fund	-	287,054	287,054	287,054	-
Blackrock Institutional Funds	Money Market Mutual Fund	-	262,338	262,338	262,338	-
Blackrock Institutional Funds	Money Market Mutual Fund	-	423,687	423,687	423,687	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,891,621	2,891,621	2,891,621	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,151,442	2,151,442	2,151,442	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	3,060,105	3,060,105	3,060,105	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	1,783,039	1,783,039	1,783,039	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	226,799	226,799	226,799	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,918,482	2,918,482	2,918,482	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,053,898	2,053,898	2,053,898	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,885,354	2,885,354	2,885,354	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	1,924,874	1,924,874	1,924,874	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,084,623	2,084,623	2,084,623	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	1,937,897	1,937,897	1,937,897	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,656,441	2,656,441	2,656,441	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	1,913,928	1,913,928	1,913,928	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,874,487	2,874,487	2,874,487	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	1,493,286	1,493,286	1,493,286	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,580,646	2,580,646	2,580,646	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,008,211	2,008,211	2,008,211	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,766,388	2,766,388	2,766,388	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	164,309	164,309	164,309	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	1,433,522	1,433,522	1,433,522	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,739,765	2,739,765	2,739,765	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,029,610	2,029,610	2,029,610	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,671,556	2,671,556	2,671,556	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,143,765	2,143,765	2,143,765	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,515,794	2,515,794	2,515,794	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	1,998,801	1,998,801	1,998,801	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,771,118	2,771,118	2,771,118	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,171,955	2,171,955	2,171,955	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,304,150	2,304,150	2,304,150	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,107,616	2,107,616	2,107,616	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,691,835	2,691,835	2,691,835	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	1,708,664	1,708,664	1,708,664	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	207,536	207,536	207,536	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,716,827	2,716,827	2,716,827	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,097,279	2,097,279	2,097,279	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,740,420	2,740,420	2,740,420	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,009,810	2,009,810	2,009,810	-

(Continued)

HCA SHORT-TERM DISABILITY BENEFITS PLAN
SCHEDULE H, LINE 4j – SCHEUDLE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2024

Plan Sponsor: HCA Inc.
Employer Identification Number: 75-2497104
Plan Number: 551

<u>Identity of Party</u>	<u>Description of Assets</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Fair Value Of Asset on Transaction Date</u>	<u>Net Gain (Loss)</u>
Category (i) A single transaction in excess of 5% of the current value of Plan assets:						
Bank of America Temporary Overnight Deposit	Money Market Fund	\$ -	\$ 2,866,669	\$ 2,866,669	\$ 2,866,669	\$ -
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,099,761	2,099,761	2,099,761	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,390,219	2,390,219	2,390,219	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,080,401	2,080,401	2,080,401	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,883,265	2,883,265	2,883,265	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	1,168,319	1,168,319	1,168,319	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,566,297	2,566,297	2,566,297	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,168,066	2,168,066	2,168,066	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,555,851	2,555,851	2,555,851	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	1,990,579	1,990,579	1,990,579	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,385,068	2,385,068	2,385,068	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,130,006	2,130,006	2,130,006	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,824,089	2,824,089	2,824,089	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,181,433	2,181,433	2,181,433	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,375,105	2,375,105	2,375,105	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,085,363	2,085,363	2,085,363	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,967,436	2,967,436	2,967,436	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	1,727,687	1,727,687	1,727,687	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	114,606	114,606	114,606	-
Category (iii)- Series of transactions in excess of 5% of the current value of Plan assets						
Blackrock Institutional Funds	Money Market Mutual Fund	\$ 4,633,837	-	\$ 4,633,837	\$ 4,633,837	\$ -
Blackrock Institutional Funds	Money Market Mutual Fund	-	4,316,891	4,316,891	4,316,891	-
Bank of America Temporary Overnight Deposit	Money Market Fund	\$ 120,996,075	-	\$ 120,996,075	\$ 120,996,075	\$ -
Bank of America Temporary Overnight Deposit	Money Market Fund	-	120,996,075	120,996,075	120,996,075	-

See Independent Auditor's Report.

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 (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: HCA SHORT-TERM DISABILITY BENEFITS PLAN
1b Three-digit plan number (PN): 551
1c Effective date of plan: 08/01/2022
2a Plan sponsor's name (employer, if for a single-employer plan): HCA Inc.
Mailing address: P.O. Box 550, Nashville TN 37202-0550
2b Employer Identification Number (EIN): 75-2497104
2c Plan Sponsor's telephone number: 615-344-8741
2d Business code (see instructions): 551112

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: ERICA WHITE, 8/15/2025. Row 2: Signature of employer/plan sponsor. Row 3: Signature of DFE.

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

Form 5500 (2024) v. 240311

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 HCA Inc. c Plan Name HCA SHORT-TERM DISABILITY PLAN	4b EIN 75-2497104	
	4d PN 551	
5 Total number of participants at the beginning of the plan year	5	205,591
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)	204,591
	6a(2)	208,421
	6b	11
	6c	
	6d	208,432
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4F

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input 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 checked="" type="checkbox"/> General assets of the sponsor	(4) <input checked="" 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 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 type="checkbox"/> A (Insurance Information) - Number Attached _____
(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 type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

HCA SHORT-TERM DISABILITY BENEFITS PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2024

Plan Sponsor: HCA Inc.
Employer Identification Number: 75-2497104
Plan Number: 551

<u>Identity of Party</u>	<u>Description of Assets</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Fair Value Of Asset on Transaction Date</u>	<u>Net Gain (Loss)</u>
Category (i) A single transaction in excess of 5% of the current value of Plan assets:						
Blackrock Institutional Funds	Money Market Mutual Fund	\$ 120,208	-	\$ 120,208	\$ 120,208	-
Blackrock Institutional Funds	Money Market Mutual Fund	85,375	-	85,375	85,375	-
Blackrock Institutional Funds	Money Market Mutual Fund	118,622	-	118,622	118,622	-
Blackrock Institutional Funds	Money Market Mutual Fund	130,118	-	130,118	130,118	-
Blackrock Institutional Funds	Money Market Mutual Fund	84,338	-	84,338	84,338	-
Blackrock Institutional Funds	Money Market Mutual Fund	117,805	-	117,805	117,805	-
Blackrock Institutional Funds	Money Market Mutual Fund	83,717	-	83,717	83,717	-
Blackrock Institutional Funds	Money Market Mutual Fund	153,699	-	153,699	153,699	-
Blackrock Institutional Funds	Money Market Mutual Fund	83,670	-	83,670	83,670	-
Blackrock Institutional Funds	Money Market Mutual Fund	115,413	-	115,413	115,413	-
Blackrock Institutional Funds	Money Market Mutual Fund	82,863	-	82,863	82,863	-
Blackrock Institutional Funds	Money Market Mutual Fund	125,383	-	125,383	125,383	-
Blackrock Institutional Funds	Money Market Mutual Fund	112,514	-	112,514	112,514	-
Blackrock Institutional Funds	Money Market Mutual Fund	81,853	-	81,853	81,853	-
Blackrock Institutional Funds	Money Market Mutual Fund	113,057	-	113,057	113,057	-
Blackrock Institutional Funds	Money Market Mutual Fund	112,387	-	112,387	112,387	-
Blackrock Institutional Funds	Money Market Mutual Fund	81,481	-	81,481	81,481	-
Blackrock Institutional Funds	Money Market Mutual Fund	112,293	-	112,293	112,293	-
Blackrock Institutional Funds	Money Market Mutual Fund	92,597	-	92,597	92,597	-
Blackrock Institutional Funds	Money Market Mutual Fund	57,678	-	57,678	57,678	-
Blackrock Institutional Funds	Money Market Mutual Fund	80,871	-	80,871	80,871	-
Blackrock Institutional Funds	Money Market Mutual Fund	110,382	-	110,382	110,382	-
Blackrock Institutional Funds	Money Market Mutual Fund	93,498	-	93,498	93,498	-
Blackrock Institutional Funds	Money Market Mutual Fund	80,874	-	80,874	80,874	-
Blackrock Institutional Funds	Money Market Mutual Fund	109,750	-	109,750	109,750	-
Blackrock Institutional Funds	Money Market Mutual Fund	121,896	-	121,896	121,896	-
Blackrock Institutional Funds	Money Market Mutual Fund	82,621	-	82,621	82,621	-
Blackrock Institutional Funds	Money Market Mutual Fund	111,586	-	111,586	111,586	-
Blackrock Institutional Funds	Money Market Mutual Fund	81,756	-	81,756	81,756	-
Blackrock Institutional Funds	Money Market Mutual Fund	122,885	-	122,885	122,885	-
Blackrock Institutional Funds	Money Market Mutual Fund	80,243	-	80,243	80,243	-
Blackrock Institutional Funds	Money Market Mutual Fund	110,024	-	110,024	110,024	-
Blackrock Institutional Funds	Money Market Mutual Fund	80,921	-	80,921	80,921	-
Blackrock Institutional Funds	Money Market Mutual Fund	263,868	-	263,868	263,868	-
Blackrock Institutional Funds	Money Market Mutual Fund	110,429	-	110,429	110,429	-
Blackrock Institutional Funds	Money Market Mutual Fund	80,159	-	80,159	80,159	-
Blackrock Institutional Funds	Money Market Mutual Fund	109,467	-	109,467	109,467	-
Blackrock Institutional Funds	Money Market Mutual Fund	191,765	-	191,765	191,765	-
Blackrock Institutional Funds	Money Market Mutual Fund	78,322	-	78,322	78,322	-
Blackrock Institutional Funds	Money Market Mutual Fund	110,154	-	110,154	110,154	-
Blackrock Institutional Funds	Money Market Mutual Fund	90,338	-	90,338	90,338	-
Blackrock Institutional Funds	Money Market Mutual Fund	78,265	-	78,265	78,265	-
Blackrock Institutional Funds	Money Market Mutual Fund	108,705	-	108,705	108,705	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,891,621	-	2,891,621	2,891,621	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,151,442	-	2,151,442	2,151,442	-
Bank of America Temporary Overnight Deposit	Money Market Fund	3,060,105	-	3,060,105	3,060,105	-
Bank of America Temporary Overnight Deposit	Money Market Fund	1,783,039	-	1,783,039	1,783,039	-
Bank of America Temporary Overnight Deposit	Money Market Fund	226,799	-	226,799	226,799	-

(Continued)

HCA SHORT-TERM DISABILITY BENEFITS PLAN
SCHEDULE H, LINE 4j – SCHEUDLE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2024

Plan Sponsor: HCA Inc.
Employer Identification Number: 75-2497104
Plan Number: 551

<u>Identity of Party</u>	<u>Description of Assets</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Fair Value Of Asset on Transaction Date</u>	<u>Net Gain (Loss)</u>
Category (i) A single transaction in excess of 5% of the current value of Plan assets:						
Bank of America Temporary Overnight Deposit	Money Market Fund	\$ 2,918,482	\$ -	\$ 2,918,482	\$ 2,918,482	\$ -
Bank of America Temporary Overnight Deposit	Money Market Fund	2,053,898	-	2,053,898	2,053,898	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,885,354	-	2,885,354	2,885,354	-
Bank of America Temporary Overnight Deposit	Money Market Fund	1,924,874	-	1,924,874	1,924,874	-
Bank of America Temporary Overnight Deposit	Money Market Fund	153,699	-	153,699	153,699	-
Bank of America Temporary Overnight Deposit	Money Market Fund	1,930,923	-	1,930,923	1,930,923	-
Bank of America Temporary Overnight Deposit	Money Market Fund	1,937,897	-	1,937,897	1,937,897	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,656,441	-	2,656,441	2,656,441	-
Bank of America Temporary Overnight Deposit	Money Market Fund	1,913,928	-	1,913,928	1,913,928	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,874,487	-	2,874,487	2,874,487	-
Bank of America Temporary Overnight Deposit	Money Market Fund	1,493,286	-	1,493,286	1,493,286	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,580,646	-	2,580,646	2,580,646	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,008,211	-	2,008,211	2,008,211	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,766,388	-	2,766,388	2,766,388	-
Bank of America Temporary Overnight Deposit	Money Market Fund	164,309	-	164,309	164,309	-
Bank of America Temporary Overnight Deposit	Money Market Fund	1,433,522	-	1,433,522	1,433,522	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,739,765	-	2,739,765	2,739,765	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,029,610	-	2,029,610	2,029,610	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,671,556	-	2,671,556	2,671,556	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,143,765	-	2,143,765	2,143,765	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,515,794	-	2,515,794	2,515,794	-
Bank of America Temporary Overnight Deposit	Money Market Fund	1,998,801	-	1,998,801	1,998,801	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,771,118	-	2,771,118	2,771,118	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,171,955	-	2,171,955	2,171,955	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,304,150	-	2,304,150	2,304,150	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,107,616	-	2,107,616	2,107,616	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,691,835	-	2,691,835	2,691,835	-
Bank of America Temporary Overnight Deposit	Money Market Fund	1,708,664	-	1,708,664	1,708,664	-
Bank of America Temporary Overnight Deposit	Money Market Fund	207,536	-	207,536	207,536	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,716,827	-	2,716,827	2,716,827	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,097,279	-	2,097,279	2,097,279	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,740,420	-	2,740,420	2,740,420	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,009,810	-	2,009,810	2,009,810	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,866,669	-	2,866,669	2,866,669	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,099,761	-	2,099,761	2,099,761	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,390,219	-	2,390,219	2,390,219	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,080,401	-	2,080,401	2,080,401	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,883,265	-	2,883,265	2,883,265	-
Bank of America Temporary Overnight Deposit	Money Market Fund	1,168,319	-	1,168,319	1,168,319	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,566,297	-	2,566,297	2,566,297	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,168,066	-	2,168,066	2,168,066	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,555,851	-	2,555,851	2,555,851	-
Bank of America Temporary Overnight Deposit	Money Market Fund	191,765	-	191,765	191,765	-
Bank of America Temporary Overnight Deposit	Money Market Fund	1,798,815	-	1,798,815	1,798,815	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,385,068	-	2,385,068	2,385,068	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,130,006	-	2,130,006	2,130,006	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,824,089	-	2,824,089	2,824,089	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,181,433	-	2,181,433	2,181,433	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,375,105	-	2,375,105	2,375,105	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,085,363	-	2,085,363	2,085,363	-
Bank of America Temporary Overnight Deposit	Money Market Fund	2,967,436	-	2,967,436	2,967,436	-
Bank of America Temporary Overnight Deposit	Money Market Fund	1,727,687	-	1,727,687	1,727,687	-
Bank of America Temporary Overnight Deposit	Money Market Fund	114,606	-	114,606	114,606	-

(Continued)

HCA SHORT-TERM DISABILITY BENEFITS PLAN
SCHEDULE H, LINE 4j – SCHEUDLE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2024

Plan Sponsor: HCA Inc.
Employer Identification Number: 75-2497104
Plan Number: 551

<u>Identity of Party</u>	<u>Description of Assets</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Fair Value Of Asset on Transaction Date</u>	<u>Net Gain (Loss)</u>
Category (i) A single transaction in excess of 5% of the current value of Plan assets:						
Blackrock Institutional Funds	Money Market Mutual Fund	\$ -	\$ 349,716	\$ 349,716	\$ 349,716	\$ -
Blackrock Institutional Funds	Money Market Mutual Fund	-	444,789	444,789	444,789	-
Blackrock Institutional Funds	Money Market Mutual Fund	-	343,905	343,905	343,905	-
Blackrock Institutional Funds	Money Market Mutual Fund	-	442,235	442,235	442,235	-
Blackrock Institutional Funds	Money Market Mutual Fund	-	387,984	387,984	387,984	-
Blackrock Institutional Funds	Money Market Mutual Fund	-	299,987	299,987	299,987	-
Blackrock Institutional Funds	Money Market Mutual Fund	-	141,947	141,947	141,947	-
Blackrock Institutional Funds	Money Market Mutual Fund	-	833,313	833,313	833,313	-
Blackrock Institutional Funds	Money Market Mutual Fund	-	92,878	92,878	92,878	-
Blackrock Institutional Funds	Money Market Mutual Fund	-	287,054	287,054	287,054	-
Blackrock Institutional Funds	Money Market Mutual Fund	-	262,338	262,338	262,338	-
Blackrock Institutional Funds	Money Market Mutual Fund	-	423,687	423,687	423,687	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,891,621	2,891,621	2,891,621	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,151,442	2,151,442	2,151,442	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	3,060,105	3,060,105	3,060,105	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	1,783,039	1,783,039	1,783,039	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	226,799	226,799	226,799	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,918,482	2,918,482	2,918,482	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,053,898	2,053,898	2,053,898	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,885,354	2,885,354	2,885,354	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	1,924,874	1,924,874	1,924,874	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,084,623	2,084,623	2,084,623	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	1,937,897	1,937,897	1,937,897	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,656,441	2,656,441	2,656,441	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	1,913,928	1,913,928	1,913,928	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,874,487	2,874,487	2,874,487	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	1,493,286	1,493,286	1,493,286	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,580,646	2,580,646	2,580,646	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,008,211	2,008,211	2,008,211	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,766,388	2,766,388	2,766,388	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	164,309	164,309	164,309	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	1,433,522	1,433,522	1,433,522	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,739,765	2,739,765	2,739,765	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,029,610	2,029,610	2,029,610	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,671,556	2,671,556	2,671,556	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,143,765	2,143,765	2,143,765	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,515,794	2,515,794	2,515,794	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	1,998,801	1,998,801	1,998,801	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,771,118	2,771,118	2,771,118	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,171,955	2,171,955	2,171,955	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,304,150	2,304,150	2,304,150	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,107,616	2,107,616	2,107,616	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,691,835	2,691,835	2,691,835	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	1,708,664	1,708,664	1,708,664	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	207,536	207,536	207,536	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,716,827	2,716,827	2,716,827	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,097,279	2,097,279	2,097,279	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,740,420	2,740,420	2,740,420	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,009,810	2,009,810	2,009,810	-

(Continued)

HCA SHORT-TERM DISABILITY BENEFITS PLAN
SCHEDULE H, LINE 4j – SCHEUDLE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2024

Plan Sponsor: HCA Inc.
Employer Identification Number: 75-2497104
Plan Number: 551

<u>Identity of Party</u>	<u>Description of Assets</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Fair Value Of Asset on Transaction Date</u>	<u>Net Gain (Loss)</u>
Category (i) A single transaction in excess of 5% of the current value of Plan assets:						
Bank of America Temporary Overnight Deposit	Money Market Fund	\$ -	\$ 2,866,669	\$ 2,866,669	\$ 2,866,669	\$ -
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,099,761	2,099,761	2,099,761	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,390,219	2,390,219	2,390,219	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,080,401	2,080,401	2,080,401	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,883,265	2,883,265	2,883,265	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	1,168,319	1,168,319	1,168,319	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,566,297	2,566,297	2,566,297	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,168,066	2,168,066	2,168,066	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,555,851	2,555,851	2,555,851	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	1,990,579	1,990,579	1,990,579	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,385,068	2,385,068	2,385,068	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,130,006	2,130,006	2,130,006	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,824,089	2,824,089	2,824,089	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,181,433	2,181,433	2,181,433	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,375,105	2,375,105	2,375,105	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,085,363	2,085,363	2,085,363	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	2,967,436	2,967,436	2,967,436	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	1,727,687	1,727,687	1,727,687	-
Bank of America Temporary Overnight Deposit	Money Market Fund	-	114,606	114,606	114,606	-
Category (iii)- Series of transactions in excess of 5% of the current value of Plan assets						
Blackrock Institutional Funds	Money Market Mutual Fund	\$ 4,633,837	-	\$ 4,633,837	\$ 4,633,837	\$ -
Blackrock Institutional Funds	Money Market Mutual Fund	-	4,316,891	4,316,891	4,316,891	-
Bank of America Temporary Overnight Deposit	Money Market Fund	\$ 120,996,075	-	\$ 120,996,075	\$ 120,996,075	\$ -
Bank of America Temporary Overnight Deposit	Money Market Fund	-	120,996,075	120,996,075	120,996,075	-

See Independent Auditor's Report.

HCA SHORT-TERM DISABILITY BENEFITS PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Plan Sponsor: HCA Inc.
Employer Identification Number: 75-2497104
Plan Number: 551

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	BlackRock Institutional Funds	Money Market Mutual Fund	<u>\$ 1,432,826</u>	<u>\$ 1,432,826</u>

See Independent Auditor's Report.