

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) M, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: FROEDTERT HEALTH, INC. MASTER RETIREMENT PLAN TRUST
1b Three-digit plan number (PN): 202
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan), Mailing address, City or town, state or province, country, and ZIP or foreign postal code
2b Employer Identification Number (EIN): 39-2014409
2c Plan Sponsor's telephone number: 414-805-3000
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

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

|  |  |  |
|--|--|--|
| <p><b>A</b> Name of plan<br/><b>FROEDTERT HEALTH, INC. MASTER RETIREMENT PLAN TRUST</b></p>            | <p><b>B</b> Three-digit plan number (PN) ▶ <b>202</b></p>                  |  |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>FROEDTERT HEALTH, INC.</b></p> | <p><b>D</b> Employer Identification Number (EIN)<br/><b>39-2014409</b></p> |  |

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**PRINCIPAL LIFE INSURANCE COMPANY**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 42-0127290 | 61271         | 335955                                | 0   | 01/01/2024              | 08/01/2024 |

**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.

|   |                                      |
|---|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</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 |                       |
|   |                                 |             |                       |

| <b>Part II</b>             | <b>Investment and Annuity Contract Information</b>   |                      |
|----------------------------|--|----------------------|
|                            | 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.   |                      |
| <b>4</b>                   | Current value of plan's interest under this contract in the general account at year end .....  | 0                    |
| <b>5</b>                   | Current value of plan's interest under this contract in separate accounts at year end.....   | 0                    |
| <b>6</b>                   | <b>Contracts With Allocated Funds:</b>   |                      |
| <b>a</b>                   | State the basis of premium rates ▶   |                      |
| <b>b</b>                   | Premiums paid to carrier .....   | <b>6b</b>            |
| <b>c</b>                   | Premiums due but unpaid at the end of the year .....   | <b>6c</b>            |
| <b>d</b>                   | 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. ....<br>Specify nature of costs ▶                                      | <b>6d</b>            |
| <b>e</b>                   | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶   |                      |
| <b>f</b>                   | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>  |                      |
| <b>7</b>                   | <b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>   |                      |
| <b>a</b>                   | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input checked="" type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ |                      |
| <b>b</b>                   | Balance at the end of the previous year .....  | <b>7b</b> 3695204    |
| <b>c</b>                   | Additions: (1) Contributions deposited during the year .....   | <b>7c(1)</b>         |
|                            | (2) Dividends and credits.....   | <b>7c(2)</b>         |
|                            | (3) Interest credited during the year.....   | <b>7c(3)</b> 49454   |
|                            | (4) Transferred from separate account .....  | <b>7c(4)</b>         |
|                            | (5) Other (specify below).....<br>▶  | <b>7c(5)</b>         |
|                            | (6) Total additions .....  | <b>7c(6)</b> 49454   |
| <b>d</b>                   | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....   | <b>7d</b> 3744658    |
| <b>e</b>                   | Deductions:  |                      |
|                            | (1) Disbursed from fund to pay benefits or purchase annuities during year .....  | <b>7e(1)</b> 2458015 |
|                            | (2) Administration charge made by carrier.....   | <b>7e(2)</b> 15179   |
|                            | (3) Transferred to separate account .....  | <b>7e(3)</b>         |
|                            | (4) Other (specify below).....<br>▶ <b>FUND WITHDRAWALS AND OTHER WITHDRAWALS</b>  | <b>7e(4)</b> 1271464 |
| (5) Total deductions ..... | <b>7e(5)</b> 3744658   |                      |
| <b>f</b>                   | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....  | <b>7f</b> 0          |

**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:

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

**10** Nonexperience-rated contracts:

|          |  |            |  |
|----------|--|------------|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |
| <b>b</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. .... | <b>10b</b> |  |

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. ▶

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

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>FROEDTERT HEALTH, INC. MASTER RETIREMENT PLAN TRUST</b>            | <b>B</b> Three-digit plan number (PN) ▶                            | <b>202</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>FROEDTERT HEALTH, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>39-2014409</b> |            |

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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**MIDWEST INSTITUTIONAL TRUST COMPANY**

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**93-1799133**

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

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**PRINCIPAL LIFE INSURANCE COMPANY**

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**42-0127290**

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

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

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

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

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

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

**DFE/Participating Plan Information**

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection.**

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

|   |  |  |
|---|--|--|
| <b>A</b> Name of plan<br><u>FROEDTERT HEALTH, INC. MASTER RETIREMENT PLAN TRUST</u>                   |  | <b>B</b> Three-digit plan number (PN) ▶ <u>202</u>                 |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>FROEDTERT HEALTH, INC.</u> |  | <b>D</b> Employer Identification Number (EIN)<br><u>39-2014409</u> |

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

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

|                               |   |                                |
|-------------------------------|---|--------------------------------|
| <b>a</b> Plan name            | FROEDTERT HOSPITAL RETIRMENT PLAN FOR CERTAIN FORMER MILWAUKEE COUNTY EMPLOYEES |                                |
| <b>b</b> Name of plan sponsor | FROEDTERT HEALTH, INC.  | <b>c</b> EIN-PN 39-2014409-010 |

|                               |   |                                |
|-------------------------------|---|--------------------------------|
| <b>a</b> Plan name            | COMMUNITY MEMORIAL HOSPITAL RETIREMENT PLAN |                                |
| <b>b</b> Name of plan sponsor | FROEDTERT HEALTH, INC.                      | <b>c</b> EIN-PN 39-2014409-013 |

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

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

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

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

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

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

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

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

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

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

|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b> |  |
| <b>A</b> Name of plan<br><b>FROEDTERT HEALTH, INC. MASTER RETIREMENT PLAN TRUST</b>                      | <b>B</b> Three-digit plan number (PN) ▶ <b>202</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>FROEDTERT HEALTH, INC.</b>           | <b>D</b> Employer Identification Number (EIN)<br><b>39-2014409</b> |

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

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

|  |                 | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       | 250562                | -31494          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    | 1235035               | 900952          |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    | 43777515              | 30180329        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> | 67968560              | 43393846        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> | 16922662              | 0               |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 41368901              | 87707706        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 3769045               | 7259338         |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   | 555458                | 555390          |

| <b>1d</b> Employer-related investments:                                  |              | <b>(a)</b> Beginning of Year | <b>(b)</b> End of Year |
|--|--------------|------------------------------|------------------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                              |                        |
| (2) Employer real property.....  | <b>1d(2)</b> |                              |                        |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                              |                        |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 175847738                    | 169966067              |
| <b>Liabilities</b>   |              |                              |                        |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                              |                        |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                              |                        |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                              |                        |
| <b>j</b> Other liabilities.....  | <b>1j</b>    | 0                            | 0                      |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 0                            | 0                      |
| <b>Net Assets</b>  |              |                              |                        |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 175847738                    | 169966067              |

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| <b>Income</b>  |                 | <b>(a)</b> Amount | <b>(b)</b> Total |
|--|-----------------|-------------------|------------------|
| <b>a Contributions:</b>  |                 |                   |                  |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> |                   |                  |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> |                   |                  |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> |                   |                  |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |                   |                  |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |                   | 0                |
| <b>b Earnings on investments:</b>  |                 |                   |                  |
| <b>(1) Interest:</b>   |                 |                   |                  |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |                   |                  |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> | 1097859           |                  |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> | 3041997           |                  |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |                   |                  |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> |                   |                  |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> | 172181            |                  |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |                   | 4312037          |
| <b>(2) Dividends:</b>  |                 |                   |                  |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |                   |                  |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> | 52125             |                  |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 2375160           |                  |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |                   | 2427285          |
| <b>(3)</b> Rents.....  | <b>2b(3)</b>    |                   |                  |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |                   |                  |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> | 99289080          |                  |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> | 103050232         |                  |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |                   |                  |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |                   |                  |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |                   |                  |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> | -4926756          |                  |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |                   |                  |

|   | (a) Amount | (b) Total |
|---|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)      |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)      |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)      |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)      |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10)     | 5610345   |
| <b>c</b> Other income .....   | 2c         | 94563     |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | 2d         | 3756322   |

**Expenses**

|   |        |   |
|---|--------|---|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |        |   |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | 2e(1)  |   |
| (2) To insurance carriers for the provision of benefits .....                               | 2e(2)  |   |
| (3) Other .....   | 2e(3)  |   |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                               | 2e(4)  | 0 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | 2f     |   |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | 2g     |   |
| <b>h</b> Interest expense .....   | 2h     |   |
| <b>i</b> Administrative expenses:   |        |   |
| (1) Salaries and allowances .....   | 2i(1)  |   |
| (2) Contract administrator fees .....   | 2i(2)  |   |
| (3) Recordkeeping fees .....  | 2i(3)  |   |
| (4) IQPA audit fees .....   | 2i(4)  |   |
| (5) Investment advisory and investment management fees .....                                | 2i(5)  |   |
| (6) Bank or trust company trustee/custodial fees .....                                      | 2i(6)  |   |
| (7) Actuarial fees .....  | 2i(7)  |   |
| (8) Legal fees .....  | 2i(8)  |   |
| (9) Valuation/appraisal fees .....  | 2i(9)  |   |
| (10) Other trustee fees and expenses .....  | 2i(10) |   |
| (11) Other expenses .....   | 2i(11) |   |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....                      | 2i(12) | 0 |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     | 0 |

**Net Income and Reconciliation**

|   |       |          |
|---|-------|----------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d ..... | 2k    | 3756322  |
| <b>l</b> Transfers of assets:                                   |       |          |
| (1) To this plan .....  | 2l(1) | 572395   |
| (2) From this plan .....  | 2l(2) | 10210388 |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|  | Yes | No | Amount |
|--|-----|----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |     |    |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)   |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?   |     |    |        |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     |    |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     |    |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?   |     |    |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)   | X   |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     |    |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     |    |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  |     |    |        |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

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

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

Schedule H, line 4j – Schedule of Reportable Transactions

SPONSOR: FROEDTERT HEALTH, INC

December 31, 2024

EIN: 39-2014409

PLAN NUMBER: 202

NAME: FROEDTERT HEALTH , INC MASTER RETIREMENT PLAN TRUST

| (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of a loan) | (c) Purchase price | (d) Selling price | (e) Lease rental | (f) Expense incurred with transaction | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|--------------------------------|---|--------------------|-------------------|------------------|---------------------------------------|-------------------|--|------------------------|
| Goldman Sachs                  | GS Fin Sq Gov #465  | 1.000              |                   |                  |                                       | 156,071,881       | 156,071,881                                    | -                      |
| Goldman Sachs                  | GS Fin Sq Gov #465  |                    | 1.000             |                  |                                       | 156,172,233       | 156,172,233                                    | -                      |
| Baird                          | Baird Intermediate Bond Fd Instl #70  | 10.116             |                   |                  |                                       | 62,627,386        | 62,627,386                                     | -                      |
| Baird                          | Baird Intermediate Bond Fd Instl #70  |                    | 10.340            |                  |                                       | 4,157,516         | 4,250,000                                      | 92,484                 |
| US Government                  | US Treasury Bond 2.50%<br>Dtd 02/15/2015 Due 02/15/2045                         |                    | 69.189            |                  |                                       | 10,758,575        | 8,319,999                                      | (2,438,576)            |
| US Government                  | US Treasury Bond 2.25%<br>Dtd 08/15/2019 Due 08/15/2049                         | 63.957             |                   |                  |                                       | 7,802,763         | 7,802,763                                      | -                      |
| US Government                  | US Treasury Bond 2.25%<br>Dtd 08/15/2019 Due 08/15/2049                         |                    | 66.863            |                  |                                       | 31,979            | 33,432   | 1,453                  |
| US Government                  | US Treasury Bond 1.25%<br>Dtd 05/15/2020 Due 05/15/2050                         |                    | 48.762            |                  |                                       | 9,469,115.16      | 6,053,882.77                                   | (3,415,232)            |
| US Government                  | US Treasury Bond 1.375%<br>Dtd 11/15/2020 Due 11/15/2040                        |                    | 62.287            |                  |                                       | 12,300,892        | 9,078,357                                      | (3,222,534)            |
| US Government                  | US Treasury Bond Zero<br>Dtd 02/15/2024 Due 02/15/2054                          | 92.535             |                   |                  |                                       | 21,213,834        | 21,213,834                                     | -                      |
| US Government                  | US Treasury Bond Zero<br>Dtd 02/15/2024 Due 02/15/2054                          |                    | 92.562            |                  |                                       | 21,213,834        | 21,219,953                                     | 6,119                  |
| Fidelity                       | Fidelity Total Market Index Fund Instl<br>Premium Class #2361                   | 149.614            |                   |                  |                                       | 21,010,257        | 21,010,257                                     | -                      |
| Vanguard                       | Vanguard Institutional Index Fd #94   | 430.640            |                   |                  |                                       | 199,936           | 199,936  | -                      |
| Vanguard                       | Vanguard Institutional Index Fd #94   |                    | 428.829           |                  |                                       | 24,505,282        | 33,205,055                                     | 8,699,773              |
| American Funds                 | American Europacific Growth Fund<br>Class R6 #2616                              | 55.516             |                   |                  |                                       | 126,006           | 126,006  | -                      |
| American Funds                 | American Europacific Growth Fund<br>Class R6 #2616                              |                    | 56.646            |                  |                                       | 2,466,554         | 2,895,000                                      | 428,446                |
| BJ's Wholesale Club Holdings   | Bjs Whsl Club Hldgs Inc Com   | 72.773             |                   |                  |                                       | 5,818             | 5,818  | -                      |
| BJ's Wholesale Club Holdings   | Bjs Whsl Club Hldgs Inc Com   |                    | 79.713            |                  |                                       | 212,546           | 271,965  | 59,419                 |
| Carlisle Companies Inc         | Carlisle Cos Inc Com  |                    | 379.075           |                  |                                       | 120,202           | 301,700  | 181,498                |
| Construction Partners Inc      | Construction Partners Inc Com Cl A  |                    | 55.109            |                  |                                       | 100,650           | 199,994  | 99,344                 |
| Houlihan Lokey Inc             | Houlihan Lokey Inc Cl A   |                    | 127.464           |                  |                                       | 115,489           | 206,599  | 91,110                 |
| Watsco Inc                     | Watsco Inc Cl A   |                    | 436.104           |                  |                                       | 139,633           | 263,392  | 123,759                |
| Dodge & Cox                    | Dodge & Cox International Stock Fund Cl I                                       | 49.810             |                   |                  |                                       | 41,999            | 41,999   | -                      |
| Dodge & Cox                    | Dodge & Cox International Stock Fund Cl I                                       |                    | 49.040            |                  |                                       | 2,108,918         | 2,638,000                                      | 529,082                |
| Principal Financial Group      | Principal Financial Group Ipg Group<br>Annuity Contract # (3)35955              | 1.000              |                   |                  |                                       | 76,299            | 76,299   | -                      |
| Principal Financial Group      | Principal Financial Group Ipg Group<br>Annuity Contract # (3)35955              |                    | 0.993             |                  |                                       | 3,769,689         | 3,744,658                                      | (25,031)               |
| Lincoln Financial Group        | Lincoln Financial Group Gac<br>Nottingham Trust Paying Agent                    | 1.000              |                   |                  |                                       | 9,758,516         | 9,758,516                                      | -                      |
| Lincoln Financial Group        | Lincoln Financial Group Gac<br>Nottingham Trust Paying Agent                    |                    | 1.000             |                  |                                       | 2,499,178         | 2,499,178                                      | -                      |

SPONSOR: Froedtert Health, Inc

EIN: 39-2014409

PLAN NUMBER: 202

NAME: Froedtert Health, Inc. Master Retirement Plan Trust

SCHEDULE H, LINE 4I-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DATE 12/31/2024

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost        | (e) Current Value |
|-----|--|---|-----------------|-------------------|
|     | FEDERAL GOVERNMENT BONDS                                 | US TREASURY BOND 1.375% DTD 11/15/2020 DUE 11/15/2040   | \$5,380,321.49  | \$3,948,483.75    |
|     | FEDERAL GOVERNMENT BONDS                                 | US TREASURY BOND 1.75% DTD 08/15/2021 DUE 08/15/2041  | \$100,751.95    | \$97,191.00       |
|     | FEDERAL GOVERNMENT BONDS                                 | US TREASURY BOND 2.25% DTD 08/15/2019 DUE 08/15/2049  | \$7,770,784.13  | \$7,526,074.50    |
|     | FEDERAL GOVERNMENT BONDS                                 | US TREASURY BOND 2.375% DTD 02/15/2022 DUE 02/15/2042   | \$493,819.33    | \$480,782.25      |
|     | FEDERAL GOVERNMENT BONDS                                 | US TREASURY BOND 2.375% DTD 05/15/2021 DUE 05/15/2051   | \$1,822,321.77  | \$1,667,035.50    |
|     | FEDERAL GOVERNMENT BONDS                                 | US TREASURY BOND 2.875% DTD 05/15/2022 DUE 05/15/2052   | \$11,824,457.09 | \$10,301,168.25   |
|     | FEDERAL GOVERNMENT BONDS                                 | US TREASURY BOND 3.875% DTD 02/15/2023 DUE 02/15/2043   | \$1,662,715.81  | \$1,610,964.00    |
|     | FEDERAL GOVERNMENT BONDS                                 | US TREASURY BOND 3.875% DTD 05/15/2023 DUE 05/15/2043   | \$3,703,732.48  | \$3,675,837.00    |
|     | FEDERAL GOVERNMENT BONDS                                 | US TREASURY BOND 4.625% DTD 05/15/2024 DUE 05/15/2044   | \$915,932.62    | \$872,793.00      |
|     | MUNICIPAL BONDS  | CALIFORNIA MUN FIN AUTH REV TAXABLE BDS 2021 B TAXABLE 3.28% DTD 12/16/2021 DUE 02/01/2046 CALLABLE         | \$750,000.00    | \$555,390.00      |
|     | CORPORATE BONDS  | ADVENTIST HEALTH SYS WEST 2019 BD 3.63% DTD 10/31/2019 DUE 03/01/2049 CALLABLE                              | \$500,000.00    | \$350,740.00      |
|     | CORPORATE BONDS  | ALCON FIN CORP SR 144A 3.80% DTD 09/23/2019 DUE 09/23/2049 CALLABLE   | \$341,728.75    | \$219,978.00      |
|     | CORPORATE BONDS  | ALIMENTATION COUCHE TARD INC SR 144A NT 3.625% DTD 05/13/2021 DUE 05/13/2051 CALLABLE                       | \$349,029.50    | \$241,542.00      |
|     | CORPORATE BONDS  | AMERICA MOVIL SAB DE CV SR NT 4.375% DTD 04/22/2019 DUE 04/22/2049 CALLABLE                                 | \$397,748.00    | \$328,364.00      |
|     | CORPORATE BONDS  | AMFAM HOLDINGS INC SR 144A NT 3.833% DTD 03/11/2021 DUE 03/11/2051 CALLABLE                                 | \$500,000.00    | \$301,810.00      |
|     | CORPORATE BONDS  | AMGEN INC SR NT 4.20% DTD 02/22/2022 DUE 02/22/2052 CALLABLE  | \$248,605.00    | \$193,047.50      |
|     | CORPORATE BONDS  | AMGEN INC SR NT 5.65% DTD 03/02/2023 DUE 03/02/2053 CALLABLE  | \$197,293.00    | \$192,554.00      |
|     | CORPORATE BONDS  | ANHEUSER BUSCH COS LLC ANHEU SR GBLB 4.90% DTD 02/01/2019 DUE 02/01/2046 CALLABLE                           | \$200,428.02    | \$147,317.94      |
|     | CORPORATE BONDS  | ANHEUSER BUSCH INBEV WLDW INC CR SEN SR NT STEP CPN DTD 10/16/2009 DUE 01/15/2040 CALLABLE                  | \$134,771.75    | \$102,204.80      |
|     | CORPORATE BONDS  | AON CORP AON GLOBAL HLDGS SR NT 3.90% DTD 02/28/2022 DUE 02/28/2052 CALLABLE                                | \$590,916.00    | \$440,172.00      |
|     | CORPORATE BONDS  | ARCELORMITTAL SA LUXEMBOURG SR GBLB NT 6.35% DTD 06/17/2024 DUE 06/17/2054 CALLABLE                         | \$422,127.00    | \$419,904.25      |
|     | CORPORATE BONDS  | AT&T INC SR GBLB NT 3.65% DTD 03/15/2021 DUE 09/15/2059 CALLABLE  | \$1,403,612.89  | \$949,176.21      |
|     | CORPORATE BONDS  | BA ALTERNATIVE LN TR SER 2005 6 CL 7 A 1 5.50% DTD 06/01/2005 DUE 07/25/2020 IPD24                          | \$23.73         | \$0.01            |
|     | CORPORATE BONDS  | BANC AMER ALTERNATIVE LN TR 2005-9 MTG PASSTHRU CTF CL 1-CB-3 5.50% DTD 09/01/2005 DUE 10/25/2035 IPD24     | \$0.01          | \$0.01            |
|     | CORPORATE BONDS  | BARCLAYS PLC SR NT 4.95% DTD 01/10/2017 DUE 01/10/2047 CALLABLE   | \$410,015.25    | \$422,085.00      |
|     | CORPORATE BONDS  | BAYER US FIN II LLC 4.875% DTD 06/25/2018 DUE 06/25/2048 CALLABLE   | \$552,835.50    | \$409,032.75      |
|     | CORPORATE BONDS  | BECTON DICKINSON & CO NT 4.685% DTD 12/15/2014 DUE 12/15/2044 CALLABLE                                      | \$335,384.55    | \$277,520.55      |
|     | CORPORATE BONDS  | BELL TEL CO CDA BELL SR GBLB US2 NT 4.30% DTD 05/13/2019 DUE 07/29/2049 CALLABLE                            | \$124,752.50    | \$97,663.75       |
|     | CORPORATE BONDS  | BELL TEL CO CDA BELL SR US 1 NT 4.464% DTD 03/29/2018 DUE 04/01/2048 CALLABLE                               | \$504,653.75    | \$383,705.00      |
|     | CORPORATE BONDS  | BIMBO BAKERIES USA INC SR 144A NT 4.00% DTD 05/17/2021 DUE 05/17/2051 CALLABLE                              | \$196,634.00    | \$144,468.00      |
|     | CORPORATE BONDS  | BON SECOURS MERCY HEALTH INC 2020 2 BD 3.205% DTD 10/15/2020 DUE 06/01/2050 CALLABLE                        | \$500,000.00    | \$331,895.00      |
|     | CORPORATE BONDS  | BRISTOL MYERS SQUIBB CO SR NT 3.70% DTD 03/02/2022 DUE 03/15/2052 CALLABLE                                  | \$348,484.50    | \$254,845.50      |
|     | CORPORATE BONDS  | BROADCOM INC SR 144A NT 3.75% DTD 01/19/2021 DUE 02/15/2051 CALLABLE  | \$556,306.85    | \$409,326.50      |
|     | CORPORATE BONDS  | BURLINGTON NORTHN SANTA FE CP SR DEB 4.05% DTD 03/05/2018 DUE 06/15/2048 CALLABLE                           | \$335,328.00    | \$238,830.00      |
|     | CORPORATE BONDS  | CANADIAN NAT RES LTD NT 6.50% DTD 08/17/2006 DUE 02/15/2037 CALLABLE  | \$391,846.00    | \$363,531.00      |
|     | CORPORATE BONDS  | CHARTER COMMUNICATIONS OPER SR SEC 3.85% DTD 12/04/2020 DUE 04/01/2061 CALLABLE                             | \$118,335.00    | \$75,323.75       |
|     | CORPORATE BONDS  | CHARTER COMMUNICATIONS OPER SR SEC NT 4.40% DTD 06/02/2021 DUE 12/01/2061 CALLABLE                          | \$299,718.00    | \$199,689.00      |
|     | CORPORATE BONDS  | CHARTER COMMUNICATIONS OPER SR SEC NT 6.484% DTD 10/23/2016 DUE 10/23/2045 CALLABLE                         | \$791,943.00    | \$637,821.00      |
|     | CORPORATE BONDS  | CIGNA CORP NEW SR GBLB 4.80% DTD 08/15/2019 DUE 08/15/2038 CALLABLE   | \$421,934.55    | \$362,620.00      |
|     | CORPORATE BONDS  | COMCAST CORP NEW GBLB NT 2.937% DTD 05/01/2022 DUE 11/01/2056 CALLABLE                                      | \$559,830.31    | \$327,913.72      |
|     | CORPORATE BONDS  | COMMONSPIRIT HEALTH BD 3.91% DTD 10/28/2020 DUE 10/01/2050 CALLABLE   | \$686,397.25    | \$459,975.00      |
|     | CORPORATE BONDS  | COMMONWEALTH BANK OF AUSTRALIA SUB GBLB 144A 4.316% DTD 01/10/2018 DUE 01/10/2048 NON-CALLABLE              | \$430,345.00    | \$403,290.00      |
|     | CORPORATE BONDS  | CONAGRA BRANDS INC 5.30% DTD 10/22/2018 DUE 11/01/2038 CALLABLE   | \$318,881.28    | \$281,862.00      |
|     | CORPORATE BONDS  | CORNING INC SR NT 4.375% DTD 11/13/2017 DUE 11/15/2057 CALLABLE   | \$411,000.50    | \$268,348.50      |
|     | CORPORATE BONDS  | COX COMMUNICATIONS INC NEW SR 144A 3.60% DTD 06/02/2021 DUE 06/15/2051 NON-CALLABLE                         | \$596,610.00    | \$394,296.00      |
|     | CORPORATE BONDS  | CSL FIN PLC SR 144A NT 4.75% DTD 04/27/2022 DUE 04/27/2052  | \$448,713.00    | \$388,084.50      |
|     | CORPORATE BONDS  | CSX CORP SR NT 6.22% DTD 03/24/2010 DUE 04/30/2040 CALLABLE   | \$420,080.56    | \$347,646.00      |
|     | CORPORATE BONDS  | CVS HEALTH CORP SR NT 5.05% DTD 03/09/2018 DUE 03/25/2048 CALLABLE  | \$725,597.25    | \$535,957.50      |
|     | CORPORATE BONDS  | DEUTSCHE TELEKOM INTL FIN B V NT 144A 4.875% DTD 03/06/2012 DUE 03/06/2042 CALLABLE                         | \$439,749.00    | \$405,351.00      |
|     | CORPORATE BONDS  | DOMINION ENERGY INC SR GBLB NT 4.85% DTD 08/19/2022 DUE 08/15/2052 CALLABLE                                 | \$468,863.00    | \$407,835.00      |
|     | CORPORATE BONDS  | DOW CHEM CO SR GBLB NT 5.55% DTD 05/30/2019 DUE 11/30/2048 CALLABLE   | \$300,119.25    | \$257,864.25      |
|     | CORPORATE BONDS  | DUKE ENERGY FLA LLC 4.20% DTD 06/21/2018 DUE 07/15/2048 CALLABLE  | \$601,268.00    | \$480,264.00      |
|     | CORPORATE BONDS  | ENBRIDGE ENERGY PARTNERS L P NT 7.375% DTD 10/06/2015 DUE 10/15/2045 CALLABLE                               | \$428,650.08    | \$367,454.75      |
|     | CORPORATE BONDS  | ENEL FIN INTL SR GBLB 144A 4.75% DTD 05/25/2017 DUE 05/25/2047 CALLABLE                                     | \$557,554.50    | \$446,806.50      |
|     | CORPORATE BONDS  | ENERGY TRANSFER PARTNERS L P 7.50% DTD 03/28/2008 DUE 07/01/2038 CALLABLE                                   | \$695,575.00    | \$565,930.00      |
|     | CORPORATE BONDS  | ENERGY TRANSFER PRTRNS L P SR NT 6.50% DTD 01/17/2012 DUE 02/01/2042 CALLABLE                               | \$236,249.29    | \$233,007.75      |
|     | CORPORATE BONDS  | FEDEX CORP SR NT 4.95% DTD 10/17/2018 DUE 10/17/2048 CALLABLE   | \$317,761.87    | \$261,819.00      |
|     | CORPORATE BONDS  | FIDELITY NATL INFORMATION SVCS INC SR NT 4.50% DTD 08/16/2016 DUE 08/15/2046 CALLABLE                       | \$239,328.00    | \$203,212.50      |
|     | CORPORATE BONDS  | FIRST REP BK SAN FRANCISCO CAL SUB NT 4.375% DTD 08/01/2016 DUE 08/01/2046 CALLABLE                         | \$365,820.00    | \$93.75           |
|     | CORPORATE BONDS  | FISERV INC SR NT 4.40% DTD 06/24/2019 DUE 07/01/2049 CALLABLE   | \$676,304.50    | \$449,036.50      |

SPONSOR: Froedtert Health, Inc

EIN: 39-2014409

PLAN NUMBER: 202

NAME: Froedtert Health, Inc. Master Retirement Plan Trust

SCHEDULE H, LINE 4I-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DATE 12/31/2024

| (a) (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value              | (d) Cost       | (e) Current Value |
|--|--|----------------|-------------------|
| CORPORATE BONDS  | FRANCE TELECOM SA NT 5.375% DTD 01/13/2012 DUE 01/13/2042 CALLABLE   | \$594,332.50   | \$479,390.00      |
| CORPORATE BONDS  | GALLAGHER ARTHUR J & CO SR NT 3.50% DTD 05/20/2021 DUE 05/20/2051 CALLABLE   | \$642,252.00   | \$447,141.50      |
| CORPORATE BONDS  | GENERAL MTRS CO SR GBL NT 6.25% DTD 04/02/2014 DUE 10/02/2043 CALLABLE   | \$195,718.00   | \$172,828.25      |
| CORPORATE BONDS  | GILEAD SCIENCES INC SR NT 4.75% DTD 09/14/2015 DUE 03/01/2046 CALLABLE   | \$452,269.48   | \$374,459.00      |
| CORPORATE BONDS  | GRUPO BIMBO SAB DE CV SR 144A 4.70% DTD 11/10/2017 DUE 11/10/2047 CALLABLE   | \$380,392.00   | \$330,540.00      |
| CORPORATE BONDS  | GUARDIAN LIFE INS CO AMER SR GBL 144A 4.85% DTD 01/24/2017 DUE 01/24/2077 CALLABLE                                       | \$669,678.00   | \$518,768.75      |
| CORPORATE BONDS  | HARTFORD FINL SVCS GROUP INC SR NT 6.625% DTD 03/23/2010 DUE 03/30/2040 CALLABLE   | \$435,330.00   | \$375,056.50      |
| CORPORATE BONDS  | HSBC BK USA N A GLOBAL MEDIUM TERM SUB BK NTS TRANCHE # SB 00004 7.00% DTD 06/18/2008 DUE 01/15/2039                     | \$345,457.75   | \$304,928.25      |
| CORPORATE BONDS  | ING U S INC CR SEN SR NT 5.70% DTD 07/26/2013 DUE 07/15/2043 CALLABLE  | \$520,678.50   | \$429,637.50      |
| CORPORATE BONDS  | INGERSOLL RAND GLOBAL HLDG CO SR GBL NT 5.75% DTD 12/15/2013 DUE 06/15/2043 CALLABLE                                     | \$381,137.25   | \$327,902.25      |
| CORPORATE BONDS  | INTEL CORP SR NT 4.90% DTD 08/05/2022 DUE 08/05/2052 CALLABLE  | \$149,695.50   | \$118,432.50      |
| CORPORATE BONDS  | INTERNATIONAL FLAVORS&FRAGRANC SR GBL NT 4.375% DTD 05/18/2017 DUE 06/01/2047 CALLABLE                                   | \$713,278.00   | \$469,236.00      |
| CORPORATE BONDS  | INVESCO FIN PLC SR GBL NT 5.375% DTD 11/12/2013 DUE 11/30/2043 CALLABLE  | \$647,291.75   | \$538,838.25      |
| CORPORATE BONDS  | JAB HLDGS B V SR 144A NT 3.75% DTD 05/28/2021 DUE 05/28/2051 CALLABLE  | \$323,202.75   | \$210,769.00      |
| CORPORATE BONDS  | JBS USA LUX S A JBS USA FOOD SR NT 4.375% DTD 08/02/2023 DUE 02/02/2052 CALLABLE   | \$349,884.50   | \$263,777.50      |
| CORPORATE BONDS  | KINDER MORGAN ENERGY PARTNERS L P NT 6.95% DTD 06/21/2007 DUE 01/15/2038 CALLABLE  | \$559,600.31   | \$487,588.50      |
| CORPORATE BONDS  | KLA CORP SR NT 4.95% DTD 06/23/2022 DUE 07/15/2052 CALLABLE  | \$495,420.00   | \$454,430.00      |
| CORPORATE BONDS  | KRAFT HEINZ FOODS CO SR NT 5.20% DTD 07/02/2015 DUE 07/15/2045 CALLABLE  | \$341,400.50   | \$316,249.50      |
| CORPORATE BONDS  | LIBERTY MUT GROUP INC SR GBL 144A 3.951% DTD 10/10/2019 DUE 10/15/2050 CALLABLE  | \$609,233.50   | \$400,152.50      |
| CORPORATE BONDS  | LOCKHEED MARTIN CORP SR GBL 5.20% DTD 05/25/2023 DUE 02/15/2055 CALLABLE   | \$272,910.00   | \$259,050.00      |
| CORPORATE BONDS  | LOWES COS INC SR NT 3.50% DTD 03/31/2021 DUE 04/01/2051 CALLABLE   | \$678,161.50   | \$460,323.00      |
| CORPORATE BONDS  | LYB INTERNATIONAL FINANCE SR NT 4.875% DTD 02/28/2014 DUE 03/15/2044 CALLABLE  | \$347,498.50   | \$300,807.50      |
| CORPORATE BONDS  | MARSH & MCLENNAN COS INC SR NT 4.20% DTD 03/01/2018 DUE 03/01/2048 CALLABLE  | \$228,417.50   | \$202,522.50      |
| CORPORATE BONDS  | MASCO CORP SR NT 3.125% DTD 03/04/2021 DUE 02/15/2051 CALLABLE   | \$499,910.00   | \$314,820.00      |
| CORPORATE BONDS  | MASSACHUSETTS MUT LIFE INS CO SURPLUS NT 144A 3.729% DTD 10/11/2019 DUE 10/15/2070                                       | \$684,985.05   | \$513,881.68      |
| CORPORATE BONDS  | MIDAMERICAN ENERGY HLDGS NEW SR NT 5.15% DTD 11/08/2013 DUE 11/15/2043 CALLABLE  | \$1,053,483.00 | \$854,091.00      |
| CORPORATE BONDS  | MOLSON COORS BREWING CO SR NT 5.00% DTD 05/03/2012 DUE 05/01/2042 CALLABLE   | \$505,762.04   | \$459,560.00      |
| CORPORATE BONDS  | MOSAIC CO NEW SR NT 5.625% DTD 11/13/2013 DUE 11/15/2043 CALLABLE  | \$333,502.00   | \$283,974.00      |
| CORPORATE BONDS  | MPLX LP 5.50% DTD 11/15/2018 DUE 02/15/2049 CALLABLE   | \$469,656.37   | \$413,172.00      |
| CORPORATE BONDS  | MYLAN INC 5.20% DTD 10/15/2018 DUE 04/15/2048 CALLABLE   | \$700,580.50   | \$454,509.00      |
| CORPORATE BONDS  | NARRAGANSETT ELEC CO SR 144A NT 4.17% DTD 12/10/2012 DUE 12/10/2042 CALLABLE   | \$424,998.00   | \$359,802.00      |
| CORPORATE BONDS  | NATIONWIDE MUT INS CO SRPLS NT 144A 9.375% DTD 08/10/2009 DUE 08/15/2039 NON-CALLABLE                                    | \$477,834.00   | \$382,251.00      |
| CORPORATE BONDS  | NORFOLK SOUTHERN CORP SR NT 4.65% DTD 11/03/2015 DUE 01/15/2046 CALLABLE   | \$312,213.00   | \$260,445.00      |
| CORPORATE BONDS  | NORFOLK SOUTHN CORP SR NT 4.10% DTD 05/12/2021 DUE 05/15/2121 CALLABLE   | \$349,079.50   | \$242,200.00      |
| CORPORATE BONDS  | NSTAR ELEC CO NT 4.55% DTD 05/17/2022 DUE 06/01/2052 CALLABLE  | \$471,988.50   | \$397,655.75      |
| CORPORATE BONDS  | OLD REP INTL CORP SR NT 3.85% DTD 06/11/2021 DUE 06/11/2051 CALLABLE   | \$324,769.25   | \$228,527.00      |
| CORPORATE BONDS  | ONEOK INC NEW SR NT 5.15% DTD 10/15/2023 DUE 10/15/2043 CALLABLE   | \$405,260.00   | \$357,716.00      |
| CORPORATE BONDS  | ORACLE CORP SR NT 4.375% DTD 05/05/2015 DUE 05/15/2055 CALLABLE  | \$880,057.50   | \$586,687.50      |
| CORPORATE BONDS  | PARKER HANNIFIN CORP SR NT 4.00% DTD 06/14/2019 DUE 06/14/2049 CALLABLE  | \$443,268.00   | \$351,270.00      |
| CORPORATE BONDS  | PEACEHEALTH 3.218% DTD 10/08/2020 DUE 11/15/2050 CALLABLE  | \$500,000.00   | \$318,640.00      |
| CORPORATE BONDS  | PENN ST HEALTH 3.806% DTD 11/07/2019 DUE 11/01/2049 CALLABLE   | \$500,000.00   | \$355,185.00      |
| CORPORATE BONDS  | PERKINELMER INC SR NT 3.625% DTD 03/08/2021 DUE 03/15/2051 CALLABLE  | \$678,551.25   | \$458,736.75      |
| CORPORATE BONDS  | PFIZER INVY ENTERPRISES SR GBL 5.30% DTD 05/19/2023 DUE 05/19/2053 CALLABLE  | \$299,553.00   | \$280,896.00      |
| CORPORATE BONDS  | PRINCIPAL FINL GROUP INC SR NT 4.625% DTD 09/10/2012 DUE 09/15/2042 CALLABLE   | \$310,410.87   | \$264,318.00      |
| CORPORATE BONDS  | PROLOGIS L P SR NT 5.25% DTD 03/30/2023 DUE 06/15/2053 CALLABLE  | \$274,527.00   | \$256,748.25      |
| CORPORATE BONDS  | PROTECTIVE LIFE CORP SR NT 8.45% DTD 10/09/2009 DUE 10/15/2039 CALLABLE  | \$461,294.87   | \$395,040.75      |
| CORPORATE BONDS  | PRUDENTIAL FINL INC SR GBL NT 3.935% DTD 12/07/2017 DUE 12/07/2049 CALLABLE  | \$580,634.50   | \$452,280.00      |
| CORPORATE BONDS  | PUBLIC STORAGE GBL NT 5.35% DTD 07/26/2023 DUE 08/01/2053 CALLABLE   | \$249,330.00   | \$237,637.50      |
| CORPORATE BONDS  | RENAISSANCE HOME EQUITY LN TR 2006 1 LN ASSET BKD NT CL AF 3 5.608% DTD 03/01/2006 DUE 05/25/2036 IPD24                  | \$179,431.83   | \$76,071.92       |
| CORPORATE BONDS  | REPUBLIC SVCS INC SR NT 6.20% DTD 03/04/2010 DUE 03/01/2040 CALLABLE   | \$289,592.50   | \$265,570.00      |
| CORPORATE BONDS  | RESIDENTIAL ACCREDIT LNS INC MTG PASS THRU CTF 2004-QS6 MTG PASSTRU CTF CL A-1 5.00% DTD 05/01/2004 DUE 05/25/2019 IPD24 | \$873.04       | \$608.82          |
| CORPORATE BONDS  | ROGERS COMMUNICATIONS INC SR GBL 3.70% DTD 11/12/2019 DUE 11/15/2049 CALLABLE  | \$633,971.00   | \$454,252.50      |
| CORPORATE BONDS  | RTX CORPORATION GBL NT 4.35% DTD 10/15/2020 DUE 04/15/2047 CALLABLE  | \$334,316.09   | \$225,871.25      |
| CORPORATE BONDS  | SHERWIN WILLIAMS CO SR NT 4.50% DTD 05/16/2017 DUE 06/01/2047 CALLABLE   | \$340,989.50   | \$294,259.00      |
| CORPORATE BONDS  | SIMON PPTY GROUP LP NT 6.75% DTD 01/25/2010 DUE 02/01/2040 CALLABLE  | \$429,890.14   | \$359,840.00      |
| CORPORATE BONDS  | SMUCKER J M CO GBL NT 6.50% DTD 10/25/2023 DUE 11/15/2053 CALLABLE   | \$372,330.00   | \$402,262.50      |
| CORPORATE BONDS  | SOCIETE GENERALE SUB COCO VAR RATE DTD 01/19/2024 DUE 01/19/2055 CALLABLE  | \$250,000.00   | \$238,147.50      |
| CORPORATE BONDS  | SOUTHEAST ALASKA REGIONAL HEAL 3.235% DTD 09/30/2021 DUE 07/01/2051 CALLABLE   | \$750,000.00   | \$444,285.00      |
| CORPORATE BONDS  | SOUTHERN CO SR NT 4.40% DTD 05/24/2016 DUE 07/01/2046 CALLABLE   | \$570,624.50   | \$454,899.50      |
| CORPORATE BONDS  | SYSCO CORP SR NT 4.85% DTD 09/28/2015 DUE 10/01/2045 CALLABLE  | \$584,080.00   | \$482,179.50      |
| CORPORATE BONDS  | T MOBILE USA INC SR SEC GBL NT 3.60% DTD 05/15/2021 DUE 11/15/2060 CALLABLE  | \$555,164.50   | \$362,961.50      |
| CORPORATE BONDS  | TAKEDA PHARMACEUTICAL CO LTD SR GBL NT 3.175% DTD 07/09/2020 DUE 07/09/2050 CALLABLE                                     | \$591,286.75   | \$388,686.00      |
| CORPORATE BONDS  | TELEFONIA EMISIONES S A U GTD SR NT 7.045% DTD 06/20/2006 DUE 06/20/2036 CALLABLE  | \$495,644.25   | \$412,162.50      |

SPONSOR: Froedtert Health, Inc

EIN: 39-2014409

PLAN NUMBER: 202

NAME: Froedtert Health, Inc. Master Retirement Plan Trust

SCHEDULE H, LINE 4I-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DATE 12/31/2024

| (a)             | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost        | (e) Current Value |
|-----------------|--|---|-----------------|-------------------|
| CORPORATE BONDS |  | TEXAS ELEC MKT STABILIZATION F EXTND SR SEC 5.167% DTD 06/15/2022 DUE 08/01/2052 NON-CALLABLE               | \$299,969.10    | \$286,197.00      |
| CORPORATE BONDS |  | TRANSCANADA CORP SR NT 7.625% DTD 01/09/2009 DUE 01/15/2039 CALLABLE  | \$683,324.50    | \$520,992.00      |
| CORPORATE BONDS |  | TRINITY ACQUISITION PLC SR NT 6.125% DTD 08/15/2013 DUE 08/15/2043 CALLABLE                                 | \$646,379.25    | \$517,812.75      |
| CORPORATE BONDS |  | UNION PAC CORP GLBL NT 3.839% DTD 03/20/2020 DUE 03/20/2060 CALLABLE  | \$615,552.69    | \$428,802.00      |
| CORPORATE BONDS |  | UNITEDHEALTH GROUP INC SR NT 5.95% DTD 02/17/2011 DUE 02/15/2041 CALLABLE                                   | \$478,386.75    | \$384,315.00      |
| CORPORATE BONDS |  | VALE OVERSEAS LTD GTD NT 6.875% DTD 11/10/2009 DUE 11/10/2039 CALLABLE                                      | \$493,274.48    | \$424,444.00      |
| CORPORATE BONDS |  | VERIZON COMMUNICATIONS INC NT 3.70% DTD 03/22/2021 DUE 03/22/2061 CALLABLE                                  | \$876,549.75    | \$593,311.25      |
| CORPORATE BONDS |  | VODAFONE GROUP PLC NEW NT 6.15% DTD 02/27/2007 DUE 02/27/2037 CALLABLE                                      | \$204,167.73    | \$177,438.17      |
| CORPORATE BONDS |  | WARNERMEDIA HLDGS INC SR GLBL NT 5.141% DTD 03/15/2023 DUE 03/15/2052 CALLABLE                              | \$500,000.00    | \$371,500.00      |
| CORPORATE BONDS |  | WESTERN & SOUTHERN LIFE INSUR 5.15% DTD 01/23/2019 DUE 01/15/2049 CALLABLE                                  | \$298,461.00    | \$266,265.00      |
| CORPORATE BONDS |  | WILLIAMS COS INC DEL SR NT 5.75% DTD 06/24/2014 DUE 06/24/2044 CALLABLE                                     | \$479,022.19    | \$435,987.00      |
| CORPORATE BONDS |  | XSTRATA FIN CDA LTD SR NT 144A 6.00% DTD 11/10/2011 DUE 11/15/2041 CALLABLE                                 | \$476,332.79    | \$420,915.75      |
| MUTUAL FUNDS    |  | AMERICAN EUPAC FUND CLASS R6 #2616  | \$1,929,753.53  | \$1,832,729.73    |
| MUTUAL FUNDS    |  | BAIRD INTERMEDIATE BOND FD INSTL #70  | \$58,469,869.53 | \$59,356,902.75   |
| MUTUAL FUNDS    |  | DODGE & COX INTERNATIONAL STOCK FUND CL I   | \$1,506,872.10  | \$1,906,603.05    |
| MUTUAL FUNDS    |  | FIDELITY TOTAL MARKET INDEX FUND INSTL PREMIUM CLASS #2361  | \$21,010,257.25 | \$22,647,049.50   |
| MUTUAL FUNDS    |  | GS FIN SQ GOV #465 (PRINCIPAL)  | \$1,964,420.67  | \$1,964,420.67    |
| OTHER ASSET     |  | LINCOLN FINANCIAL GROUP GAC NOTTINGHAM TRUST PAYING AGENT   | \$7,259,337.55  | \$7,259,337.55    |