

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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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.)

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: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>015</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ASCENSION HEALTH DBA ASCENSION HEALTHCARE</u></p> <p><u>4600 EDMUNDSON ROAD</u> <u>ST LOUIS, MO 63134</u></p>	<p>1c Effective date of plan <u>01/01/2007</u></p> <p>2b Employer Identification Number (EIN) <u>31-1662309</u></p> <p>2c Plan Sponsor's telephone number <u>314-733-8600</u></p> <p>2d Business code (see instructions) <u>622000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/23/2025	CHRISTOPHER BELCHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1247
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)	840
	6a(2)	519
	6b	9
	6c	577
	6d	1105
	6e	2
	6f	1107
	6g(1)	1247
	6g(2)	1107
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:
2F 2G 2L 2M 2T 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>015</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ASCENSION HEALTH DBA ASCENSION HEALTHCARE</p>	<p>D Employer Identification Number (EIN) 31-1662309</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	CR06995/CR04776	160	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid 67975</p>	<p>(b) Total amount of fees paid</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LPL FNCL CORP
C-O LPL
SAN DIEGO, CA 92121

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
67975			4

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	4 5772984
5	Current value of plan's interest under this contract in separate accounts at year end.....	5
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ UNALLOCATED INSURANCE ACCOUNT	
b	Balance at the end of the previous year	7b 6017081
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 196561
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶ FUND TRANSFERS	7c(5) 268727
	(6) Total additions	7c(6) 465288
d	Total of balance and additions (add lines 7b and 7c(6))	7d 6482369
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 565621
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ FUND TRANSFERS AND ADJUSTMENTS	7e(4) 143764
(5) Total deductions	7e(5) 709385	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 5772984

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>015</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ASCENSION HEALTH DBA ASCENSION HEALTHCARE</p>	<p>D Employer Identification Number (EIN) 31-1662309</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
CM LIFE INSURANCE COMPANY (MASS MUTUAL)

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1041383	93432	ART0132930EE	359	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	270615
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	11473669

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	0
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN	B Three-digit plan number (PN) ▶ 015
C Plan sponsor's name as shown on line 2a of Form 5500 ASCENSION HEALTH DBA ASCENSION HEALTHCARE	D Employer Identification Number (EIN) 31-1662309

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

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	TA069841	380	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	7806
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	7705
c Additions: (1) Contributions deposited during the year	7c(1)	7767
	7c(2)	
	7c(3)	77
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	15549
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	7743
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	7806

▶ REBOOK

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>015</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ASCENSION HEALTH DBA ASCENSION HEALTHCARE</p>	<p>D Employer Identification Number (EIN) 31-1662309</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
MUTUAL OF AMERICA LIFE INS CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	004173-G	14	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	445571
5	Current value of plan's interest under this contract in separate accounts at year end.....	5
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 489396
c	(1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 14380
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 14380
d	Total of balance and additions (add lines 7b and 7c(6))	7d 503776
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 58142
	(2) Administration charge made by carrier.....	7e(2) 63
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 58205	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 445571

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN	B Three-digit plan number (PN) ▶ 015
C Plan sponsor's name as shown on line 2a of Form 5500 ASCENSION HEALTH DBA ASCENSION HEALTHCARE	D Employer Identification Number (EIN) 31-1662309

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

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	TA069841	380	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.		
4	Current value of plan's interest under this contract in the general account at year end	103862
5	Current value of plan's interest under this contract in separate accounts at year end.....	1058789
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 119640
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 1573
	(4) Transferred from separate account	7c(4)
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 1573
d	Total of balance and additions (add lines 7b and 7c(6))	7d 121213
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 17317
	(2) Administration charge made by carrier.....	7e(2) 34
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 17351	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 103862

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN		B Three-digit plan number (PN) ▶ 015
C Plan sponsor's name as shown on line 2a of Form 5500 ASCENSION HEALTH DBA ASCENSION HEALTHCARE		D Employer Identification Number (EIN) 31-1662309

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	7692	95155-01	72	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	319427
5	Current value of plan's interest under this contract in separate accounts at year end.....	512104
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ GROUP ANNUITY CONTRACT	
b	Balance at the end of the previous year	7b 475592
c	Additions: (1) Contributions deposited during the year	7c(1)
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 13137
	(4) Transferred from separate account	7c(4) 1325
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 14462
d	Total of balance and additions (add lines 7b and 7c(6))	7d 490054
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 169302
	(2) Administration charge made by carrier.....	7e(2)
	(3) Transferred to separate account	7e(3) 1325
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 170627	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 319427

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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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 ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN	B Three-digit plan number (PN) ▶	015
C Plan sponsor's name as shown on line 2a of Form 5500 ASCENSION HEALTH DBA ASCENSION HEALTHCARE	D Employer Identification Number (EIN) 31-1662309	

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

LINCOLN NATIONAL CORPORATION

35-1140470

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

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

MUTUAL OF AMERICA

13-1614399

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

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 28 37 38 50 54 59 61 62 63 64 65	RECORDKEEPER	14887	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MUTUAL OF AMERICA

13-1614399

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	RECORDKEEPER	128	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

NATIONAL FINANCIAL SERVICES

04-3523567

(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?
33 71	SECURITIES BROKER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" 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
NATIONAL FINANCIAL SERVICES	33 71	0
(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.	
BAIRD 777 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(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.	
DFA-DIMENSIONAL 6300 BEE CAVE RD BUILDING ONE AUSTIN, TX 78746	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0
(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.	
PRINCIPAL 711 HIGH STREET DES MOINES, IA 50309	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	

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
NATIONAL FINANCIAL SERVICES	33 71	0
(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.	
WESTERN ASSET MGMT 385 EAST COLORADO BOULEVARD PASADENA, CA 91101	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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 <u>ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN</u>	B Three-digit plan number (PN)	<u>015</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ASCENSION HEALTH DBA ASCENSION HEALTHCARE</u>	D Employer Identification Number (EIN) <u>31-1662309</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>FUTUREFUND SERIES ACCT II OF GWL</u>		
b Name of sponsor of entity listed in (a):	<u>GREAT-WEST LIFE & ANNUITY INS CO</u>		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>84-0467907-003</u>	<u>P</u>		<u>512104</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN	B Three-digit plan number (PN) ▶ 015
C Plan sponsor's name as shown on line 2a of Form 5500 ASCENSION HEALTH DBA ASCENSION HEALTHCARE	D Employer Identification Number (EIN) 31-1662309

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	362 656
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1144535 1167434
(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)	132736 140367
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	481708 512104
(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)	60675898 58416974
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	7416630 6920265
(15) Other	1c(15)	1513203 1058789

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	71365072	68216589
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	71365072	68216589

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)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)	375649	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		375649
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	55821	
(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)	11170	
(F) Other.....	2b(1)(F)	233101	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		300092
(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)	1271388	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1271388
(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)		42460
(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)		7897045
c Other income	2c		32230
d Total income. Add all income amounts in column (b) and enter total	2d		9918864

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13048247	
(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)		13048247
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)	19100	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		19100
j Total expenses. Add all expense amounts in column (b) and enter total	2j		13067347

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3148483
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: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

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

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

A Name of plan ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN	B Three-digit plan number (PN)	015
C Plan sponsor's name as shown on line 2a of Form 5500 ASCENSION HEALTH DBA ASCENSION HEALTHCARE	D Employer Identification Number (EIN) 31-1662309	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>35-1140470</u> <u>13-3689044</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	57

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN

**FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULE**

YEARS ENDED DECEMBER 31, 2024 AND 2023



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**ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN
TABLE OF CONTENTS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	5
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	6
NOTES TO FINANCIAL STATEMENTS	7
ERISA-REQUIRED SUPPLEMENTAL SCHEDULE (ATTACHMENT TO FORM 5500)	
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)	14



INDEPENDENT AUDITORS' REPORT

Plan Administrator
Ascension Healthcare
St. Louis, Missouri

Report on the Audit of the Financial Statements

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the Financial Statements

We have performed audits of the accompanying financial statements of Ascension Healthcare Legacy ERISA 403(b) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the financial statements referred to above related to assets held by and certified to by qualified institutions agree to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent Ascension Healthcare Legacy ERISA 403(b) 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 ERISA Section 103(a)(3)(C) 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 Ascension Healthcare Legacy ERISA 403(b) Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, 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 auditors' 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 Ascension Healthcare Legacy ERISA 403(b) 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 Ascension Healthcare Legacy ERISA 403(b) Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

Other Matter

Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL'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 included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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.

For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by qualified institutions agree to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).



CliftonLarsonAllen LLP

St. Louis, Missouri
September 15, 2025

**ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

	2024	2023
ASSETS		
INVESTMENTS (at Fair Value)	\$ 66,912,915	\$ 69,599,131
INVESTMENTS (at Contract Value)	1,162,651	1,632,843
RECEIVABLES		
Accrued Other	656	362
Notes Receivable from Participants	140,367	132,736
Total Receivables	141,023	133,098
NET ASSETS AVAILABLE FOR BENEFITS	\$ 68,216,589	\$ 71,365,072

See accompanying Notes to Financial Statements.

**ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024	2023
ADDITIONS:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Investments	\$ 8,323,152	\$ 9,939,000
Dividends and Interest	1,584,161	1,268,060
Total Investment Income	9,907,313	11,207,060
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	11,532	7,901
Total Additions	9,918,845	11,214,961
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	13,048,228	9,182,098
ADMINISTRATIVE EXPENSES	19,100	22,084
Total Deductions	13,067,328	9,204,182
NET INCREASE (DECREASE)	(3,148,483)	2,010,779
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	71,365,072	69,354,293
End of Year	\$ 68,216,589	\$ 71,365,072

See accompanying Notes to Financial Statements.

**ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 DESCRIPTION OF PLAN

The following description of Ascension Healthcare Legacy ERISA 403(b) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan. The Plan is frozen and includes the assets of various merged 403(b) Plans administered by Ascension Healthcare (the Plan Sponsor). The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants could also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants directed the investment of contributions into various investment options offered by the Plan. Contributions were subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account was credited with the participant's contribution and an allocation of Plan earnings or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, or participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

Vesting

Participants are fully vested in their contributions plus earnings thereon.

Plan Loans

Participants may borrow amounts from Lincoln National Life Insurance Company, Massachusetts Mutual Life Insurance Company, and Mutual of America, the Plan's insurance companies. The loan amount cannot be less than \$1,000. In no event can the amount of the loan, when added to the outstanding balance of all other loans from any of the employer's plans, exceed the least of the following:

(A) \$50,000 reduced by the excess (if any) of:

- a. The highest outstanding balance of loans from any of the employer's plans during the one-year period ending on the day before the date on which the loan is to be made; over
- b. The outstanding balance of loans from any of the employer's plans on the date on which the loan is to be made;

(B) 50% of the present value of the vested accrued benefit under any of the employer's plans;

**ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Plan Loans (Continued)

Upon establishment of the loan, the amount of the loan is transferred to the participant's traditional annuity account. As principal is repaid, the collateral becomes available once again for participant use.

Outstanding loans as of December 31, 2024 and 2023 were \$167,662 and \$199,415, respectively, with Lincoln National Life Insurance Company and Massachusetts Mutual Life Insurance Company and thus designated as collateral.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance with Transamerica Financial Life Insurance Company and Fidelity Management Trust Company. The notes are secured by the balance in the participant's account and bear interest at prime rate plus 1%. Principal and interest is paid ratably through payroll deductions.

Benefit Payments

Upon termination of service due to death, disability, or retirement, a participant may elect to receive the value of the vested interest in his or her account in the form of a lump sum distribution, annuity, or installments.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract 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 4 for discussion of fair value measurements.

**ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition (Continued)

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 or 2023. Delinquent notes receivable are recorded as distributions on the basis of the terms of the Plan document.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Plan Sponsor, as provided by the Plan document. Expenses paid directly by the Plan Sponsor are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through September 15, 2025, the date the financial statements were available to be issued.

NOTE 3 CERTIFICATION OF INVESTMENT INFORMATION

Transamerica Financial Life Insurance Company, Transamerica Life Insurance Company, Massachusetts Mutual Life Insurance Company, Mutual of America Life Insurance Company, The Lincoln National Life Insurance Company, Fidelity Management Trust Company, Empower Annuity Insurance Company of America and State Street Bank and Trust Company, the qualified institutions, have supplied the Plan administrator with certifications as to the completeness and accuracy of all investment information and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, the statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets (held at end of year) as of December 31, 2024.

ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023

NOTE 4 FAIR VALUE OF INVESTMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2024 and 2023.

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

Pooled Separate Accounts: Valued at the net asset value (NAV) of units as determined by the insurance company. NAV is a readily determinable fair value and is the basis for current transactions.

General Accounts: Investments in the insurance company general account are valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issues. Contract value approximates fair value.

**ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 4 FAIR VALUE OF INVESTMENTS (CONTINUED)

Guaranteed Fixed Fund: Investments in insurance company guaranteed fixed funds are valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issues.

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

	2024			
	Level 1	Level 2	Level 3	Total
Mutual Funds and Money Market Funds	\$ 36,870,643	\$ -	\$ -	\$ 36,870,643
Pooled Separate Accounts	-	23,226,030	-	23,226,030
General Accounts	-	6,496,976	-	6,496,976
Guaranteed Fixed Fund	-	319,266	-	319,266
Total Investments at Fair Value	\$ 36,870,643	\$ 30,042,272	\$ -	\$ 66,912,915

	2023			
	Level 1	Level 2	Level 3	Total
Mutual Funds and Money Market Funds	\$ 38,757,671	\$ -	\$ -	\$ 38,757,671
Pooled Separate Accounts	-	23,544,428	-	23,544,428
General Accounts	-	6,821,441	-	6,821,441
Guaranteed Fixed Fund	-	475,591	-	475,591
Total Investments at Fair Value	\$ 38,757,671	\$ 30,841,460	\$ -	\$ 69,599,131

NOTE 5 GROUP ANNUITY CONTRACTS WITH INSURANCE COMPANIES

The Plan has group annuity contracts with Transamerica Financial Life Insurance Company, Inc., The Lincoln National Life Insurance Company, Massachusetts Mutual Life Insurance Company, Empower Annuity Insurance Company of America and Mutual of America Life Insurance Company (the insurance companies). As part of the contracts, the insurance companies maintain a portion of the contributions in the guaranteed pooled fund and the general accounts. The accounts are credited with earnings varying from 0% - 3% on the underlying investments and charged for Plan withdrawals and administrative expenses charged by the insurance companies. The guaranteed pooled fund and general accounts are included in the financial statements at fair value because they are nonbenefit-responsive. Upon termination of the investment contracts, the lump sum liquidation value of the general account portion of the portion of the participant's accumulation value shall be equal to the product of (a) the participant's general account accumulation value on the liquidation date, reduced by the liquidation charge applicable on the liquidation date and (b) a market value adjustment percentage.

**ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 5 GROUP ANNUITY CONTRACTS WITH INSURANCE COMPANIES (CONTINUED)

The Plan has a traditional fully benefit-responsive guaranteed investment contracts with Transamerica Financial Life Insurance Company, Inc. (insurance company). The insurance company, Inc. maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less 1% per their respective contracts. The crediting rates are reviewed on a quarterly basis for resetting.

The guaranteed investment contracts do not permit the insurance company to terminate the agreements prior to the scheduled maturity date. These contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the plan. Contract value, as reported to the Plan by the insurance company, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with the participants.

The guaranteed investment contracts do not permit the insurance company to terminate the agreements prior to the scheduled maturity date.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, and (4) a material amendment to the agreement without the consent of the issuer.

**ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

NOTE 6 RISKS AND UNCERTAINTIES

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

NOTE 7 PLAN TERMINATION

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE 8 PLAN TAX STATUS

The Plan is operating under an individually designed plan document. The Plan is qualified under Section 403(b) of the Internal Revenue Code (IRC) and is, therefore, not subject to tax under current income tax law. The Plan Sponsor believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9 PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Transamerica Financial Life Insurance Company, Inc., Transamerica Financial Life Insurance Company, Inc., Massachusetts Mutual Life Insurance Company, Mutual of America Life Insurance Company, The Lincoln National Life Insurance Company, Empower Annuity Insurance Company of America, Fidelity Management Trust Company and State Street Bank and Trust Company, the qualified institutions at December 31, 2024 and 2023. The qualified institutions are service providers as defined by the Plan and, therefore, the investment transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investment.

NOTE 10 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The pooled separate accounts did not file Form 5500s for the direct filing entities; therefore, the underlying mutual funds have been reported on the Form 5500, Schedule H.

**ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN
E.I.N. 31-1662309 PLAN NO. 015
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost **	Current Value
*	Mutual of America Life Insurance Co.	Interest Accumulation		\$ 445,571
*	Mutual of America Life Insurance Co.	Bond Fund		3,116
*	Mutual of America Life Insurance Co.	Composite Fund		24,504
*	Mutual of America Life Insurance Co.	Equity Index Fund		9,332
*	Mutual of America Life Insurance Co.	Mid-Cap Equity Index		39,122
*	Mutual of America Life Insurance Co.	All American Fund		52,369
*	Mutual of America Life Insurance Co.	Small Cap Growth Fund		2,330
*	Mutual of America Life Insurance Co.	Small Cap Value Fund		11,644
*	Mutual of America Life Insurance Co.	Fidelity VIP Contrafund Portfolio		35,124
*	Mutual of America Life Insurance Co.	Fidelity VIP Equity-Income Portfolio		5,869
*	Mutual of America Life Insurance Co.	Deutsche VSI Capital Growth VIP		10,837
*	Mutual of America Life Insurance Co.	American Century VP Capital Appreciation		15,268
*	Mutual of America Life Insurance Co.	Vanguard VIF International Portfolio		476
		Total		655,563
	Baird	Baird Aggregate Bond Instl		2,188,890
	Dimensional	DFA International Small Company I		154,073
	Dodge & Cox	Dodge & Cox Stock X		1,653,375
	International Funds	MFS International Equity R6		764,826
	Fidelity	Infl-Protected Bond Index		185,322
	Hartford	Schroders Emerging Market Eq		330,942
	Hartford	Hartford Strategic Income R6		226,668
	Enterprise	PGIM Jennison Small Company		793,842
	Vanguard	Vanguard Russell 1000 Growth Index I		2,168,296
	Vanguard	Institutional Index Institutional Plus		5,931,254
	Vanguard	Real Estate Index Instl		142,018
	Vanguard	Extended Market Index Instl Plus		977,552
	Vanguard	Vanguard Cash Reserves Federal MM Adm		29,729
	Vanguard	Vanguard Developed Markets Index Ins Pls		805,848
	Vanguard	Vanguard Total Bond Market Index I		27,539
*	Transamerica Life Ins. Co.	Transamerica Guaranteed Inv Option		103,862
*	Transamerica Life Ins. Co.	Transamerica Capital Preservation Fund		1,058,789
*	Transamerica Financial Life Ins. Co.	Stable Fund		7,807
*	Participants	Participant Loans Rates at 4.25% - 9.50%	-	121,870
		Total		17,672,503

**ASCENSION HEALTHCARE LEGACY ERISA 403(B) PLAN
E.I.N. 31-1662309 PLAN NO. 015
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost **	Current Value
*	Empower Annuity Insurance Company of America (formerly Great-West Life & Annuity Ins. Co.)	Guaranteed Fixed Fund	\$	319,266
*	Empower Annuity Insurance Company of America (formerly Great-West Life & Annuity Ins. Co.)	Aggressive Profile Fund		124,699
*	Empower Annuity Insurance Company of America (formerly Great-West Life & Annuity Ins. Co.)	Conservative Profile Fund		39,261
*	Empower Annuity Insurance Company of America (formerly Great-West Life & Annuity Ins. Co.)	Mod Aggr Profile Fund		144,224
*	Empower Annuity Insurance Company of America (formerly Great-West Life & Annuity Ins. Co.)	Mod Cons Profile Fund		44,877
*	Empower Annuity Insurance Company of America (formerly Great-West Life & Annuity Ins. Co.)	Moderate Profile Fund		159,202
		Total		<u>831,531</u>
*	Fidelity Management Trust Company	See Attached		20,508,965
*	The Lincoln National Life Insurance Co.	See Attached		10,932,756
*	The Lincoln National Life Insurance Co.	See Attached		5,870,332
*	Massachusetts Mutual Life Insurance Co.	See Attached		11,744,283
				<u>\$ 68,215,933</u>

* Indicates party-in-interest

**Cost omitted for participant-directed accounts

SUMMARY OF NET ASSETS

Total Plan Assets as of 12/31/2024

<u>Fund Name</u>	<u>Share Balance 12/31/2024</u>	<u>Historical Cost</u>	<u>Price</u>	<u>Total Market Value</u>
FID FIDELITY FUND	1,125.638	\$75,485.48	\$94.69	\$106,586.66
FID PURITAN	4,279.173	\$91,000.06	\$24.85	\$106,337.45
FID TREND	1.215	\$126.91	\$181.97	\$221.09
FID SEL TEC HARDWARE	84.926	\$8,951.44	\$107.91	\$9,164.36
FID SEL SEMICONDUCT	5,383.184	\$66,469.63	\$33.47	\$180,175.17
FID VALUE STRAT	750.604	\$28,216.78	\$54.71	\$41,065.54
FID GNMA	25,298.472	\$289,431.29	\$9.98	\$252,478.75
FID MAGELLAN	26,278.026	\$270,599.02	\$14.83	\$389,703.13
FID CONTRAFUND	139,715.210	\$1,533,553.85	\$21.03	\$2,938,210.87
FID EQUITY INC	1,652.317	\$92,612.92	\$73.67	\$121,726.19
FID GROWTH COMPANY	18,737.966	\$441,190.76	\$40.34	\$755,889.55
FID INVST GR BD	1,065.825	\$7,979.09	\$7.08	\$7,546.04
FID GROWTH & INC	3,532.452	\$123,441.13	\$61.86	\$218,517.48
FID SEL SOFTWARE	4,419.051	\$88,580.65	\$27.43	\$121,214.57
FID CAPITAL & INCOME	4,223.606	\$40,994.40	\$10.15	\$42,869.60
FID VALUE	12,679.033	\$125,326.73	\$13.60	\$172,434.85
FID MORTGAGE SEC	168.108	\$1,834.59	\$9.63	\$1,618.88
FID SEL GOLD	1,129.683	\$34,327.79	\$24.58	\$27,767.61
FID SEL BIOTECH	19,295.440	\$344,851.81	\$18.90	\$364,683.82
FID SEL RETAILING	1,677.478	\$19,526.75	\$20.47	\$34,337.97
FIDELITY GOVT INCOME	443.150	\$4,629.35	\$8.99	\$3,983.92
FID GOV CASH RESERVE	116,752.740	\$116,752.74	\$1.00	\$116,752.74
FID SEL ENERGY	895.992	\$31,719.33	\$56.79	\$50,883.39
FID SEL LEISURE	1,791.155	\$23,167.40	\$20.54	\$36,790.32
FID SEL HEALTHCARE	3,675.210	\$84,939.14	\$27.25	\$100,149.47
FID SEL TECHNOLOGY	5,484.963	\$143,149.92	\$36.88	\$202,285.44
FID SEL UTILITIES	443.173	\$34,153.52	\$120.94	\$53,597.34
FID SEL DEFENSE	1,990.600	\$24,912.84	\$18.21	\$36,248.83
FID SEL BROKERAGE	201.662	\$12,875.51	\$181.66	\$36,633.92
FID SEL CHEMICALS	598.633	\$8,174.04	\$13.44	\$8,045.63
FID OTC PORTFOLIO	38,075.103	\$405,075.33	\$21.47	\$817,472.46
FID OVERSEAS	1,762.665	\$67,266.45	\$62.60	\$110,342.83
FID SEL TELECOMM	65.382	\$3,731.34	\$54.22	\$3,545.01
FID SEL FINTECH	136.707	\$3,897.23	\$19.38	\$2,649.38
FID NEW MILLEN	990.257	\$37,027.17	\$59.38	\$58,801.46
FID EUROPE	1,584.976	\$55,226.79	\$34.68	\$54,966.97
FID PACIFIC BASIN	398.299	\$10,409.82	\$30.57	\$12,176.00

SUMMARY OF NET ASSETS

Total Plan Assets as of 12/31/2024

<u>Fund Name</u>	<u>Share Balance 12/31/2024</u>	<u>Historical Cost</u>	<u>Price</u>	<u>Total Market Value</u>
FID REAL ESTATE INVS	262.449	\$8,719.23	\$38.59	\$10,127.91
FID BALANCED	3,970.462	\$88,466.75	\$29.56	\$117,366.86
FID INTL DISCOVERY	1,062.644	\$38,329.10	\$47.91	\$50,911.27
FID CAPITAL APPREC	2,185.667	\$78,492.51	\$42.17	\$92,169.58
FID CANADA	502.699	\$26,773.43	\$65.68	\$33,017.27
FID TELECOM & UTIL	1,428.094	\$31,753.98	\$32.92	\$47,012.85
FID BLUE CHIP GR	4,254.377	\$369,914.96	\$227.17	\$966,466.82
FID ASSET MGR 50%	1,194.544	\$20,052.69	\$20.44	\$24,416.48
FID DISCIPLND EQTY	409.593	\$14,312.66	\$67.13	\$27,495.98
FID LOW PRICED STK	8,788.026	\$383,199.55	\$40.75	\$358,112.06
FID WORLDWIDE	350.721	\$9,680.15	\$34.80	\$12,205.09
FID EQ DIV INCOME	1,256.238	\$30,969.43	\$28.14	\$35,350.54
FID ASSET MGR 70%	17,033.100	\$343,857.10	\$27.31	\$465,173.96
FID EMERGING MKTS	1,304.457	\$33,007.89	\$38.08	\$49,673.72
FID GROWTH STRAT	85.090	\$3,261.66	\$66.37	\$5,647.42
FID DIVERSIFD INTL	3,069.199	\$103,583.47	\$42.16	\$129,397.43
FID ASSET MGR 20%	1,379.295	\$17,788.52	\$13.55	\$18,689.45
FID DIVIDEND GR	1,305.748	\$40,341.03	\$38.22	\$49,905.69
FID NEW MARKETS INC	1,866.681	\$29,415.36	\$12.65	\$23,613.51
FID FOCUSED STOCK	3,055.213	\$75,981.83	\$37.86	\$115,670.36
FID STK SEL SM CAP	296.391	\$6,858.08	\$37.28	\$11,049.46
FID MID CAP STOCK	0.000		\$42.39	\$0.00
FID LARGE CAP STOCK	1,156.204	\$40,144.48	\$54.50	\$63,013.12
FID GROWTH DISC	923.704	\$32,826.87	\$61.64	\$56,937.11
FID SMALL CAP STOCK	1,034.445	\$17,664.44	\$18.48	\$19,116.54
FID NORDIC	118.349	\$5,812.80	\$56.75	\$6,716.31
FID ASSET MGR 85%	751.298	\$13,498.62	\$26.43	\$19,856.81
FID LATIN AMERICA	0.000		\$16.63	\$0.00
FID EMERGING ASIA	226.809	\$8,617.95	\$48.66	\$11,036.53
FID CHINA REGION	1,263.067	\$39,266.90	\$38.89	\$49,120.68
FID SEL ENT TECH SVC	0.000		\$60.37	\$0.00
FID SEL MED TECH&DV	830.126	\$34,798.75	\$62.19	\$51,625.54
FID SM CAP DISCOVERY	3,126.341	\$75,546.63	\$24.14	\$75,469.87
FID TREASURY ONLY MM	4,827.070	\$4,827.07	\$1.00	\$4,827.07
FID SHORT TERM BOND	1,339.295	\$11,756.93	\$8.44	\$11,303.65
FID INTM GOVT INCOME	218.107	\$2,234.30	\$9.66	\$2,106.91
FID GOVT MMKT	977,765.870	\$977,765.87	\$1.00	\$977,765.87

SUMMARY OF NET ASSETS

Total Plan Assets as of 12/31/2024

<u>Fund Name</u>	<u>Share Balance 12/31/2024</u>	<u>Historical Cost</u>	<u>Price</u>	<u>Total Market Value</u>
FID SEL AUTOMOTIVE	0.000		\$55.65	\$0.00
FID SEL COMM SERV	149.295	\$9,311.73	\$111.30	\$16,616.53
FID SEL HTH CARE SVC	237.492	\$18,393.63	\$99.55	\$23,642.33
FID SEL MATERIALS	83.543	\$6,456.20	\$84.04	\$7,020.95
FID SEL CONSTR/HOUSE	140.651	\$7,447.52	\$119.03	\$16,741.69
FID SEL TRANSPORT	89.446	\$8,608.09	\$103.89	\$9,292.54
FID NATURAL RES	336.145	\$10,352.19	\$41.60	\$13,983.63
FID SEL PHARMACEUTCL	1,623.150	\$30,588.87	\$25.36	\$41,163.08
FID MID CAP VALUE	914.574	\$18,832.67	\$30.15	\$27,574.41
FID INTL SMALL CAP	386.050	\$10,287.10	\$30.59	\$11,809.27
FID TOTAL BOND	26,745.107	\$265,473.20	\$9.40	\$251,404.01
FID SEL WIRELESS	135.805	\$1,370.79	\$12.49	\$1,696.20
FID BLUE CHIP VALUE	1,089.803	\$19,722.69	\$23.92	\$26,068.09
FID NASDAQ COMP INDX	217.768	\$24,500.66	\$244.77	\$53,303.07
FID STRAT DIV & INC	600.829	\$8,509.54	\$16.82	\$10,105.94
FID SMALL CAP GROWTH	1,511.938	\$40,208.19	\$33.47	\$50,604.56
FID SMALL CAP VALUE	0.069	\$1.31	\$20.36	\$1.40
FID INTL SM CAP OPP	310.220	\$5,423.37	\$19.57	\$6,071.01
FID STRAT REAL RET	1,867.025	\$16,315.67	\$8.41	\$15,701.68
FID INTL VALUE	841.692	\$9,060.89	\$10.06	\$8,467.42
FID ASSET MGR 60%	765.996	\$9,807.29	\$15.49	\$11,865.28
FID TOTAL INTL EQ	2,030.886	\$17,071.64	\$11.38	\$23,111.48
FID GLB COMDTY STK	375.483	\$5,973.22	\$17.95	\$6,739.92
FID CORPORATE BOND	0.000		\$10.41	\$0.00
FID US BOND IDX	3,571.429	\$40,500.64	\$10.22	\$36,500.00
FID 500 INDEX	6,991.774	\$749,899.72	\$204.19	\$1,427,650.33
FID REAL ESTATE IDX	3,817.796	\$60,989.66	\$16.11	\$61,504.69
FID SM CAP IDX	2,384.711	\$51,123.84	\$27.68	\$66,008.80
FID TOTAL MKT IDX	748.715	\$61,989.23	\$161.27	\$120,745.27
FID INTL INDEX	1,520.930	\$65,172.85	\$47.54	\$72,305.01
FID EXTD MKT IDX	1,400.165	\$97,521.95	\$90.88	\$127,247.00
FID GLOBAL EQ INCOME	0.000		\$20.16	\$0.00
FID STK SEL MID CAP	16.724	\$500.51	\$45.05	\$753.42
FID INFL PR BD IDX	8,269.745	\$76,273.13	\$8.89	\$73,518.03
FID GOVT MMRK PRM	68,088.150	\$68,088.15	\$1.00	\$68,088.15
FID FREEDOM INC K	3,367.164	\$35,695.46	\$10.54	\$35,489.91
FID FREEDOM 2005 K	0.000		\$11.17	\$0.00

SUMMARY OF NET ASSETS

Total Plan Assets as of 12/31/2024

<u>Fund Name</u>	<u>Share Balance 12/31/2024</u>	<u>Historical Cost</u>	<u>Price</u>	<u>Total Market Value</u>
FID FREEDOM 2010 K	2,694.661	\$35,526.95	\$13.92	\$37,509.68
FID FREEDOM 2015 K	21,125.004	\$227,234.59	\$11.40	\$240,825.05
FID FREEDOM 2020 K	40,770.751	\$549,504.19	\$14.36	\$585,467.98
FID FREEDOM 2025 K	72,257.080	\$901,123.48	\$13.61	\$983,418.86
FID FREEDOM 2030 K	122,583.655	\$1,928,486.46	\$17.55	\$2,151,343.15
FID FREEDOM 2035 K	94,075.729	\$1,325,370.06	\$15.65	\$1,472,285.16
FID FREEDOM 2040 K	22,746.654	\$224,016.43	\$11.56	\$262,951.32
FID FREEDOM 2045 K	22,336.189	\$252,555.55	\$13.47	\$300,868.47
FID FREEDOM 2050 K	8,298.246	\$94,928.08	\$13.65	\$113,271.06
FID FREEDOM 2055 K	321.061	\$4,253.66	\$15.81	\$5,075.97
FID ST TR BD IDX	0.997	\$10.17	\$10.15	\$10.12
FID STRATEGIC INCOME	2,105.351	\$25,676.02	\$11.59	\$24,401.02
OUTSTANDING LOAN BALANCE				\$18,497.42

			NET ASSETS 12/31/2024:	\$20,508,964.77
				=====

Assets are presented at fair value with the exception to fully benefit responsive investment contracts which are presented at contract value as in previous years. See Chapter 7 of the Fidelity Auditor's Guide for financial statement presentation and disclosure information.



**Schedule H, line 4i--Schedule of Assets (held at End of Year)
For Plan: Allegan General Hospital 403b**

Date Range Requested: 12/30/2023 - 12/31/2024

Data Extracted: 01/27/2025

Plan Information

Vendor System	Plan ID	Plan Name	Employer Plan Number	Employer Identification Number (EIN)	Plan Type	Full Service	Plan Sponsor/ Employer Name	Plan Sponsor / Employer Address	Plan Sponsor / Plan Admin Phone
Lincoln - APS	CR04776	ASCENSION HEALTHCARE RETIREMENT PLAN	000	31-1662309	403(b)	N	ASCENSION HEALTHCARE RETIREMENT PLAN	ATTN TERRY HARTIG, 4600 EDMUNDSON RD, SAINT LOUIS, MO 63134-3806	

Plan Assets

(A)	(B) Identity of Issue	(C) Description of Investment	(D) Historical Cost	(E) Current Value
*	LINCOLN NAT'L LIFE - MULTIFUND	AMERICAN FUNDS GLOBAL GROWTH		2,155.00
*	LINCOLN NAT'L LIFE - MULTIFUND	AMERICAN FUNDS GROWTH		641,407.70
*	LINCOLN NAT'L LIFE - MULTIFUND	AMERICAN FUNDS GROWTH-INCOME		232,339.55
*	LINCOLN NAT'L LIFE - MULTIFUND	AMERICAN FUNDS INTERNATIONAL		77,219.67
*	LINCOLN NAT'L LIFE - MULTIFUND	BLACKROCK GLOBAL ALLOCATION		526,359.20
*	LINCOLN NAT'L LIFE - MULTIFUND	FIDELITY VIP CONTRAFUND		409,496.72
*	LINCOLN NAT'L LIFE - MULTIFUND	FIDELITY VIP FREEDOM TARGET DATE 2020		0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	FIDELITY VIP FREEDOM TARGET DATE 2025		139.99
*	LINCOLN NAT'L LIFE - MULTIFUND	FIDELITY VIP FREEDOM TARGET DATE 2030		20,134.55
*	LINCOLN NAT'L LIFE - MULTIFUND	FIDELITY VIP GROWTH		16,502.51
*	LINCOLN NAT'L LIFE - MULTIFUND	FIXED ACCOUNT		1,460,917.39
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP BARON GROWTH OPPORTUNITIES		81,167.08

*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP BLACKROCK DIVIDEND VALUE MNGDVLTLTY	70,874.31
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP BLACKROCK INFLATION PROTECTED BOND	179.59
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP BLACKROCK REAL ESTATE FUND	15,081.42
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP BLENDED LRG CAP GROWTH MNGD VOLTLY	95,903.08
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP DIMENSIONAL U.S. CORE EQUITY 1	375,074.71
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP FRANKLIN TEMPLETON MF EM EQFND	2,062.01
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP GLOBAL CONSERVATIVE ALLOCATION MRSK	3,064.19
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP GLOBAL GROWTH ALLOCATION MANGD RISK	34,115.74
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP GLOBAL MODERATE ALLOCATION MGD RISK	240,742.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP JPMORGAN RETIREMENT INCOME FUND	5,833.47
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP MACQUARIE BOND	133,695.80
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP MACQUARIE DIVERSIFIED INCOME	23,103.78
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP MACQUARIE MID CAP VALUE FUND	59,849.18
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP MACQUARIE SMID CAP CORE SERIES	35,418.19
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP MACQUARIE SOCIAL AWARENESS	228,266.92
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP MACQUARIE U.S. REIT FUND	22,713.11
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP MACQUARIE VALUE SERIES	44,635.37
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP MACQUARIE WEALTH BUILDER	164,208.98
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP MONDRIAN INTERNATIONAL VALUE	13,079.81
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP SSGA BOND INDEX	8,427.50
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP SSGA S&P 500 INDEX	311,564.33

*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP SSGA SMALL-CAP INDEX	375.81
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP T ROWE PRICE 2020 FUND	93,229.58
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP T ROWE PRICE 2030 FUND	30,938.53
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP T ROWE PRICE 2040 FUND	55,590.38
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP T ROWE PRICE 2050 FUND	66,711.73
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP T. ROWE PRICE MID CAP GROWTH	21,408.06
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP T. ROWE PRICE STRUCTURED MID-CAP GROWTH	45,324.29
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP VANGUARD DOMESTIC EQUITY ETF	2,623.23
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP VANGUARD INTERNATIONAL EQUITY ETF	11,951.50
*	LINCOLN NAT'L LIFE - MULTIFUND	MACQUARIE SMALL CAP VALUE	134,334.31
*	LINCOLN NAT'L LIFE - MULTIFUND	MFS UTILITIES	25,605.57
*	LINCOLN NAT'L LIFE - MULTIFUND	PIMCO VIT TOTAL RETURN PORTFOLIO	26,506.34
		Total	5,870,332.18



Schedule H, line 4i--Schedule of Assets (held at End of Year) For Plan: Crittenton Hospital

Date Range Requested: 12/30/2023 - 12/31/2024

Data Extracted: 01/27/2025

Plan Information

Vendor System	Plan ID	Plan Name	Employer Plan Number	Identification Number (EIN)	Plan Type	Full Service	Plan Sponsor/ Employer Name	Plan Sponsor / Employer Address	Plan Sponsor / Plan Admin Phone
Lincoln - APS	CR06995	ASCENSION HEALTHCARE RETIREMENT PLAN	000	31-1662309	403(b)	N	ASCENSION HEALTHCARE RETIREMENT PLAN	ATTN, 4600 EDMUNDSON RD E 200, PO BOX 45998, SAINT LOUIS, MO 63145-5998	

Plan Assets

(A)	(B) Identity of Issue	(C) Description of Investment	(D) Historical Cost	(E) Current Value
*	LINCOLN NAT'L LIFE - MULTIFUND	AB VPS SUSTAIN GLOBAL THEMATIC PORT		8,830.96
*	LINCOLN NAT'L LIFE - MULTIFUND	AMERICAN FUNDS GLOBAL GROWTH		234,586.54
*	LINCOLN NAT'L LIFE - MULTIFUND	AMERICAN FUNDS GROWTH		1,120,422.49
*	LINCOLN NAT'L LIFE - MULTIFUND	AMERICAN FUNDS GROWTH-INCOME		350,972.46
*	LINCOLN NAT'L LIFE - MULTIFUND	AMERICAN FUNDS INTERNATIONAL		36,719.24
*	LINCOLN NAT'L LIFE - MULTIFUND	BLACKROCK GLOBAL ALLOCATION		16,767.64
*	LINCOLN NAT'L LIFE - MULTIFUND	DWS ALTERNATIVE ASSET ALLOCATION VIP		1,209.26
*	LINCOLN NAT'L LIFE - MULTIFUND	FIDELITY VIP CONTRAFUND		444,319.06
*	LINCOLN NAT'L LIFE - MULTIFUND	FIDELITY VIP FREEDOM TARGET DATE 2025		416,633.32
*	LINCOLN NAT'L LIFE - MULTIFUND	FIDELITY VIP FREEDOM TARGET DATE 2035		79,326.72
*	LINCOLN NAT'L LIFE - MULTIFUND	FIDELITY VIP GROWTH		128,567.00
*	LINCOLN NAT'L LIFE - MULTIFUND	FIXED ACCOUNT		4,312,066.62

*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP BARON GROWTH OPPORTUNITIES	138,472.31
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP BLACKROCK DIVIDEND VALUE MNGDVLTLTY	168,406.88
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP BLENDED LRG CAP GROWTH MNGD VOLTLY	194,947.39
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP DIMENSIONAL U.S. CORE EQUITY 1	675,626.32
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP FRANKLIN TEMPLETON MF EM EQFND	846.59
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP FRNKLN TEMPLTN GLOBAL EQTY MANGDVLTY	4,483.64
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP GLOBAL CONSERVATIVE ALLOCATION MRSK	2,225.34
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP GLOBAL GROWTH ALLOCATION MANGD RISK	112,505.86
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP GLOBAL MODERATE ALLOCATION MGD RISK	99,709.40
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP JPM SELECT MID CAP VALUE MNGD VLTY	4,486.67
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP JPMORGAN RETIREMENT INCOME FUND	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP MACQUARIE BOND	69,519.08
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP MACQUARIE DIVERSIFIED INCOME	315,877.92
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP MACQUARIE HIGH YIELD FUND	12,888.51
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP MACQUARIE MID CAP VALUE FUND	170,044.14
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP MACQUARIE SMID CAP CORE SERIES	140,402.53
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP MACQUARIE SOCIAL AWARENESS	309,466.41
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP MACQUARIE U.S. REIT FUND	6,784.55
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP MACQUARIE VALUE SERIES	115,456.72
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP MACQUARIE WEALTH BUILDER	4,623.90
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP MONDRIAN GLOBAL INCOME FUND	557.81

*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP MONDRIAN INTERNATIONAL VALUE	119,065.10
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP SSGA S&P 500 INDEX	541,865.18
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP SSGA SMALL-CAP INDEX	2,075.92
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP T ROWE PRICE 2020 FUND	159,528.06
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP T ROWE PRICE 2030 FUND	85,567.08
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP T ROWE PRICE 2040 FUND	46,763.20
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP T. ROWE PRICE STRUCTURED MID-CAP GROWTH	20,390.19
*	LINCOLN NAT'L LIFE - MULTIFUND	MACQUARIE SMALL CAP VALUE	95,009.58
*	LINCOLN NAT'L LIFE - MULTIFUND	MFS UTILITIES	164,738.39
		Total	10,932,755.98



ASCENSION HEALTHCARE LEGACY ERISA 403(b) PLAN

MML Aggressive Allocation	\$	191,838
Fidelity VIP Contrafund		167,492
Invesco Opp V.I. International Growth		133,249
Invesco V.I. Capital Appreciation		148,115
Invesco V.I. Discovery Mid Cap Growth		2,785
Invesco V.I. Diversified Dividend		43,260
Invesco V.I. Equity and Income		681
Invesco V.I. Global		96,494
Invesco V.I. Global Strategic Income		43,029
Invesco V.I. Health Care		2,275
Invesco V.I. Main Street		10,405
Invesco V.I. Technology		31,333
MML Aggressive Allocation		2,657,225
MML American Funds Core Allocation Fund		14,444
MML Balanced Allocation		99,900
MML Blue Chip Growth		158,226
MML Conservative Allocation		89,575
MML Equity		67,551
MML Equity Income		146,395
MML Equity Index		89,527
MML Fundamental Equity		1,332
MML Global		4,771
MML Growth Allocation		4,321,144
MML High Yield		7,712
MML Income & Growth		5,382
MML Inflation-Protected & Income		12,881
MML International Equity		3,615
MML Managed Bond		101,149
MML Managed Volatility		13,524
MML Mid Cap Growth		151,504
MML Mid Cap Value		106,799
MML Moderate Allocation		2,179,570
MML Short-Duration Bond		8,147
MML Small Cap Equity		11,537
MML Small Cap Growth Equity		124,862
MML Small Company Value		13,589
MML Small/Mid Cap Value		151,048
MML Strategic Emerging Markets		11,115
MML Total Return Bond		5,325
MML U.S. Government Money Market		41,372
PIMCO CommodityRealReturn Strategy		491
VY CBRE Global Real Estate Portfolio		3,001
Fixed Account (Artistry)		106,047
Collateral Loan Fund (Atistry)		164,567
Total	\$	<u>11,744,283</u>



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**ATTACHMENT TO THE 2024 SCHEDULE H OF FORM 5500
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

Plan Sponsor: Ascension Health DBA Ascension Healthcare

Plan Name: Ascension Healthcare Legacy ERISA 403(b) Plan

Plan Year: January 1, 2024 to December 31, 2024

EIN: 31-1662309

Plan No.: 015

Item 4i- Schedule of Assets Held at End of Year

Pages 14-26 of the attached auditor's report of the Plan for the plan year ending December 31, 2024 provides the schedule of assets information.