

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: LAKELAND REGIONAL MEDICAL CENTER 403(B) PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 01/01/2008
2a Plan sponsor's name (employer, if for a single-employer plan): LAKELAND REGIONAL MEDICAL CENTER, INC.
2b Employer Identification Number (EIN): 59-2650456
2c Plan Sponsor's telephone number: 863-284-1972
2d Business code (see instructions): 622000

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	8952
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	7316
	6a(2)	7601
	6b	17
	6c	1475
	6d	9093
	6e	16
	6f	9109
	6g(1)	7472
	6g(2)	7216
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2G 2T 2L 2M

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

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

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 1
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan LAKELAND REGIONAL MEDICAL CENTER 403(B) PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>003</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 LAKELAND REGIONAL MEDICAL CENTER, INC.</p>	<p>D Employer Identification Number (EIN) 59-2650456</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
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	896604 007	187	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	9346047	
c Additions: (1) Contributions deposited during the year	7c(1)	563670	
	7c(2)		
	7c(3)	315475	
	7c(4)		
	7c(5)	450869	
▶ MISC			
(6) Total additions	7c(6)	1330014	
d Total of balance and additions (add lines 7b and 7c(6))	7d	10676061	
e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1344937
	(2) Administration charge made by carrier.....	7e(2)	4360
	(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	121627	
▶ MISC			
(5) Total deductions	7e(5)	1470924	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	9205137	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan LAKELAND REGIONAL MEDICAL CENTER 403(B) PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 LAKELAND REGIONAL MEDICAL CENTER, INC.	D Employer Identification Number (EIN) 59-2650456	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65	RECORDKEEPER	312788	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

BKS RETIREMENT SERVICES

84-1921272

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	CONSULTANT	25000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan LAKELAND REGIONAL MEDICAL CENTER 403(B) PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 LAKELAND REGIONAL MEDICAL CENTER, INC.	D Employer Identification Number (EIN) 59-2650456

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	9320837	0
(2) Participant contributions	1b(2)	973818	0
(3) Other	1b(3)	213	98
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6813866	8026356
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	4340806	5328292
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	343293160	403943043
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	9345925	8113735
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	374088625	425411524
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	90	445
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	251
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	90	696
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	374088535	425410828

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	0	
(B) Participants.....	2a(1)(B)	34920913	
(C) Others (including rollovers).....	2a(1)(C)	4052432	
(2) Noncash contributions.....	2a(2)	0	38973345
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	382574	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	378816	
(F) Other.....	2b(1)(F)	315493	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1076883
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	14184825	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		14184825
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	
(B) Other.....	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	32834681
c Other income	2c	0
d Total income. Add all income amounts in column (b) and enter total	2d	87069734

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	34995261
(2) To insurance carriers for the provision of benefits	2e(2)	0
(3) Other	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	34995261
f Corrective distributions (see instructions)	2f	70166
g Certain deemed distributions of participant loans (see instructions)	2g	344226
h Interest expense	2h	0
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	0
(2) Contract administrator fees	2i(2)	1200
(3) Recordkeeping fees	2i(3)	311588
(4) IQPA audit fees	2i(4)	0
(5) Investment advisory and investment management fees	2i(5)	0
(6) Bank or trust company trustee/custodial fees	2i(6)	0
(7) Actuarial fees	2i(7)	0
(8) Legal fees	2i(8)	0
(9) Valuation/appraisal fees	2i(9)	0
(10) Other trustee fees and expenses	2i(10)	0
(11) Other expenses	2i(11)	25000
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	337788
j Total expenses. Add all expense amounts in column (b) and enter total	2j	35747441

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	51322293
l Transfers of assets:		
(1) To this plan	2l(1)	0
(2) From this plan	2l(2)	0

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: **PYA PC**

(2) EIN: **62-1517792**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>LAKELAND REGIONAL MEDICAL CENTER 403(B) PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LAKELAND REGIONAL MEDICAL CENTER, INC.</u>	D Employer Identification Number (EIN) <u>59-2650456</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 07 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500955A.



Financial Statements and Supplemental Schedule

Lakeland Regional Medical Center 403(b) Plan

Year Ended December 31, 2024

LAKELAND REGIONAL MEDICAL CENTER 403(b) PLAN

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Year Ended December 31, 2024

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INDEPENDENT AUDITOR’S REPORT

To the Lakeland Regional Health
Retirement Plan Committee:

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

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

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

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

Opinion

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

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

- The information in the accompanying financial statements related to assets held by and certified by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule H, Line 4i – Schedule of Assets Held at Year End as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been

subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

PYA, P.C.

Tampa, Florida
October 15, 2025

LAKELAND REGIONAL MEDICAL CENTER 403(b) PLAN

Statements of Net Assets Available for Benefits

	<i>December 31,</i>	
	<i>2024</i>	<i>2023</i>
ASSETS:		
Investments, at fair value:		
Money market funds	\$ 8,026,356	\$ 6,813,866
Mutual funds	403,943,043	343,293,160
Investments, at contract value:		
Contract with insurance company	8,113,137	9,346,048
	<hr/>	<hr/>
	420,082,536	359,453,074
Receivables:		
Employer contribution	10,101,759	9,320,837
Participant contributions	1,580,657	973,818
Notes receivable from participants	5,328,292	4,340,806
	<hr/>	<hr/>
NET ASSETS AVAILABLE FOR BENEFITS	\$ 437,093,244	\$ 374,088,535
	<hr/>	<hr/>

LAKELAND REGIONAL MEDICAL CENTER 403(b) PLAN***Statement of Changes in Net Assets Available for Benefits***

	<i>Year Ended December 31, 2024</i>
ADDITIONS:	
Contributions:	
Employer, net of forfeitures	\$ 10,101,759
Participants	36,501,570
Rollovers from other qualified plans	4,052,433
	<u>50,655,762</u>
Investment income:	
Net appreciation in fair value of investments	32,834,680
Interest and dividends	15,261,708
	<u>48,096,388</u>
TOTAL ADDITIONS	<u>98,752,150</u>
DEDUCTIONS:	
Benefits paid to participants	35,409,653
Administrative expenses	337,788
	<u>35,747,441</u>
TOTAL DEDUCTIONS	<u>35,747,441</u>
NET INCREASE	63,004,709
NET ASSETS AVAILABLE FOR BENEFITS:	
BEGINNING OF YEAR	<u>374,088,535</u>
END OF YEAR	<u>\$ 437,093,244</u>

LAKELAND REGIONAL MEDICAL CENTER 403(b) PLAN

Notes to Financial Statements

Year Ended December 31, 2024

NOTE A--DESCRIPTION OF THE PLAN

The following description of the Lakeland Regional Medical Center 403(b) Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions. The Plan sponsor is Lakeland Regional Medical Center, Inc. (the Plan Administrator), a not-for-profit, acute care hospital in the City of Lakeland, Florida.

General: The Plan is a defined contribution plan covering substantially all employees of Lakeland Regional Medical Center, Inc. and Lakeland Regional Health Systems, Inc. (collectively, the Employers) for the purpose of making pretax contributions and Roth elective contributions and receiving matching contributions after completing one year of service. The Plan is subject to the provisions of the Employee Income Retirement Security Act of 1974 (ERISA), as amended.

Contributions: The employee can contribute up to 100% of eligible employees' wages up to the annual Internal Revenue Service (IRS) limit. Employees aged 50 or over at the end of the calendar year can also make catch-up elective contributions up to the annual IRS limit. Participants may also contribute rollover contributions from other qualified plans. The Plan provides an Employers' matching contribution of 50% of each eligible employee's contributions up to 3% of the employee's eligible compensation. Participants must be credited with 1,000 hours during the Plan year and be employed on the last day of the Plan year to be eligible for the Employers' matching contribution. The Employers' matching contribution is funded on an annual basis subsequent to the last day of the Plan year.

Participant Accounts: Each participant's account is credited with the participant's contributions, the Employer s' matching contributions, and an allocation of Plan earnings and is charged with an allocation of Plan expenses. Allocations are based on participant earnings or account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting: Participants are immediately vested in their contributions to the Plan and earnings thereon. Participants are immediately vested in their rollover accounts and earnings thereon. For Plan years beginning on or after January 1, 2012, a participant is 100% vested in the Employers' matching contribution after three years of credited service. The Plan provides 100% vesting of participant balances upon the earlier of (a) the death of an employee, (b) attainment of age 65, or (c) total and permanent disability.

Forfeitures: At December 31, 2024 and 2023, available nonvested forfeited accounts held by the Plan totaled approximately \$235,000 and \$228,000, respectively. Forfeited amounts are used for Plan expenses, and if funds are remaining, to reduce future Employers' contributions. Amounts used to reduce Employers' contributions for the year ended December 31, 2024, totaled approximately \$260,000. Amounts used to reduce Plan expenses totaled approximately \$27,700 for the year ended December 31, 2024.

LAKELAND REGIONAL MEDICAL CENTER 403(b) PLAN

Notes to Financial Statements – Continued

Year Ended December 31, 2024

Payment of Benefits: Upon termination of service due to death, disability, retirement, or other reasons, a participant will receive a lump-sum amount, a rollover to an individual retirement account, or a rollover to a qualified plan of another employer. In the event the termination is due to the participant's death, the beneficiary may elect to take the distribution in a lump sum or annuity payment plan.

Notes Receivable from Participants: Participants may borrow from their account balance a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan repayment periods range from six months to five years. The loans are secured by the participant's vested account balance and bear interest at the prime rate plus 1%, as set on the date of the loan origination (ranging from 4.25% to 9.50% as of December 31, 2024). Principal and interest are paid ratably through an agreement with Fidelity Management Trust Company (Fidelity) and is direct debited through the participant's personal account. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest.

Plan Termination: Although they have not expressed any intent to do so, the Employers may, at any time, discontinue their contributions to the Plan and/or terminate the Plan subject to the provisions of ERISA. Upon permanent discontinuance of contributions or termination of the Plan, all accounts of the participants become 100% vested and are not subject to forfeiture. All assets of the Plan would then be distributed to the participants in accordance with the Plan document.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements are prepared on the accrual basis in conformity with accounting principles generally accepted in the United States of America.

Investments held by the Plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

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

Investments, Investment Valuation, and Income Recognition: Fidelity is the Directed Custodian for the Plan. The investments held by Fidelity as the Directed Custodian are limited to shares of mutual funds and money market funds, with the exception of the Lincoln Stable Value Fund described in Note D. Fidelity, as Directed Custodian, credits a participant's purchase or redemption of investments on the business day (as described in the Directed Custodian Agreement) that Fidelity accepts authorized instructions.

LAKELAND REGIONAL MEDICAL CENTER 403(b) PLAN

Notes to Financial Statements – Continued

Year Ended December 31, 2024

The Plan's investments in mutual funds and money market funds are stated at fair value. Shares of mutual funds and money market funds are valued daily at the reported Readily Determinable Fair Value (RDFV) per share or unit values of the underlying mutual funds based on quoted market prices.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in the fair value of investments includes the Plan's gains and losses on investments purchased and sold during the year, as well as held at year end.

Benefit Payments: Benefit payments are recorded when paid. There were no amounts of benefits requested and approved for payment but not paid as of December 31, 2024.

Administrative Expenses: The Plan pays custodian and asset management fees. Fees charged by Fidelity for recurring recordkeeping and administrative and participant services are structured in the form of a fixed annual amount (per participant with an account balance in each plan) and are debited directly from participant accounts. Individual participant transaction fees, including fees for loan requests, recurring loan maintenance, and Qualified Domestic Relations Orders (QDROs) are charged directly to the participant initiating the transaction. Revenue sharing payments, if any, are credited directly to the accounts of plan participants that invest in a fund that produces the revenue sharing payments. Float income, if applicable, is credited directly to the Plan and may be used for the payment of plan expenses or reallocated to participants as additional income. Fees for legal, accounting, and other services are paid by the Employers.

NOTE C--INFORMATION CERTIFIED BY THE CUSTODIAN

Plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted under such election, the following investment information was certified by Fidelity and was not subjected to any auditing procedures performed by the Plan's independent public accountants:

- The investments and notes receivable from participants as shown in the accompanying Statements of Net Assets Available for Benefits of \$420,082,536 and \$5,328,292, respectively, as of December 31, 2024, and \$359,453,074 and \$4,340,806, respectively, as of December 31, 2023.
- Net appreciation in fair value of investments of \$32,834,680 and interest and dividends of \$15,261,708 as shown on the accompanying Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024.
- All investment-related information in the accompanying supplemental Schedule H, Line 4i – Schedule of Assets Held at Year End as of December 31, 2024.

LAKELAND REGIONAL MEDICAL CENTER 403(b) PLAN

Notes to Financial Statements – Continued

Year Ended December 31, 2024

NOTE D--FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

In 2020, the Plan entered into an investment contract with Lincoln National Life Insurance Company (Lincoln). Lincoln maintains the funds in a general account. Lincoln is contractually obligated to repay the principal and a specified interest rate that is guaranteed by the issuer. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

The Lincoln Financial Group Stable Value Fund is an unallocated group fixed annuity contract in which the value is derived from the contract's provisions. The interest rate is declared at the beginning of each quarter and guaranteed for contributions received that quarter. The contractually guaranteed minimum interest rate is 1.00%. Participant transfers to a competing fund are not permitted. Participant withdrawals and transfers from the account are not permitted for 90 days after a transfer from any other investment option in the Plan to a competing fund. Withdrawals from the account due to surrender of the contract by the Plan sponsor may be made at contract value over a 5-year period or in the form of a lump-sum payment subject to a market value adjustment.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (i) amendments to the Plan documents; (ii) changes to Plan's prohibition on competing investment options or deletion of equity wash provisions; (iii) bankruptcy of the plan sponsor or other plan sponsor events (e.g., divestitures or spin-offs of a subsidiary), which cause a significant withdrawal from the Plan; or (iv) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

NOTE E--FAIR VALUE MEASUREMENTS

Fair value accounting guidance establishes a framework for measuring fair value, which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy are described as follows:

- *Level 1:* Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- *Level 2:* Inputs to the valuation methodology include:
 - Quoted prices for similar assets and liabilities in active markets;
 - Quoted prices for identical or similar assets and liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - Inputs that are derived principally from or are corroborated by observable market data by correlation or other means.
- *Level 3:* Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

LAKELAND REGIONAL MEDICAL CENTER 403(b) PLAN

Notes to Financial Statements – Continued

Year Ended December 31, 2024

Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

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

Money Market Funds: Reported at cost, which equals fair value.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
December 31, 2024				
Money market funds	\$ 8,026,356	\$ -	\$ -	\$ 8,026,356
Mutual funds	403,943,043	-	-	403,943,043
Total assets at fair value	<u>\$ 411,969,399</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 411,969,399</u>
December 31, 2023				
Money market funds	\$ 6,813,866	\$ -	\$ -	\$ 6,813,866
Mutual funds	343,293,160	-	-	343,293,160
Total assets at fair value	<u>\$ 350,107,026</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 350,107,026</u>

There were no transfers between levels during the years ended December 31, 2024 or 2023.

NOTE F--RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain assets are sub-advised by various divisions within Fidelity Investments, including Fidelity Management & Research Company, Fidelity Research and Analysis Company, and FMR Co., Inc. These subadvisors are considered parties in interest with respect to the Plan. Fees paid by the Plan to Fidelity totaled approximately \$312,788 for the year ended December 31, 2024.

LAKELAND REGIONAL MEDICAL CENTER 403(b) PLAN

Notes to Financial Statements – Continued

Year Ended December 31, 2024

NOTE G--INCOME TAX STATUS

The Plan has been formed through a plan document. No determination letter has been received from the IRS for the plan document stating that the Plan's design is qualified under Section 401(a) of the Internal Revenue Code (IRC), as there is currently no formal IRS process for the qualification of 403(b) plans. Once the Plan has qualified and obtained the determination letter, the Plan will be required to operate in conformity with the applicable provisions of the IRC to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is exempt from taxation.

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

NOTE H--RISKS AND UNCERTAINTIES

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

NOTE I--SUBSEQUENT EVENTS

Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the financial statements were available to be issued. During this period, management did not note any material recognizable subsequent events that required recognition or disclosure in the December 31, 2024, financial statements.

Supplemental Schedule

LAKELAND REGIONAL MEDICAL CENTER 403(b) PLAN

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

EIN: 59-2650456

PN: 003

December 31, 2024

(a)	(b) <i>Identity of Issuer, Borrower, Lessor, or Similar Party</i>	(c) <i>Description of Investment (Number of Shares)</i>	(e) <i>Current Value</i>
	* Fidelity Total Bond Fund	270,930 shares	\$ 2,546,741
	* Fidelity International Index Fund	101,959 shares	4,847,149
	Vanguard Equity Income Admiral	58,938 shares	5,196,566
	Vanguard Inst Index	79,129 shares	37,894,827
	Vanguard Target Retirement 2020	434,950 shares	11,517,466
	Vanguard Target Retirement 2025	1,447,989 shares	27,062,908
	Vanguard Target Retirement 2030	1,059,189 shares	40,122,073
	Vanguard Target Retirement 2035	1,840,217 shares	44,128,397
	Vanguard Target Retirement 2040	881,831 shares	38,112,742
	Vanguard Target Retirement 2045	1,426,001 shares	42,309,442
	Vanguard Target Retirement 2050	910,704 shares	45,389,474
	Vanguard Target Retirement 2055	543,720 shares	30,236,267
	Vanguard Target Retirement 2060	405,102 shares	20,761,482
	Vanguard Target Retirement 2065	236,095 shares	7,937,527
	Vanguard Target Retirement 2070	23,495 shares	626,841
	Vanguard Target Retirement Income	206,485 shares	2,704,947
	Vanguard MidCap Index Inst	95,898 shares	6,924,813
	Vanguard Real Estate Index Adm	15,981 shares	2,018,588
	Vanguard Short Term Federal Adm	61,145 shares	620,622
	Vanguard Small Cap Index Inst	60,115 shares	6,922,186
	Vanguard Small Cap Value Index Adm	38,817 shares	3,306,011
	Vanguard Total Bond Market Inst	218,065 shares	2,067,253
	Vanguard VMMR - Federal Money Market	8,026,356 shares	8,026,356
	Vanguard Wellington Adm	279,766 shares	20,688,721
			411,969,399
	Lincoln Stable Value Fund	Insurance contract	8,113,137
	* Notes receivable from participants	Interest rates from 4.25% to 9.50%	5,328,292
		Total	\$ 425,410,828

*Indicates a party-in-interest.



Financial Statements and Supplemental Schedule

Lakeland Regional Medical Center 403(b) Plan

Year Ended December 31, 2024

LAKELAND REGIONAL MEDICAL CENTER 403(b) PLAN

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Year Ended December 31, 2024

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INDEPENDENT AUDITOR’S REPORT

To the Lakeland Regional Health
Retirement Plan Committee:

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

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

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

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

Opinion

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

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

- The information in the accompanying financial statements related to assets held by and certified by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule H, Line 4i – Schedule of Assets Held at Year End as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been

subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

PYA, P.C.

Tampa, Florida
October 15, 2025

LAKELAND REGIONAL MEDICAL CENTER 403(b) PLAN

Statements of Net Assets Available for Benefits

	<i>December 31,</i>	
	<i>2024</i>	<i>2023</i>
ASSETS:		
Investments, at fair value:		
Money market funds	\$ 8,026,356	\$ 6,813,866
Mutual funds	403,943,043	343,293,160
Investments, at contract value:		
Contract with insurance company	8,113,137	9,346,048
	<hr/>	<hr/>
	420,082,536	359,453,074
Receivables:		
Employer contribution	10,101,759	9,320,837
Participant contributions	1,580,657	973,818
Notes receivable from participants	5,328,292	4,340,806
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NET ASSETS AVAILABLE FOR BENEFITS	\$ 437,093,244	\$ 374,088,535
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LAKELAND REGIONAL MEDICAL CENTER 403(b) PLAN***Statement of Changes in Net Assets Available for Benefits***

	<i>Year Ended December 31, 2024</i>
ADDITIONS:	
Contributions:	
Employer, net of forfeitures	\$ 10,101,759
Participants	36,501,570
Rollovers from other qualified plans	4,052,433
	<u>50,655,762</u>
Investment income:	
Net appreciation in fair value of investments	32,834,680
Interest and dividends	15,261,708
	<u>48,096,388</u>
TOTAL ADDITIONS	<u>98,752,150</u>
DEDUCTIONS:	
Benefits paid to participants	35,409,653
Administrative expenses	337,788
	<u>35,747,441</u>
TOTAL DEDUCTIONS	<u>35,747,441</u>
NET INCREASE	63,004,709
NET ASSETS AVAILABLE FOR BENEFITS:	
BEGINNING OF YEAR	<u>374,088,535</u>
END OF YEAR	<u>\$ 437,093,244</u>

LAKELAND REGIONAL MEDICAL CENTER 403(b) PLAN

Notes to Financial Statements

Year Ended December 31, 2024

NOTE A--DESCRIPTION OF THE PLAN

The following description of the Lakeland Regional Medical Center 403(b) Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions. The Plan sponsor is Lakeland Regional Medical Center, Inc. (the Plan Administrator), a not-for-profit, acute care hospital in the City of Lakeland, Florida.

General: The Plan is a defined contribution plan covering substantially all employees of Lakeland Regional Medical Center, Inc. and Lakeland Regional Health Systems, Inc. (collectively, the Employers) for the purpose of making pretax contributions and Roth elective contributions and receiving matching contributions after completing one year of service. The Plan is subject to the provisions of the Employee Income Retirement Security Act of 1974 (ERISA), as amended.

Contributions: The employee can contribute up to 100% of eligible employees' wages up to the annual Internal Revenue Service (IRS) limit. Employees aged 50 or over at the end of the calendar year can also make catch-up elective contributions up to the annual IRS limit. Participants may also contribute rollover contributions from other qualified plans. The Plan provides an Employers' matching contribution of 50% of each eligible employee's contributions up to 3% of the employee's eligible compensation. Participants must be credited with 1,000 hours during the Plan year and be employed on the last day of the Plan year to be eligible for the Employers' matching contribution. The Employers' matching contribution is funded on an annual basis subsequent to the last day of the Plan year.

Participant Accounts: Each participant's account is credited with the participant's contributions, the Employer's matching contributions, and an allocation of Plan earnings and is charged with an allocation of Plan expenses. Allocations are based on participant earnings or account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting: Participants are immediately vested in their contributions to the Plan and earnings thereon. Participants are immediately vested in their rollover accounts and earnings thereon. For Plan years beginning on or after January 1, 2012, a participant is 100% vested in the Employers' matching contribution after three years of credited service. The Plan provides 100% vesting of participant balances upon the earlier of (a) the death of an employee, (b) attainment of age 65, or (c) total and permanent disability.

Forfeitures: At December 31, 2024 and 2023, available nonvested forfeited accounts held by the Plan totaled approximately \$235,000 and \$228,000, respectively. Forfeited amounts are used for Plan expenses, and if funds are remaining, to reduce future Employers' contributions. Amounts used to reduce Employers' contributions for the year ended December 31, 2024, totaled approximately \$260,000. Amounts used to reduce Plan expenses totaled approximately \$27,700 for the year ended December 31, 2024.

LAKELAND REGIONAL MEDICAL CENTER 403(b) PLAN

Notes to Financial Statements – Continued

Year Ended December 31, 2024

Payment of Benefits: Upon termination of service due to death, disability, retirement, or other reasons, a participant will receive a lump-sum amount, a rollover to an individual retirement account, or a rollover to a qualified plan of another employer. In the event the termination is due to the participant's death, the beneficiary may elect to take the distribution in a lump sum or annuity payment plan.

Notes Receivable from Participants: Participants may borrow from their account balance a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan repayment periods range from six months to five years. The loans are secured by the participant's vested account balance and bear interest at the prime rate plus 1%, as set on the date of the loan origination (ranging from 4.25% to 9.50% as of December 31, 2024). Principal and interest are paid ratably through an agreement with Fidelity Management Trust Company (Fidelity) and is direct debited through the participant's personal account. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest.

Plan Termination: Although they have not expressed any intent to do so, the Employers may, at any time, discontinue their contributions to the Plan and/or terminate the Plan subject to the provisions of ERISA. Upon permanent discontinuance of contributions or termination of the Plan, all accounts of the participants become 100% vested and are not subject to forfeiture. All assets of the Plan would then be distributed to the participants in accordance with the Plan document.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements are prepared on the accrual basis in conformity with accounting principles generally accepted in the United States of America.

Investments held by the Plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

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

Investments, Investment Valuation, and Income Recognition: Fidelity is the Directed Custodian for the Plan. The investments held by Fidelity as the Directed Custodian are limited to shares of mutual funds and money market funds, with the exception of the Lincoln Stable Value Fund described in Note D. Fidelity, as Directed Custodian, credits a participant's purchase or redemption of investments on the business day (as described in the Directed Custodian Agreement) that Fidelity accepts authorized instructions.

LAKELAND REGIONAL MEDICAL CENTER 403(b) PLAN

Notes to Financial Statements – Continued

Year Ended December 31, 2024

The Plan's investments in mutual funds and money market funds are stated at fair value. Shares of mutual funds and money market funds are valued daily at the reported Readily Determinable Fair Value (RDFV) per share or unit values of the underlying mutual funds based on quoted market prices.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in the fair value of investments includes the Plan's gains and losses on investments purchased and sold during the year, as well as held at year end.

Benefit Payments: Benefit payments are recorded when paid. There were no amounts of benefits requested and approved for payment but not paid as of December 31, 2024.

Administrative Expenses: The Plan pays custodian and asset management fees. Fees charged by Fidelity for recurring recordkeeping and administrative and participant services are structured in the form of a fixed annual amount (per participant with an account balance in each plan) and are debited directly from participant accounts. Individual participant transaction fees, including fees for loan requests, recurring loan maintenance, and Qualified Domestic Relations Orders (QDROs) are charged directly to the participant initiating the transaction. Revenue sharing payments, if any, are credited directly to the accounts of plan participants that invest in a fund that produces the revenue sharing payments. Float income, if applicable, is credited directly to the Plan and may be used for the payment of plan expenses or reallocated to participants as additional income. Fees for legal, accounting, and other services are paid by the Employers.

NOTE C--INFORMATION CERTIFIED BY THE CUSTODIAN

Plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted under such election, the following investment information was certified by Fidelity and was not subjected to any auditing procedures performed by the Plan's independent public accountants:

- The investments and notes receivable from participants as shown in the accompanying Statements of Net Assets Available for Benefits of \$420,082,536 and \$5,328,292, respectively, as of December 31, 2024, and \$359,453,074 and \$4,340,806, respectively, as of December 31, 2023.
- Net appreciation in fair value of investments of \$32,834,680 and interest and dividends of \$15,261,708 as shown on the accompanying Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024.
- All investment-related information in the accompanying supplemental Schedule H, Line 4i – Schedule of Assets Held at Year End as of December 31, 2024.

LAKELAND REGIONAL MEDICAL CENTER 403(b) PLAN

Notes to Financial Statements – Continued

Year Ended December 31, 2024

NOTE D--FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

In 2020, the Plan entered into an investment contract with Lincoln National Life Insurance Company (Lincoln). Lincoln maintains the funds in a general account. Lincoln is contractually obligated to repay the principal and a specified interest rate that is guaranteed by the issuer. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

The Lincoln Financial Group Stable Value Fund is an unallocated group fixed annuity contract in which the value is derived from the contract's provisions. The interest rate is declared at the beginning of each quarter and guaranteed for contributions received that quarter. The contractually guaranteed minimum interest rate is 1.00%. Participant transfers to a competing fund are not permitted. Participant withdrawals and transfers from the account are not permitted for 90 days after a transfer from any other investment option in the Plan to a competing fund. Withdrawals from the account due to surrender of the contract by the Plan sponsor may be made at contract value over a 5-year period or in the form of a lump-sum payment subject to a market value adjustment.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (i) amendments to the Plan documents; (ii) changes to Plan's prohibition on competing investment options or deletion of equity wash provisions; (iii) bankruptcy of the plan sponsor or other plan sponsor events (e.g., divestitures or spin-offs of a subsidiary), which cause a significant withdrawal from the Plan; or (iv) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

NOTE E--FAIR VALUE MEASUREMENTS

Fair value accounting guidance establishes a framework for measuring fair value, which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy are described as follows:

- *Level 1:* Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- *Level 2:* Inputs to the valuation methodology include:
 - Quoted prices for similar assets and liabilities in active markets;
 - Quoted prices for identical or similar assets and liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - Inputs that are derived principally from or are corroborated by observable market data by correlation or other means.
- *Level 3:* Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

LAKELAND REGIONAL MEDICAL CENTER 403(b) PLAN

Notes to Financial Statements – Continued

Year Ended December 31, 2024

Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

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

Money Market Funds: Reported at cost, which equals fair value.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
December 31, 2024				
Money market funds	\$ 8,026,356	\$ -	\$ -	\$ 8,026,356
Mutual funds	403,943,043	-	-	403,943,043
Total assets at fair value	<u>\$ 411,969,399</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 411,969,399</u>
December 31, 2023				
Money market funds	\$ 6,813,866	\$ -	\$ -	\$ 6,813,866
Mutual funds	343,293,160	-	-	343,293,160
Total assets at fair value	<u>\$ 350,107,026</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 350,107,026</u>

There were no transfers between levels during the years ended December 31, 2024 or 2023.

NOTE F--RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain assets are sub-advised by various divisions within Fidelity Investments, including Fidelity Management & Research Company, Fidelity Research and Analysis Company, and FMR Co., Inc. These subadvisors are considered parties in interest with respect to the Plan. Fees paid by the Plan to Fidelity totaled approximately \$312,788 for the year ended December 31, 2024.

LAKELAND REGIONAL MEDICAL CENTER 403(b) PLAN

Notes to Financial Statements – Continued

Year Ended December 31, 2024

NOTE G--INCOME TAX STATUS

The Plan has been formed through a plan document. No determination letter has been received from the IRS for the plan document stating that the Plan's design is qualified under Section 401(a) of the Internal Revenue Code (IRC), as there is currently no formal IRS process for the qualification of 403(b) plans. Once the Plan has qualified and obtained the determination letter, the Plan will be required to operate in conformity with the applicable provisions of the IRC to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is exempt from taxation.

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

NOTE H--RISKS AND UNCERTAINTIES

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

NOTE I--SUBSEQUENT EVENTS

Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the financial statements were available to be issued. During this period, management did not note any material recognizable subsequent events that required recognition or disclosure in the December 31, 2024, financial statements.

Supplemental Schedule

LAKELAND REGIONAL MEDICAL CENTER 403(b) PLAN

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

EIN: 59-2650456

PN: 003

December 31, 2024

(a)	(b) <i>Identity of Issuer, Borrower, Lessor, or Similar Party</i>	(c) <i>Description of Investment (Number of Shares)</i>	(e) <i>Current Value</i>
	* Fidelity Total Bond Fund	270,930 shares	\$ 2,546,741
	* Fidelity International Index Fund	101,959 shares	4,847,149
	Vanguard Equity Income Admiral	58,938 shares	5,196,566
	Vanguard Inst Index	79,129 shares	37,894,827
	Vanguard Target Retirement 2020	434,950 shares	11,517,466
	Vanguard Target Retirement 2025	1,447,989 shares	27,062,908
	Vanguard Target Retirement 2030	1,059,189 shares	40,122,073
	Vanguard Target Retirement 2035	1,840,217 shares	44,128,397
	Vanguard Target Retirement 2040	881,831 shares	38,112,742
	Vanguard Target Retirement 2045	1,426,001 shares	42,309,442
	Vanguard Target Retirement 2050	910,704 shares	45,389,474
	Vanguard Target Retirement 2055	543,720 shares	30,236,267
	Vanguard Target Retirement 2060	405,102 shares	20,761,482
	Vanguard Target Retirement 2065	236,095 shares	7,937,527
	Vanguard Target Retirement 2070	23,495 shares	626,841
	Vanguard Target Retirement Income	206,485 shares	2,704,947
	Vanguard MidCap Index Inst	95,898 shares	6,924,813
	Vanguard Real Estate Index Adm	15,981 shares	2,018,588
	Vanguard Short Term Federal Adm	61,145 shares	620,622
	Vanguard Small Cap Index Inst	60,115 shares	6,922,186
	Vanguard Small Cap Value Index Adm	38,817 shares	3,306,011
	Vanguard Total Bond Market Inst	218,065 shares	2,067,253
	Vanguard VMMR - Federal Money Market	8,026,356 shares	8,026,356
	Vanguard Wellington Adm	279,766 shares	20,688,721
			<u>411,969,399</u>
	Lincoln Stable Value Fund	Insurance contract	8,113,137
	* Notes receivable from participants	Interest rates from 4.25% to 9.50%	5,328,292
			<u><u>Total</u></u>
			<u>\$ 425,410,828</u>

*Indicates a party-in-interest.