

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 10/01/1987
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 59-2487136
2c Plan Sponsor's telephone number: 904-202-4478
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 | 18269 |
| 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) | 9896 |
| | 6a(2) | 12975 |
| | 6b | 95 |
| | 6c | 5543 |
| | 6d | 18613 |
| | 6e | 7 |
| | 6f | 18620 |
| | 6g(1) | 17810 |
| 6g(2) | 17766 | |
| 6h | 175 | |
| 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:
 2E 2F 2G 2J 2K 2L 2M 2R 2S 2T 3F 3H

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

| | |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| A Name of plan BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS PLAN | B Three-digit plan number (PN) ▶ 003 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BAPTIST HEALTH SYSTEM, INC. | D Employer Identification Number (EIN) 59-2487136 |

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

1 Coverage Information:

(a) Name of insurance carrier
THE VARIABLE ANNUITY LIFE INSURANCE CO.

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|-------------------|----------------------|----------------------------------------------|------------------------------------------------------------------------------------|--------------------------------|-------------------|
| | | | | (f) From | (g) To |
| 74-1625348 | 70238 | 09014 | 21 | 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 0 | (b) Total amount of fees paid 0 |
|---------------------------------------------------------|--------------------------------------------------|

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 | |
| 0 | | | |

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

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

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

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

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

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

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
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| | | | |

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|-----------------------------------------------|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

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

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

| Part II | Investment and Annuity Contract Information | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------|----------|---------------------------------------------------------------------------|--------------|----------|------------------------------------------------|--------------|---------|---------------------------------------------|--------------|----------|--------------------------------------------------------------------------------------------|--------------|--------|--|--|--|----------------------------|--------------|-----------|--|
| | Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Current value of plan's interest under this contract in the general account at year end | 72546499 | | | | | | | | | | | | | | | | | | | | | |
| 5 | Current value of plan's interest under this contract in separate accounts at year end..... | 0 | | | | | | | | | | | | | | | | | | | | | |
| 6 | Contracts With Allocated Funds: | | | | | | | | | | | | | | | | | | | | | | |
| a | State the basis of premium rates ▶ | | | | | | | | | | | | | | | | | | | | | | |
| b | Premiums paid to carrier | 0 | | | | | | | | | | | | | | | | | | | | | |
| c | Premiums due but unpaid at the end of the year | 0 | | | | | | | | | | | | | | | | | | | | | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 0 | | | | | | | | | | | | | | | | | | | | | |
| e | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ | | | | | | | | | | | | | | | | | | | | | | |
| f | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) | | | | | | | | | | | | | | | | | | | | | | |
| a | Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ | | | | | | | | | | | | | | | | | | | | | | |
| b | Balance at the end of the previous year | 104949402 | | | | | | | | | | | | | | | | | | | | | |
| c | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">(1) Contributions deposited during the year</td> <td style="width:20%;">7c(1)</td> <td style="width:30%; text-align: right;">81083458</td> </tr> <tr> <td>(2) Dividends and credits.....</td> <td>7c(2)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>(3) Interest credited during the year.....</td> <td>7c(3)</td> <td style="text-align: right;">2637235</td> </tr> <tr> <td>(4) Transferred from separate account</td> <td>7c(4)</td> <td style="text-align: right;">539178</td> </tr> <tr> <td>(5) Other (specify below)..... ▶</td> <td>7c(5)</td> <td style="text-align: right;">0</td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> <td></td> </tr> <tr> <td>(6) Total additions</td> <td>7c(6)</td> <td style="text-align: right;">84259871</td> </tr> </table> | (1) Contributions deposited during the year | 7c(1) | 81083458 | (2) Dividends and credits..... | 7c(2) | 0 | (3) Interest credited during the year..... | 7c(3) | 2637235 | (4) Transferred from separate account | 7c(4) | 539178 | (5) Other (specify below)..... ▶ | 7c(5) | 0 | | | | (6) Total additions | 7c(6) | 84259871 | |
| (1) Contributions deposited during the year | 7c(1) | 81083458 | | | | | | | | | | | | | | | | | | | | | |
| (2) Dividends and credits..... | 7c(2) | 0 | | | | | | | | | | | | | | | | | | | | | |
| (3) Interest credited during the year..... | 7c(3) | 2637235 | | | | | | | | | | | | | | | | | | | | | |
| (4) Transferred from separate account | 7c(4) | 539178 | | | | | | | | | | | | | | | | | | | | | |
| (5) Other (specify below)..... ▶ | 7c(5) | 0 | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| (6) Total additions | 7c(6) | 84259871 | | | | | | | | | | | | | | | | | | | | | |
| d | Total of balance and additions (add lines 7b and 7c(6)) | 189209273 | | | | | | | | | | | | | | | | | | | | | |
| e | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3">Deductions:</td> </tr> <tr> <td style="width:50%;">(1) Disbursed from fund to pay benefits or purchase annuities during year</td> <td style="width:20%;">7e(1)</td> <td style="width:30%; text-align: right;">94231053</td> </tr> <tr> <td>(2) Administration charge made by carrier.....</td> <td>7e(2)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>(3) Transferred to separate account</td> <td>7e(3)</td> <td style="text-align: right;">22145747</td> </tr> <tr> <td>(4) Other (specify below)..... ▶ CONTRACT SURRENDER CHARGES AND MISC ADJUSTMENTS</td> <td>7e(4)</td> <td style="text-align: right;">285974</td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> <td></td> </tr> <tr> <td>(5) Total deductions</td> <td>7e(5)</td> <td style="text-align: right;">116662774</td> </tr> </table> | Deductions: | | | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 94231053 | (2) Administration charge made by carrier..... | 7e(2) | 0 | (3) Transferred to separate account | 7e(3) | 22145747 | (4) Other (specify below)..... ▶ CONTRACT SURRENDER CHARGES AND MISC ADJUSTMENTS | 7e(4) | 285974 | | | | (5) Total deductions | 7e(5) | 116662774 | |
| Deductions: | | | | | | | | | | | | | | | | | | | | | | | |
| (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 94231053 | | | | | | | | | | | | | | | | | | | | | |
| (2) Administration charge made by carrier..... | 7e(2) | 0 | | | | | | | | | | | | | | | | | | | | | |
| (3) Transferred to separate account | 7e(3) | 22145747 | | | | | | | | | | | | | | | | | | | | | |
| (4) Other (specify below)..... ▶ CONTRACT SURRENDER CHARGES AND MISC ADJUSTMENTS | 7e(4) | 285974 | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| (5) Total deductions | 7e(5) | 116662774 | | | | | | | | | | | | | | | | | | | | | |
| f | Balance at the end of the current year (subtract line 7e(5) from line 7d)..... | 72546499 | | | | | | | | | | | | | | | | | | | | | |

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) | 0 |
| 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. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

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

| | | |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| A Name of plan BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS PLAN | B Three-digit plan number (PN) ▶ | 003 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BAPTIST HEALTH SYSTEM, INC. | D Employer Identification Number (EIN) 59-2487136 | |

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

VALIC RETIREMENT SERVICES COMPANY

51-0396365

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

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

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

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

VALIC RETIREMENT SERVICES COMPANY

51-0396365

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 26 28 29 33 37 49 50 52 59 60 61 63 64 72 99 | NONE | 814963 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

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 60 64 65 71 | RECORDKEEPER | 19139 | 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)

STRATEGIC ADVISORS, INC.

04-2654524

| (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 | ADVISOR | 11270 | 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"/> |

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 |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| GS SM CP VAL INS INV - GOLDMAN SAC 13-5108880 | 0.25% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| LD ABT SH DRTN INC I - BNY MELLON 500 ROSS STREET PITTSBURGH, PA 53442 | 0.10% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| VICTORY S ESTB VAL R - FIS INVESTO 14785 PRESTON ROAD SUITE 1000 DALLAS, TX 75254 | 0.75% | |

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 |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| WASATCH ULT GR INST - UMB FUND SER 39-1657495 | 0.15% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| AQR STYLE PREMIA ALTERNATIVE CL N 1 GREENWICH PLAZA GREENWICH, CT 06830 | 0.40% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| AQR LONG SHORT EQUITY CL N 1 GREENWICH PLAZA GREENWICH, CT 06830 | 0.40% | |

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 |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| AMANA MUTUAL FD TRUST GROWTH 1300 NORTH STATE ST BELLINGHAM, WA 98225 | 0.40% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| AMERICAN CENTURY GLOBAL GOLD INV C 4400 MAIN ST 1ST FL KANSAS CITY, MO 64111 | 0.35% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| ARBITRAGE FD CL R 1290 BROADWAY STE 1100 DENVER, CO 80203 | 0.40% | |

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 |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| JANUS HENDERSON GLOB TECH & INNOV 151 DETROIT ST. DENVER, CO 80206 | 0.35% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| PFG GLOBAL EQUITY INDEX STRATEGY C 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004 | 0.40% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| PFG MFS AGGRESSIVE GROWTH STRATEGY 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004 | 0.40% | |

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 |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| PFG JP MORGAN TACTICAGGRESSIVE STR 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004 | 0.40% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| PFG BNY MELLON DIVERSIFIER STRAT R 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004 | 0.40% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| PFG MEEDER TACTICAL STRATEGY FD R 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004 | 0.40% | |

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 |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| PFG INVESCO EQ FACTRRROTATION STRAT 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004 | 0.40% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| PFG JANUS HENDERSON BALANCED STRAT 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004 | 0.40% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| PFG TACTICAL INC STRATEGY CL R 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004 | 0.40% | |

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 |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| PFG SECTOR EQUITY BUS CYCLE STRAT 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004 | 0.40% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| PFG BR TRGT ALLOCAT EQ STRATEGY FD 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004 | 0.40% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| PFG AMERICAN FDS GROWTH STRAT CL 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004 | 0.40% | |

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 |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| PIONEER CAT BOND FD Y 60 STATE ST 17TH FL. BOSTON, MA 02109 | 0.10% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| RBC BLUEBAY GLOBAL HIGH YIELD BOND 50 S SIXTH ST STE 2350 MINNEAPOLIS, MN 55402 | 0.08% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| CAMPBELL SYSTEMATIC MACRO FD CL A 47 HULFISH ST STE 510 BALTIMORE, MD 21209 | 0.40% | |

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 |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| CRAWFORD LRG CAP DIVIDEND FD CL 600 GALLERIA PARKWAY, STE 1650 ATLANTA, GA 30339 | 0.10% | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| | | |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| | | |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| SCHEDULE 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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

| | |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS PLAN | B Three-digit plan number (PN) ▶ 003 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BAPTIST HEALTH SYSTEM, INC. | D Employer Identification Number (EIN) 59-2487136 |

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

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

| | | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | 0 | 0 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 17020968 | 19901969 |
| (2) Participant contributions | 1b(2) | 0 | 0 |
| (3) Other | 1b(3) | 0 | 0 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 0 | 0 |
| (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) | 10993931 | 14020094 |
| (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) | 573748419 | 671485016 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 104949402 | 72546499 |
| (15) Other | 1c(15) | 3005831 | 4864906 |

| 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 | 709718551 | 782818484 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | 0 | 0 |
| h Operating payables..... | 1h | 0 | 0 |
| i Acquisition indebtedness..... | 1i | 0 | 0 |
| j Other liabilities..... | 1j | 0 | 0 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 0 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 709718551 | 782818484 |

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) | 29525150 | |
| (B) Participants..... | 2a(1)(B) | 49854752 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 7022557 | |
| (2) Noncash contributions..... | 2a(2) | 0 | 86402459 |
| (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) | 0 | 707029 |
| (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) | 707029 | |
| (F) Other..... | 2b(1)(F) | 0 | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 707029 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | 0 | 33275599 |
| (B) Common stock..... | 2b(2)(B) | 0 | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 33275599 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 33275599 |
| (3) Rents..... | 2b(3) | | 0 |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | 0 | 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 | 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) | | 48417426 |
| c Other income | 2c | | 0 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 168802513 |

Expenses

| | | | |
|---------------------------------------------------------------------------------------------|---------------|----------|----------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 94857234 | |
| (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) | | 94857234 |
| f Corrective distributions (see instructions) | 2f | | 0 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 0 |
| h Interest expense | 2h | | 0 |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | 0 | |
| (2) Contract administrator fees | 2i(2) | 0 | |
| (3) Recordkeeping fees | 2i(3) | 834076 | |
| (4) IQPA audit fees | 2i(4) | 0 | |
| (5) Investment advisory and investment management fees | 2i(5) | 11270 | |
| (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) | 0 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 845346 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 95702580 |

Net Income and Reconciliation

| | | | |
|-------------------------------------------------------------------------------|--------------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 73099933 |
| 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: CROWE LLP

(2) EIN: 35-0921680

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

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

Part IV Compliance Questions

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

During the plan year:

| | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | X | | 2434 |
| 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 | | 1000000 |
| 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 | | 10088 |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | X | |

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

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

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

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

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

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

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

| | | |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| A Name of plan <u>BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS 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>BAPTIST HEALTH SYSTEM, INC.</u> | D Employer Identification Number (EIN) <u>59-2487136</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>76-0519990</u> <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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

| | |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.

BAPTIST HEALTH SYSTEM, INC.
MATCHED SAVINGS PLAN
Jacksonville, Florida

FINANCIAL STATEMENTS
December 31, 2024 and 2023

BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS PLAN
Jacksonville, Florida

FINANCIAL STATEMENTS
December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Baptist Health System, Inc. Matched Savings Plan
Jacksonville, Florida

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

We were engaged to perform audits of the financial statements of Baptist Health System, Inc. Matched Savings 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, and 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 Plan's 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 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions 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 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

(Continued)

Further, as described in Note 2 to the financial statements, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

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.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2024 and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section, it is inappropriate to and we do not express an opinion on these supplemental schedules.



Crowe LLP

Chicago, Illinois
November 20, 2025

BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

| | <u>2024</u> | <u>2023</u> |
|------------------------------------------|-----------------------|-----------------------|
| ASSETS | | |
| Investments, at fair value | \$ 676,349,922 | \$ 576,754,250 |
| Investments, at contract value | <u>72,546,499</u> | <u>104,949,402</u> |
| | 748,896,421 | 681,703,652 |
| Receivables | | |
| Company contributions | 19,901,969 | 17,020,968 |
| Notes receivable from participants | <u>14,020,094</u> | <u>10,993,931</u> |
| Total receivables | <u>33,922,063</u> | <u>28,014,899</u> |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 782,818,484</u> | <u>\$ 709,718,551</u> |

See accompanying notes to financial statements.

BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2024

Additions:

| | |
|-------------------------------------------------------|-------------------|
| Investment income | |
| Net appreciation in fair value of investments | \$ 48,417,426 |
| Interest and dividends | <u>33,275,599</u> |
| | 81,693,025 |
| | |
| Interest income on notes receivable from participants | 707,029 |
| | |
| Contributions | |
| Company | 29,525,150 |
| Participants | 49,854,752 |
| Rollovers | <u>7,022,557</u> |
| | <u>86,402,459</u> |
| | |
| Total additions | 168,802,513 |

Deductions:

| | |
|-------------------------------|-------------------|
| Benefits paid to participants | 94,857,234 |
| Administrative expenses | <u>845,346</u> |
| Total deductions | <u>95,702,580</u> |

Net increase

73,099,933

Net assets available for benefits

| | |
|-------------------|-----------------------|
| Beginning of year | <u>709,718,551</u> |
| End of year | <u>\$ 782,818,484</u> |

See accompanying notes to financial statements.

BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Baptist Health System, Inc. Matched Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General: The Plan is a defined contribution plan as defined under Internal Revenue Code (IRC) Section 403(b) covering certain employees of Baptist Health System, Inc. (the “Company”). Employees are eligible to participate in the Plan upon their date of hire and are eligible for Company contributions after one year of credited service as defined in the Plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended.

Plan Administration: The Retirement Plans Committee of Baptist Health System, Inc. is responsible for the oversight of the Plan. The Investment Committee determines the appropriateness of the Plan’s investment offerings and monitors investment performance. VALIC Trust Company Inc. (VTC) and The Variable Annuity Life Insurance Company (VALIC) are the Plan’s custodians. During 2024, the Plan replaced VTC with Fidelity Management Trust Company (FMTC) as custodian. At the time of the change in custodian, the Plan’s recordkeeper became Fidelity Workplace Services, LLC.

Contributions: Each year, the Plan allows participants to contribute up to 80 percent of their eligible compensation, as defined in the Plan document, subject to limits imposed by the IRC. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan at a deferral rate of 3 percent of eligible compensation unless they affirmatively elect not to participate in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing rollover distributions from other qualified defined benefit or contribution plans.

The Company makes matching contributions equal to 35 percent of the participant’s elective deferral not to exceed 5 percent of the participant’s compensation. A participant must either have 1,000 hours of service during the Plan year or be employed with the Company on the last day of the Plan year to be eligible for matching contributions.

Additional discretionary non-elective contributions as determined by the Company may be contributed. To share in the discretionary non-elective contributions for a Plan year, a participant must have completed 1,000 hours of service during the Plan year. A participant will share in the discretionary non-elective contribution for the year regardless of the amount of service completed during the Plan year in the year of a participant’s death, disability, termination of employment after normal retirement age, or termination of employment after early retirement age. If the Company elects to make a discretionary non-elective contribution, it is calculated and allocated to eligible participants as follows. For employees hired on or after January 1, 2004, the Company may contribute to the Plan a discretionary non-elective contribution equal to a specified percentage of compensation based upon years of service as follows:

| <u>Year(s) of Service</u> | <u>Percent of Compensation</u> |
|---------------------------|--------------------------------|
| 1-4 | 2.25% |
| 5-9 | 3.00% |
| 10-14 | 4.00% |
| 15-19 | 5.00% |
| 20 or more | 5.50% |

(Continued)

BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF PLAN (Continued)

If a participant is rehired by the Company on or after January 1, 2004, the participant will only receive credit for years of service completed on or after January 1, 2004. For the year ended December 31, 2024, the Company contributed \$19,901,969 in discretionary non-elective contributions.

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

Vesting: Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company portion of their accounts, plus earnings thereon, is based on years of service. A participant is 33 1/3 percent vested after two years of credited service, 66 2/3 percent vested after three years of credited service, and 100 percent vested after four years of credited service.

Notes Receivable from Participants: Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. However, if the loan is for less than \$10,000, the 50 percent limit does not apply. The loans are secured by the balance in the participant's vested account and bear interest at 1 percent over the prime lending rate at the date of the loan, which is commensurate with local prevailing rates as determined quarterly by the plan administrator. Loan terms may not exceed five years, unless the loan is used for the purchase of a primary residence, in which case the loan repayment period may not extend beyond 15 years from the date of the loan. No more than one loan may be outstanding at a time for a participant and loans may not be consolidated or refinanced. Principal and interest are paid ratably by participants.

Payment of Benefits: On termination of service for any reason, a participant (or beneficiary) may elect to receive either a lump-sum amount or installment payments equal to the value of the participant's vested interest in his or her account. A participant (or beneficiary) may also elect to receive a partial lump sum payment or to have the Plan Administrator use the participant's vested balance to purchase an annuity. Other than termination, participants may not withdraw their contributions until they attain age 59 ½, become disabled, or prove a financial hardship under specific circumstances as defined by the Plan document.

Forfeited Accounts: At December 31, 2024 and 2023, forfeited non-vested amounts totaled \$538,777 and \$564,064, respectively. These accounts will be used to reduce future Company contributions. The Company contribution receivable recorded at December 31, 2024 and 2023 is net of applied forfeited nonvested amounts of \$1,055,219 and \$997,395, respectively.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Annual Reporting Requirements: Prior to January 1, 2009, the Plan and The Variable Annuity Life Insurance Company, its custodian, maintained records as an accumulation of individual annuity and custodial accounts and did not maintain financial information at the Plan level. As of December 31, 2008, VALIC began to provide the Plan Sponsor with annual certified statements summarizing the Plan's activities and holdings. Because certain historical records were not maintained or are not available at the Plan level, the Plan may have excluded from investments in the accompanying statements of net assets available for benefits certain custodial accounts and annuity contracts, and the related activity, issued to former employees prior to January 1, 2009. The amount of these potentially excluded custodial accounts and annuity contracts and the related income and distributions are not determinable.

(Continued)

BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)

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

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

Investment Valuation and Income Recognition: Investments are reported at fair value, except for the fully benefit-responsive investment contract which is at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date in the Plan's principal or most advantageous market for the asset or liability. Contract value is the relevant measure for the Plan's fully benefit-responsive investment contracts, because contract value is the amount Plan participants generally receive when executing transactions under the terms of the contract and Plan provisions.

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

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2024 and 2023.

Payment of Benefits: Benefits are recorded when paid.

Expenses: Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

NOTE 3 - CERTIFIED INFORMATION

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments and notes receivable from participants held at December 31, 2024 and 2023 and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2024 was obtained by management and agreed to or derived from information certified as complete and accurate by VALIC at December 31, 2024 and 2023 and for the year ended December 31, 2024, FMTC at December 31, 2024 and for the period October 8, 2024 through December 31, 2024, and VTC at December 31, 2023 and for the period January 1 2024 through October 7, 2024.

(Continued)

NOTE 4 - FAIR VALUE MEASUREMENTS

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

The 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: The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1).

Self-Directed Brokerage Accounts: Accounts primarily consist of mutual funds, the fair values of which are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1).

The preceding methods described may produce fair value calculations that may not be indicative of net realizable values or reflective of future fair values. Furthermore, although the Plan administrator believes its 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 different fair value measurements at the reporting date.

(Continued)

BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

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

| | Fair Value Measurements at December 31, 2024, Using | | | |
|----------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
| | Total | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| Mutual funds | \$ 671,485,016 | \$ 671,485,016 | \$ - | \$ - |
| Self-directed brokerage accounts | 4,864,906 | 4,864,906 | - | - |
| Total investments at fair value | \$ 676,349,922 | \$ 676,349,922 | \$ - | \$ - |

| | Fair Value Measurements at December 31, 2023, Using | | | |
|----------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
| | Total | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| Mutual funds | \$ 573,748,419 | \$ 573,748,419 | \$ - | \$ - |
| Self-directed brokerage accounts | 3,005,831 | 3,005,831 | - | - |
| Total investments at fair value | \$ 576,754,250 | \$ 576,754,250 | \$ - | \$ - |

NOTE 5 - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan holds the VALIC Fixed-Interest Account (the "Fixed Account"), a traditional fully benefit-responsive investment contract with VALIC ("Issuer"), that is reported at contract value. Contract value represents contributions made to the contract, plus earnings, less participant withdrawals and administrative expenses and is generally the amount a participant would receive if he or she would initiate a withdrawal or transfer from the contract under the provisions of the Plan. VALIC maintains the contributions in its general account. The contract value of the Fixed Account was \$72,546,499 and \$104,949,402 as of December 31, 2024 and 2023, respectively.

The Issuer guarantees the Plan a return of principal and interest under the terms of the contract. The crediting rate is based on a formula established by the contract issuer, and it may not be less than 1%. The crediting rate is reviewed at least annually for resetting. VALIC's general account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

(Continued)

NOTE 5 - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT (Continued)

The investment contract specifies certain conditions under which distributions from the contract would be payable at amounts below contract value. Such events include (1) amendments to the Plan document (including complete or partial plan termination, or merger with another plan), and (2) other Plan sponsor events, including creating a competing plan with a similar savings option that cause a significant withdrawal from the Plan. In addition, if VALIC determines that a Plan amendment, changes in administrative practices or establishment of a competing plan will have a material adverse effect on their financial experience under the contract, then under the contract, VALIC is only obligated to make the payments that would have been made if these events had not occurred. Currently, management believes that the occurrence of an event that would cause the Plan to transact contract distributions at less than contract value is not probable.

NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Some administrative expenses of the Plan are paid directly by the Company. The Plan holds an investment contract with VALIC. Certain investments held by the Plan are issued by Fidelity Investments, an affiliate of FMTC. VALIC and FMTC are service providers to the Plan and, therefore, these transactions and the Plan's payment of fees to VALIC, FMTC, and affiliates of FMTC qualify as exempt party-in-interest transactions. Notes receivable from participants also qualify as exempt party-in-interest transactions.

NOTE 7 - PLAN TERMINATION

Although it has not expressed intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100 percent vested in their Company contributions.

NOTE 8 - TAX STATUS

The Plan is intended to comply with the applicable requirements of Section 403(b) of IRC. The Internal Revenue Service issued an advisory letter dated August 7, 2017 indicating that the volume submitter document adopted by the Plan, as then designed, was in compliance with applicable requirements of the IRC. The Plan is required to operate in conformity with the IRC to maintain its tax exemption. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

(Continued)

NOTE 9 - RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks, such as interest rate, market and credit risks. Market risk includes global events such as pandemics. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investment 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 10 - CONCENTRATIONS

One investment comprised 18% of net assets available at December 31, 2024, and two investments comprised 32% of net assets available for benefits as of December 31, 2023.

NOTE 11 - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through November 20, 2025, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS PLAN
 SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
 Year Ended December 31, 2024

| Name of plan sponsor: Baptist Health System, Inc. Employer identification number: 59-2487136 Three-digit plan number: 003 | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------|------------------------------------------|--------------------------------------------------|
| Check here if Late Participant Loan Repayments are Included | Total that Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under VFCP and PTE 2002-51 |
| | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | |
| X | \$ - | \$ 2,434 | \$ - | \$ - |

See Independent Auditor's Report.

BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS PLAN
SCHEDULE H, LINE 4i –SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Name of plan sponsor: Baptist Health System, Inc.
Employer identification number: 59-2487136
Plan number: 003

| (a) | (b) Identity of Issuer, Borrower, Lessor, or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, and Par or Maturity Value | (d) Cost** | (e) Current Value |
|-----|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------|-------------------------|
| | | <u>Mutual Funds</u> | | |
| | American Century Funds | American Growth R6 | \$ | 31,624,996 |
| | American Funds | American EuroPacific Growth R6 | | 13,463,484 |
| | American Funds | American Mutual R6 | | 11,292,967 |
| | American Funds | American Balanced R6 | | 7,687,366 |
| | Dimensional Fund Advisors | Global Equity I | | 9,751,703 |
| * | Fidelity Investments | FID INFL PR BD IDX | | 1,075,048 |
| | Dodge & Cox | Income X | | 27,351,840 |
| * | Fidelity Investments | 500 Index Instl Premium | | 137,856,740 |
| * | Fidelity Investments | Ext Mkt Ind Inst Premium | | 29,469,450 |
| * | Fidelity Investments | Global Ex US Ind Inst | | 31,999,366 |
| * | Fidelity Investments | US Bond Index Instl | | 1,026,214 |
| | Goldman Sachs | Small Cap Val In Inv | | 11,082,623 |
| | JP Morgan Asset Management | Mid Cap Growth R6 | | 7,909,339 |
| | JP Morgan Asset Management | Lord Abbett Short Duration Income I | | 1,632,378 |
| | State Street Global Advisors | Target Retirement 2020 K | | 11,308,995 |
| | State Street Global Advisors | Target Retirement 2025 K | | 26,594,035 |
| | State Street Global Advisors | Target Retirement 2030 K | | 40,094,390 |
| | State Street Global Advisors | Target Retirement 2035 K | | 49,885,670 |
| | State Street Global Advisors | Target Retirement 2040 K | | 44,358,691 |
| | State Street Global Advisors | Target Retirement 2045 K | | 48,208,681 |
| | State Street Global Advisors | Target Retirement 2050 K | | 49,419,766 |
| | State Street Global Advisors | Target Retirement 2055 K | | 29,301,160 |
| | State Street Global Advisors | Target Retirement 2060 K | | 22,795,442 |
| | State Street Global Advisors | Target Retirement 2065 K | | 6,621,217 |
| | State Street Global Advisors | Target Retirement Income Fund K | | 4,561,026 |
| | Vanguard | Fed Money Market Inv | | 4,633,233 |
| | Victory Capital | Sycamore Established Value R | | 5,519,341 |
| | Wasatch | Ultra Growth Institutional | | 4,959,855 |
| | | | | <u>671,485,016</u> |
| | | <u>Self-Directed Brokerage Accounts</u> | | |
| * | Fidelity Investments | Mutual Funds | | 4,864,906 |
| | | <u>Fully Benefit-Responsive Guaranteed Investment Contract</u> | | |
| * | VALIC | Fixed-Interest Account | | 72,546,499 |
| | | <u>Notes Receivable from Participants</u> | | |
| * | Participant Loans | Participant loans with interest rates of 4.25% to 9.5% and maturity dates through 2039 | | <u>14,020,094</u> |
| | | Total | | <u>\$ 762,916,515</u> |

* Denotes party-in-interest.

** Investment is participant directed, therefore historical cost is not required.

See Independent Auditor's Report.

BAPTIST HEALTH SYSTEM, INC.
MATCHED SAVINGS PLAN
Jacksonville, Florida

FINANCIAL STATEMENTS
December 31, 2024 and 2023

BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS PLAN
Jacksonville, Florida

FINANCIAL STATEMENTS
December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Baptist Health System, Inc. Matched Savings Plan
Jacksonville, Florida

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

We were engaged to perform audits of the financial statements of Baptist Health System, Inc. Matched Savings 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, and 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 Plan's 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 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions 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 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

(Continued)

Further, as described in Note 2 to the financial statements, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

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.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2024 and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section, it is inappropriate to and we do not express an opinion on these supplemental schedules.



Crowe LLP

Chicago, Illinois
November 20, 2025

BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

| | <u>2024</u> | <u>2023</u> |
|------------------------------------------|-----------------------|-----------------------|
| ASSETS | | |
| Investments, at fair value | \$ 676,349,922 | \$ 576,754,250 |
| Investments, at contract value | <u>72,546,499</u> | <u>104,949,402</u> |
| | 748,896,421 | 681,703,652 |
| Receivables | | |
| Company contributions | 19,901,969 | 17,020,968 |
| Notes receivable from participants | <u>14,020,094</u> | <u>10,993,931</u> |
| Total receivables | <u>33,922,063</u> | <u>28,014,899</u> |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 782,818,484</u> | <u>\$ 709,718,551</u> |

See accompanying notes to financial statements.

BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2024

Additions:

| | |
|-------------------------------------------------------|-------------------|
| Investment income | |
| Net appreciation in fair value of investments | \$ 48,417,426 |
| Interest and dividends | <u>33,275,599</u> |
| | 81,693,025 |
| | |
| Interest income on notes receivable from participants | 707,029 |
| | |
| Contributions | |
| Company | 29,525,150 |
| Participants | 49,854,752 |
| Rollovers | <u>7,022,557</u> |
| | <u>86,402,459</u> |
| | |
| Total additions | 168,802,513 |

Deductions:

| | |
|-------------------------------|-------------------|
| Benefits paid to participants | 94,857,234 |
| Administrative expenses | <u>845,346</u> |
| Total deductions | <u>95,702,580</u> |

Net increase

73,099,933

Net assets available for benefits

| | |
|-------------------|-----------------------|
| Beginning of year | <u>709,718,551</u> |
| End of year | <u>\$ 782,818,484</u> |

See accompanying notes to financial statements.

BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Baptist Health System, Inc. Matched Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General: The Plan is a defined contribution plan as defined under Internal Revenue Code (IRC) Section 403(b) covering certain employees of Baptist Health System, Inc. (the “Company”). Employees are eligible to participate in the Plan upon their date of hire and are eligible for Company contributions after one year of credited service as defined in the Plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended.

Plan Administration: The Retirement Plans Committee of Baptist Health System, Inc. is responsible for the oversight of the Plan. The Investment Committee determines the appropriateness of the Plan’s investment offerings and monitors investment performance. VALIC Trust Company Inc. (VTC) and The Variable Annuity Life Insurance Company (VALIC) are the Plan’s custodians. During 2024, the Plan replaced VTC with Fidelity Management Trust Company (FMTC) as custodian. At the time of the change in custodian, the Plan’s recordkeeper became Fidelity Workplace Services, LLC.

Contributions: Each year, the Plan allows participants to contribute up to 80 percent of their eligible compensation, as defined in the Plan document, subject to limits imposed by the IRC. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan at a deferral rate of 3 percent of eligible compensation unless they affirmatively elect not to participate in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing rollover distributions from other qualified defined benefit or contribution plans.

The Company makes matching contributions equal to 35 percent of the participant’s elective deferral not to exceed 5 percent of the participant’s compensation. A participant must either have 1,000 hours of service during the Plan year or be employed with the Company on the last day of the Plan year to be eligible for matching contributions.

Additional discretionary non-elective contributions as determined by the Company may be contributed. To share in the discretionary non-elective contributions for a Plan year, a participant must have completed 1,000 hours of service during the Plan year. A participant will share in the discretionary non-elective contribution for the year regardless of the amount of service completed during the Plan year in the year of a participant’s death, disability, termination of employment after normal retirement age, or termination of employment after early retirement age. If the Company elects to make a discretionary non-elective contribution, it is calculated and allocated to eligible participants as follows. For employees hired on or after January 1, 2004, the Company may contribute to the Plan a discretionary non-elective contribution equal to a specified percentage of compensation based upon years of service as follows:

| <u>Year(s) of Service</u> | <u>Percent of Compensation</u> |
|---------------------------|--------------------------------|
| 1-4 | 2.25% |
| 5-9 | 3.00% |
| 10-14 | 4.00% |
| 15-19 | 5.00% |
| 20 or more | 5.50% |

(Continued)

BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF PLAN (Continued)

If a participant is rehired by the Company on or after January 1, 2004, the participant will only receive credit for years of service completed on or after January 1, 2004. For the year ended December 31, 2024, the Company contributed \$19,901,969 in discretionary non-elective contributions.

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

Vesting: Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company portion of their accounts, plus earnings thereon, is based on years of service. A participant is 33 1/3 percent vested after two years of credited service, 66 2/3 percent vested after three years of credited service, and 100 percent vested after four years of credited service.

Notes Receivable from Participants: Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. However, if the loan is for less than \$10,000, the 50 percent limit does not apply. The loans are secured by the balance in the participant's vested account and bear interest at 1 percent over the prime lending rate at the date of the loan, which is commensurate with local prevailing rates as determined quarterly by the plan administrator. Loan terms may not exceed five years, unless the loan is used for the purchase of a primary residence, in which case the loan repayment period may not extend beyond 15 years from the date of the loan. No more than one loan may be outstanding at a time for a participant and loans may not be consolidated or refinanced. Principal and interest are paid ratably by participants.

Payment of Benefits: On termination of service for any reason, a participant (or beneficiary) may elect to receive either a lump-sum amount or installment payments equal to the value of the participant's vested interest in his or her account. A participant (or beneficiary) may also elect to receive a partial lump sum payment or to have the Plan Administrator use the participant's vested balance to purchase an annuity. Other than termination, participants may not withdraw their contributions until they attain age 59 ½, become disabled, or prove a financial hardship under specific circumstances as defined by the Plan document.

Forfeited Accounts: At December 31, 2024 and 2023, forfeited non-vested amounts totaled \$538,777 and \$564,064, respectively. These accounts will be used to reduce future Company contributions. The Company contribution receivable recorded at December 31, 2024 and 2023 is net of applied forfeited nonvested amounts of \$1,055,219 and \$997,395, respectively.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Annual Reporting Requirements: Prior to January 1, 2009, the Plan and The Variable Annuity Life Insurance Company, its custodian, maintained records as an accumulation of individual annuity and custodial accounts and did not maintain financial information at the Plan level. As of December 31, 2008, VALIC began to provide the Plan Sponsor with annual certified statements summarizing the Plan's activities and holdings. Because certain historical records were not maintained or are not available at the Plan level, the Plan may have excluded from investments in the accompanying statements of net assets available for benefits certain custodial accounts and annuity contracts, and the related activity, issued to former employees prior to January 1, 2009. The amount of these potentially excluded custodial accounts and annuity contracts and the related income and distributions are not determinable.

(Continued)

BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)

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

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

Investment Valuation and Income Recognition: Investments are reported at fair value, except for the fully benefit-responsive investment contract which is at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date in the Plan's principal or most advantageous market for the asset or liability. Contract value is the relevant measure for the Plan's fully benefit-responsive investment contracts, because contract value is the amount Plan participants generally receive when executing transactions under the terms of the contract and Plan provisions.

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

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2024 and 2023.

Payment of Benefits: Benefits are recorded when paid.

Expenses: Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

NOTE 3 - CERTIFIED INFORMATION

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments and notes receivable from participants held at December 31, 2024 and 2023 and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2024 was obtained by management and agreed to or derived from information certified as complete and accurate by VALIC at December 31, 2024 and 2023 and for the year ended December 31, 2024, FMTC at December 31, 2024 and for the period October 8, 2024 through December 31, 2024, and VTC at December 31, 2023 and for the period January 1 2024 through October 7, 2024.

(Continued)

NOTE 4 - FAIR VALUE MEASUREMENTS

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

The 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: The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1).

Self-Directed Brokerage Accounts: Accounts primarily consist of mutual funds, the fair values of which are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1).

The preceding methods described may produce fair value calculations that may not be indicative of net realizable values or reflective of future fair values. Furthermore, although the Plan administrator believes its 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 different fair value measurements at the reporting date.

(Continued)

BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

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

| | Fair Value Measurements at December 31, 2024, Using | | | |
|----------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
| | Total | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| Mutual funds | \$ 671,485,016 | \$ 671,485,016 | \$ - | \$ - |
| Self-directed brokerage accounts | 4,864,906 | 4,864,906 | - | - |
| Total investments at fair value | \$ 676,349,922 | \$ 676,349,922 | \$ - | \$ - |

| | Fair Value Measurements at December 31, 2023, Using | | | |
|----------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
| | Total | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| Mutual funds | \$ 573,748,419 | \$ 573,748,419 | \$ - | \$ - |
| Self-directed brokerage accounts | 3,005,831 | 3,005,831 | - | - |
| Total investments at fair value | \$ 576,754,250 | \$ 576,754,250 | \$ - | \$ - |

NOTE 5 - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan holds the VALIC Fixed-Interest Account (the "Fixed Account"), a traditional fully benefit-responsive investment contract with VALIC ("Issuer"), that is reported at contract value. Contract value represents contributions made to the contract, plus earnings, less participant withdrawals and administrative expenses and is generally the amount a participant would receive if he or she would initiate a withdrawal or transfer from the contract under the provisions of the Plan. VALIC maintains the contributions in its general account. The contract value of the Fixed Account was \$72,546,499 and \$104,949,402 as of December 31, 2024 and 2023, respectively.

The Issuer guarantees the Plan a return of principal and interest under the terms of the contract. The crediting rate is based on a formula established by the contract issuer, and it may not be less than 1%. The crediting rate is reviewed at least annually for resetting. VALIC's general account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

(Continued)

NOTE 5 - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT (Continued)

The investment contract specifies certain conditions under which distributions from the contract would be payable at amounts below contract value. Such events include (1) amendments to the Plan document (including complete or partial plan termination, or merger with another plan), and (2) other Plan sponsor events, including creating a competing plan with a similar savings option that cause a significant withdrawal from the Plan. In addition, if VALIC determines that a Plan amendment, changes in administrative practices or establishment of a competing plan will have a material adverse effect on their financial experience under the contract, then under the contract, VALIC is only obligated to make the payments that would have been made if these events had not occurred. Currently, management believes that the occurrence of an event that would cause the Plan to transact contract distributions at less than contract value is not probable.

NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Some administrative expenses of the Plan are paid directly by the Company. The Plan holds an investment contract with VALIC. Certain investments held by the Plan are issued by Fidelity Investments, an affiliate of FMTC. VALIC and FMTC are service providers to the Plan and, therefore, these transactions and the Plan's payment of fees to VALIC, FMTC, and affiliates of FMTC qualify as exempt party-in-interest transactions. Notes receivable from participants also qualify as exempt party-in-interest transactions.

NOTE 7 - PLAN TERMINATION

Although it has not expressed intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100 percent vested in their Company contributions.

NOTE 8 - TAX STATUS

The Plan is intended to comply with the applicable requirements of Section 403(b) of IRC. The Internal Revenue Service issued an advisory letter dated August 7, 2017 indicating that the volume submitter document adopted by the Plan, as then designed, was in compliance with applicable requirements of the IRC. The Plan is required to operate in conformity with the IRC to maintain its tax exemption. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

(Continued)

NOTE 9 - RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks, such as interest rate, market and credit risks. Market risk includes global events such as pandemics. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investment 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 10 - CONCENTRATIONS

One investment comprised 18% of net assets available at December 31, 2024, and two investments comprised 32% of net assets available for benefits as of December 31, 2023.

NOTE 11 - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through November 20, 2025, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS PLAN
 SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
 Year Ended December 31, 2024

| Name of plan sponsor: Baptist Health System, Inc. Employer identification number: 59-2487136 Three-digit plan number: 003 | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------|------------------------------------------|--------------------------------------------------|
| Check here if Late Participant Loan Repayments are Included | Total that Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under VFCP and PTE 2002-51 |
| | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | |
| X | \$ - | \$ 2,434 | \$ - | \$ - |

See Independent Auditor's Report.

BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS PLAN
SCHEDULE H, LINE 4i –SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Name of plan sponsor: Baptist Health System, Inc.
Employer identification number: 59-2487136
Plan number: 003

| (a) | (b) Identity of Issuer, Borrower, Lessor, or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, and Par or Maturity Value | (d) Cost** | (e) Current Value |
|-----|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------|-------------------------|
| | | <u>Mutual Funds</u> | | |
| | American Century Funds | American Growth R6 | \$ | 31,624,996 |
| | American Funds | American EuroPacific Growth R6 | | 13,463,484 |
| | American Funds | American Mutual R6 | | 11,292,967 |
| | American Funds | American Balanced R6 | | 7,687,366 |
| | Dimensional Fund Advisors | Global Equity I | | 9,751,703 |
| * | Fidelity Investments | FID INFL PR BD IDX | | 1,075,048 |
| | Dodge & Cox | Income X | | 27,351,840 |
| * | Fidelity Investments | 500 Index Instl Premium | | 137,856,740 |
| * | Fidelity Investments | Ext Mkt Ind Inst Premium | | 29,469,450 |
| * | Fidelity Investments | Global Ex US Ind Inst | | 31,999,366 |
| * | Fidelity Investments | US Bond Index Instl | | 1,026,214 |
| | Goldman Sachs | Small Cap Val In Inv | | 11,082,623 |
| | JP Morgan Asset Management | Mid Cap Growth R6 | | 7,909,339 |
| | JP Morgan Asset Management | Lord Abbett Short Duration Income I | | 1,632,378 |
| | State Street Global Advisors | Target Retirement 2020 K | | 11,308,995 |
| | State Street Global Advisors | Target Retirement 2025 K | | 26,594,035 |
| | State Street Global Advisors | Target Retirement 2030 K | | 40,094,390 |
| | State Street Global Advisors | Target Retirement 2035 K | | 49,885,670 |
| | State Street Global Advisors | Target Retirement 2040 K | | 44,358,691 |
| | State Street Global Advisors | Target Retirement 2045 K | | 48,208,681 |
| | State Street Global Advisors | Target Retirement 2050 K | | 49,419,766 |
| | State Street Global Advisors | Target Retirement 2055 K | | 29,301,160 |
| | State Street Global Advisors | Target Retirement 2060 K | | 22,795,442 |
| | State Street Global Advisors | Target Retirement 2065 K | | 6,621,217 |
| | State Street Global Advisors | Target Retirement Income Fund K | | 4,561,026 |
| | Vanguard | Fed Money Market Inv | | 4,633,233 |
| | Victory Capital | Sycamore Established Value R | | 5,519,341 |
| | Wasatch | Ultra Growth Institutional | | 4,959,855 |
| | | | | <u>671,485,016</u> |
| | | <u>Self-Directed Brokerage Accounts</u> | | |
| * | Fidelity Investments | Mutual Funds | | 4,864,906 |
| | | <u>Fully Benefit-Responsive Guaranteed Investment Contract</u> | | |
| * | VALIC | Fixed-Interest Account | | 72,546,499 |
| | | <u>Notes Receivable from Participants</u> | | |
| * | Participant Loans | Participant loans with interest rates of 4.25% to 9.5% and maturity dates through 2039 | | <u>14,020,094</u> |
| | | Total | | <u>\$ 762,916,515</u> |

* Denotes party-in-interest.

** Investment is participant directed, therefore historical cost is not required.

See Independent Auditor's Report.

BAPTIST HEALTH SYSTEM, INC.
MATCHED SAVINGS PLAN
Jacksonville, Florida

FINANCIAL STATEMENTS
December 31, 2024 and 2023

BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS PLAN
Jacksonville, Florida

FINANCIAL STATEMENTS
December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Baptist Health System, Inc. Matched Savings Plan
Jacksonville, Florida

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

We were engaged to perform audits of the financial statements of Baptist Health System, Inc. Matched Savings 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, and 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 Plan's 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 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions 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 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

(Continued)

Further, as described in Note 2 to the financial statements, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

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.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2024 and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section, it is inappropriate to and we do not express an opinion on these supplemental schedules.



Crowe LLP

Chicago, Illinois
November 20, 2025

BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

| | <u>2024</u> | <u>2023</u> |
|------------------------------------------|-----------------------|-----------------------|
| ASSETS | | |
| Investments, at fair value | \$ 676,349,922 | \$ 576,754,250 |
| Investments, at contract value | <u>72,546,499</u> | <u>104,949,402</u> |
| | 748,896,421 | 681,703,652 |
| Receivables | | |
| Company contributions | 19,901,969 | 17,020,968 |
| Notes receivable from participants | <u>14,020,094</u> | <u>10,993,931</u> |
| Total receivables | <u>33,922,063</u> | <u>28,014,899</u> |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 782,818,484</u> | <u>\$ 709,718,551</u> |

See accompanying notes to financial statements.

BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2024

Additions:

| | |
|-------------------------------------------------------|-------------------|
| Investment income | |
| Net appreciation in fair value of investments | \$ 48,417,426 |
| Interest and dividends | <u>33,275,599</u> |
| | 81,693,025 |
| | |
| Interest income on notes receivable from participants | 707,029 |
| | |
| Contributions | |
| Company | 29,525,150 |
| Participants | 49,854,752 |
| Rollovers | <u>7,022,557</u> |
| | <u>86,402,459</u> |
| | |
| Total additions | 168,802,513 |

Deductions:

| | |
|-------------------------------|-------------------|
| Benefits paid to participants | 94,857,234 |
| Administrative expenses | <u>845,346</u> |
| Total deductions | <u>95,702,580</u> |

Net increase

73,099,933

Net assets available for benefits

| | |
|-------------------|-----------------------|
| Beginning of year | <u>709,718,551</u> |
| End of year | <u>\$ 782,818,484</u> |

See accompanying notes to financial statements.

BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Baptist Health System, Inc. Matched Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General: The Plan is a defined contribution plan as defined under Internal Revenue Code (IRC) Section 403(b) covering certain employees of Baptist Health System, Inc. (the “Company”). Employees are eligible to participate in the Plan upon their date of hire and are eligible for Company contributions after one year of credited service as defined in the Plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended.

Plan Administration: The Retirement Plans Committee of Baptist Health System, Inc. is responsible for the oversight of the Plan. The Investment Committee determines the appropriateness of the Plan’s investment offerings and monitors investment performance. VALIC Trust Company Inc. (VTC) and The Variable Annuity Life Insurance Company (VALIC) are the Plan’s custodians. During 2024, the Plan replaced VTC with Fidelity Management Trust Company (FMTC) as custodian. At the time of the change in custodian, the Plan’s recordkeeper became Fidelity Workplace Services, LLC.

Contributions: Each year, the Plan allows participants to contribute up to 80 percent of their eligible compensation, as defined in the Plan document, subject to limits imposed by the IRC. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan at a deferral rate of 3 percent of eligible compensation unless they affirmatively elect not to participate in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing rollover distributions from other qualified defined benefit or contribution plans.

The Company makes matching contributions equal to 35 percent of the participant’s elective deferral not to exceed 5 percent of the participant’s compensation. A participant must either have 1,000 hours of service during the Plan year or be employed with the Company on the last day of the Plan year to be eligible for matching contributions.

Additional discretionary non-elective contributions as determined by the Company may be contributed. To share in the discretionary non-elective contributions for a Plan year, a participant must have completed 1,000 hours of service during the Plan year. A participant will share in the discretionary non-elective contribution for the year regardless of the amount of service completed during the Plan year in the year of a participant’s death, disability, termination of employment after normal retirement age, or termination of employment after early retirement age. If the Company elects to make a discretionary non-elective contribution, it is calculated and allocated to eligible participants as follows. For employees hired on or after January 1, 2004, the Company may contribute to the Plan a discretionary non-elective contribution equal to a specified percentage of compensation based upon years of service as follows:

| <u>Year(s) of Service</u> | <u>Percent of Compensation</u> |
|---------------------------|--------------------------------|
| 1-4 | 2.25% |
| 5-9 | 3.00% |
| 10-14 | 4.00% |
| 15-19 | 5.00% |
| 20 or more | 5.50% |

(Continued)

BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF PLAN (Continued)

If a participant is rehired by the Company on or after January 1, 2004, the participant will only receive credit for years of service completed on or after January 1, 2004. For the year ended December 31, 2024, the Company contributed \$19,901,969 in discretionary non-elective contributions.

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

Vesting: Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company portion of their accounts, plus earnings thereon, is based on years of service. A participant is 33 1/3 percent vested after two years of credited service, 66 2/3 percent vested after three years of credited service, and 100 percent vested after four years of credited service.

Notes Receivable from Participants: Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. However, if the loan is for less than \$10,000, the 50 percent limit does not apply. The loans are secured by the balance in the participant's vested account and bear interest at 1 percent over the prime lending rate at the date of the loan, which is commensurate with local prevailing rates as determined quarterly by the plan administrator. Loan terms may not exceed five years, unless the loan is used for the purchase of a primary residence, in which case the loan repayment period may not extend beyond 15 years from the date of the loan. No more than one loan may be outstanding at a time for a participant and loans may not be consolidated or refinanced. Principal and interest are paid ratably by participants.

Payment of Benefits: On termination of service for any reason, a participant (or beneficiary) may elect to receive either a lump-sum amount or installment payments equal to the value of the participant's vested interest in his or her account. A participant (or beneficiary) may also elect to receive a partial lump sum payment or to have the Plan Administrator use the participant's vested balance to purchase an annuity. Other than termination, participants may not withdraw their contributions until they attain age 59 ½, become disabled, or prove a financial hardship under specific circumstances as defined by the Plan document.

Forfeited Accounts: At December 31, 2024 and 2023, forfeited non-vested amounts totaled \$538,777 and \$564,064, respectively. These accounts will be used to reduce future Company contributions. The Company contribution receivable recorded at December 31, 2024 and 2023 is net of applied forfeited nonvested amounts of \$1,055,219 and \$997,395, respectively.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

Annual Reporting Requirements: Prior to January 1, 2009, the Plan and The Variable Annuity Life Insurance Company, its custodian, maintained records as an accumulation of individual annuity and custodial accounts and did not maintain financial information at the Plan level. As of December 31, 2008, VALIC began to provide the Plan Sponsor with annual certified statements summarizing the Plan's activities and holdings. Because certain historical records were not maintained or are not available at the Plan level, the Plan may have excluded from investments in the accompanying statements of net assets available for benefits certain custodial accounts and annuity contracts, and the related activity, issued to former employees prior to January 1, 2009. The amount of these potentially excluded custodial accounts and annuity contracts and the related income and distributions are not determinable.

(Continued)

BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)

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

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

Investment Valuation and Income Recognition: Investments are reported at fair value, except for the fully benefit-responsive investment contract which is at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date in the Plan's principal or most advantageous market for the asset or liability. Contract value is the relevant measure for the Plan's fully benefit-responsive investment contracts, because contract value is the amount Plan participants generally receive when executing transactions under the terms of the contract and Plan provisions.

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

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2024 and 2023.

Payment of Benefits: Benefits are recorded when paid.

Expenses: Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

NOTE 3 - CERTIFIED INFORMATION

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments and notes receivable from participants held at December 31, 2024 and 2023 and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2024 was obtained by management and agreed to or derived from information certified as complete and accurate by VALIC at December 31, 2024 and 2023 and for the year ended December 31, 2024, FMTC at December 31, 2024 and for the period October 8, 2024 through December 31, 2024, and VTC at December 31, 2023 and for the period January 1 2024 through October 7, 2024.

(Continued)

NOTE 4 - FAIR VALUE MEASUREMENTS

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

The 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: The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1).

Self-Directed Brokerage Accounts: Accounts primarily consist of mutual funds, the fair values of which are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1).

The preceding methods described may produce fair value calculations that may not be indicative of net realizable values or reflective of future fair values. Furthermore, although the Plan administrator believes its 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 different fair value measurements at the reporting date.

(Continued)

BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

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

| | Fair Value Measurements at December 31, 2024, Using | | | |
|----------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
| | Total | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| Mutual funds | \$ 671,485,016 | \$ 671,485,016 | \$ - | \$ - |
| Self-directed brokerage accounts | 4,864,906 | 4,864,906 | - | - |
| Total investments at fair value | \$ 676,349,922 | \$ 676,349,922 | \$ - | \$ - |

| | Fair Value Measurements at December 31, 2023, Using | | | |
|----------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
| | Total | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| Mutual funds | \$ 573,748,419 | \$ 573,748,419 | \$ - | \$ - |
| Self-directed brokerage accounts | 3,005,831 | 3,005,831 | - | - |
| Total investments at fair value | \$ 576,754,250 | \$ 576,754,250 | \$ - | \$ - |

NOTE 5 - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan holds the VALIC Fixed-Interest Account (the "Fixed Account"), a traditional fully benefit-responsive investment contract with VALIC ("Issuer"), that is reported at contract value. Contract value represents contributions made to the contract, plus earnings, less participant withdrawals and administrative expenses and is generally the amount a participant would receive if he or she would initiate a withdrawal or transfer from the contract under the provisions of the Plan. VALIC maintains the contributions in its general account. The contract value of the Fixed Account was \$72,546,499 and \$104,949,402 as of December 31, 2024 and 2023, respectively.

The Issuer guarantees the Plan a return of principal and interest under the terms of the contract. The crediting rate is based on a formula established by the contract issuer, and it may not be less than 1%. The crediting rate is reviewed at least annually for resetting. VALIC's general account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

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NOTE 5 - FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT (Continued)

The investment contract specifies certain conditions under which distributions from the contract would be payable at amounts below contract value. Such events include (1) amendments to the Plan document (including complete or partial plan termination, or merger with another plan), and (2) other Plan sponsor events, including creating a competing plan with a similar savings option that cause a significant withdrawal from the Plan. In addition, if VALIC determines that a Plan amendment, changes in administrative practices or establishment of a competing plan will have a material adverse effect on their financial experience under the contract, then under the contract, VALIC is only obligated to make the payments that would have been made if these events had not occurred. Currently, management believes that the occurrence of an event that would cause the Plan to transact contract distributions at less than contract value is not probable.

NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Some administrative expenses of the Plan are paid directly by the Company. The Plan holds an investment contract with VALIC. Certain investments held by the Plan are issued by Fidelity Investments, an affiliate of FMTC. VALIC and FMTC are service providers to the Plan and, therefore, these transactions and the Plan's payment of fees to VALIC, FMTC, and affiliates of FMTC qualify as exempt party-in-interest transactions. Notes receivable from participants also qualify as exempt party-in-interest transactions.

NOTE 7 - PLAN TERMINATION

Although it has not expressed intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100 percent vested in their Company contributions.

NOTE 8 - TAX STATUS

The Plan is intended to comply with the applicable requirements of Section 403(b) of IRC. The Internal Revenue Service issued an advisory letter dated August 7, 2017 indicating that the volume submitter document adopted by the Plan, as then designed, was in compliance with applicable requirements of the IRC. The Plan is required to operate in conformity with the IRC to maintain its tax exemption. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

(Continued)

NOTE 9 - RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks, such as interest rate, market and credit risks. Market risk includes global events such as pandemics. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investment 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 10 - CONCENTRATIONS

One investment comprised 18% of net assets available at December 31, 2024, and two investments comprised 32% of net assets available for benefits as of December 31, 2023.

NOTE 11 - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through November 20, 2025, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS PLAN
 SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
 Year Ended December 31, 2024

| Name of plan sponsor: Baptist Health System, Inc. Employer identification number: 59-2487136 Three-digit plan number: 003 | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------|------------------------------------------|--------------------------------------------------|
| Check here if Late Participant Loan Repayments are Included | Total that Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under VFCP and PTE 2002-51 |
| | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | |
| X | \$ - | \$ 2,434 | \$ - | \$ - |

See Independent Auditor's Report.

BAPTIST HEALTH SYSTEM, INC. MATCHED SAVINGS PLAN
SCHEDULE H, LINE 4i –SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Name of plan sponsor: Baptist Health System, Inc.
Employer identification number: 59-2487136
Plan number: 003

| (a) | (b) Identity of Issuer, Borrower, Lessor, or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, and Par or Maturity Value | (d) Cost** | (e) Current Value |
|-----|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------|-------------------------|
| | | <u>Mutual Funds</u> | | |
| | American Century Funds | American Growth R6 | \$ | 31,624,996 |
| | American Funds | American EuroPacific Growth R6 | | 13,463,484 |
| | American Funds | American Mutual R6 | | 11,292,967 |
| | American Funds | American Balanced R6 | | 7,687,366 |
| | Dimensional Fund Advisors | Global Equity I | | 9,751,703 |
| * | Fidelity Investments | FID INFL PR BD IDX | | 1,075,048 |
| | Dodge & Cox | Income X | | 27,351,840 |
| * | Fidelity Investments | 500 Index Instl Premium | | 137,856,740 |
| * | Fidelity Investments | Ext Mkt Ind Inst Premium | | 29,469,450 |
| * | Fidelity Investments | Global Ex US Ind Inst | | 31,999,366 |
| * | Fidelity Investments | US Bond Index Instl | | 1,026,214 |
| | Goldman Sachs | Small Cap Val In Inv | | 11,082,623 |
| | JP Morgan Asset Management | Mid Cap Growth R6 | | 7,909,339 |
| | JP Morgan Asset Management | Lord Abbett Short Duration Income I | | 1,632,378 |
| | State Street Global Advisors | Target Retirement 2020 K | | 11,308,995 |
| | State Street Global Advisors | Target Retirement 2025 K | | 26,594,035 |
| | State Street Global Advisors | Target Retirement 2030 K | | 40,094,390 |
| | State Street Global Advisors | Target Retirement 2035 K | | 49,885,670 |
| | State Street Global Advisors | Target Retirement 2040 K | | 44,358,691 |
| | State Street Global Advisors | Target Retirement 2045 K | | 48,208,681 |
| | State Street Global Advisors | Target Retirement 2050 K | | 49,419,766 |
| | State Street Global Advisors | Target Retirement 2055 K | | 29,301,160 |
| | State Street Global Advisors | Target Retirement 2060 K | | 22,795,442 |
| | State Street Global Advisors | Target Retirement 2065 K | | 6,621,217 |
| | State Street Global Advisors | Target Retirement Income Fund K | | 4,561,026 |
| | Vanguard | Fed Money Market Inv | | 4,633,233 |
| | Victory Capital | Sycamore Established Value R | | 5,519,341 |
| | Wasatch | Ultra Growth Institutional | | 4,959,855 |
| | | | | 671,485,016 |
| | | <u>Self-Directed Brokerage Accounts</u> | | |
| * | Fidelity Investments | Mutual Funds | | 4,864,906 |
| | | <u>Fully Benefit-Responsive Guaranteed Investment Contract</u> | | |
| * | VALIC | Fixed-Interest Account | | 72,546,499 |
| | | <u>Notes Receivable from Participants</u> | | |
| * | Participant Loans | Participant loans with interest rates of 4.25% to 9.5% and maturity dates through 2039 | | 14,020,094 |
| | | Total | | \$ 762,916,515 |

* Denotes party-in-interest.

** Investment is participant directed, therefore historical cost is not required.

See Independent Auditor's Report.